

BSA Troop 361 Activity Permission Form

Event: CANOEING

Date: Sept 8-10, 2017

Location: MAYFIELD LAKE, Mossyrock, WA

Cost: \$35.00

Deadline for turning in: September 5, 2017

Email and electronic signature or a scan of a hand-signed permission form to permission@troop361.com by noon on the deadline date. Turn in hard copies at the troop meeting by the deadline date.

Meet: Friday, 6pm, at the Church

**Pickup: Sunday, between 11am-2pm at the Park'n Ride on South 348th Street
(Remember, return times are approximate, scouts will call when we're close)**

- Scout will attend entire event
- Scout will attend part of the event as described: _____

I permit _____ to participate in the outing, and date(s), listed above.

(Scout's Name)

As the parent or legal guardian of the above-listed child, I give permission for:

1. My son to be transported to and from this activity by authorized drivers of Troop 361.
2. My son to be photographed and/or videotaped during the event and for those images and/or recordings to be published, re-produced or distributed by the Boy Scouts of America including internet, television, newspapers, council or national publications and/or recruitment materials or ads.
3. My son to be given over-the-counter medications for minor medical discomforts.
4. The Troop Leaders to authorize any necessary emergency medical treatment for my son if I cannot be reached, as directed in the "BSA Activity Consent Form" attached.

In addition to authorizing permission for my son to participate in this activity, I also agree to hold BSA Troop 361 and its leaders blameless for any accident, illness, injury, damage or other loss or harm that might occur during this outing, except for clear acts of negligence or non-adherence to BSA policies or guidelines. I also agree to pick up or provide transportation for my son from this outing if his behavior or conduct is inappropriate and/or is deemed necessary by the Scoutmaster. I have also signed the "BSA Activity Consent Form", and it is attached.

Parent or Guardian's Name (print clearly) _____

Parent or Guardian's Signature _____

Date _____

Home Phone: _____ Cell Phone _____

In case of emergency, I may be contacted at _____ or _____
Phone # Alternative Phone #

My son is in good health and able to participate: Yes _____ Yes, but limited _____ No _____

- He has restrictions on strenuous activities, and a list is attached to this form.
- He has allergies, which may include food, and a list is attached to this form.
- He is taking the prescribed medications, and a list is attached to this form.

ADULT PLANNING TO ATTEND THIS ACTIVITY MUST COMPLETE THE FOLLOWING:

- I will attend this activity & am willing to drive & carry passengers TO and FROM this event.
- I will not attend this activity, but am willing to drive & carry passengers TO this event.
- I will not attend this activity, but am willing to drive & carry passengers FROM this event.
- I will attend this activity but will be a passenger, **if seats are available.**
- Other: _____

Adult Name (s) _____

If adult is attending or driving, please fill out the ADULT FORM

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	/	Age during activity Edad al momento de realizar la actividad

Address Domicilio		
City Ciudad	State Estado	Zip Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)	From De	(Date) (fecha)	to a	(Date) (fecha)
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INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

List participant restrictions, if any: _____
 None

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha
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Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
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Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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