

**BSA Troop 361 Activity Permission Form**

**Event: LIGHTNING-ADVANCEMENT WKND**

**Date: May 19-21**

**Location: Penrose Point State Park**

**Cost: \$35.00**

**Deadline for turning in: May 16, 2017**

**Email and electronic signature or a scan of a hand-signed permission form to [permission@troop361.com](mailto: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 348<sup>th</sup> 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

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at [www.scouting.org/forms](http://www.scouting.org/forms).

Se recomienda que la unidad use este formulario para obtener la aprobación y consentimiento para los Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers e invitados (si es que aplica) menores de 21 años que participen en un viaje, expedición o actividad del den, pack, equipo, tropa o grupo. Este formulario es obligatorio junto con los permisos de vuelo y deben adjuntarse a la solicitud de permiso de vuelo. Se recomienda que los padres de familia guarden una copia del formulario y se pongan en contacto con el líder de la excursión si es que tienen alguna pregunta o en caso de que se necesite un contacto de emergencia. Las copias adicionales de este formulario junto con la *Guía para un Scouting seguro* se encuentran disponibles para descargar desde Scouting Safely en [www.scouting.org/forms](http://www.scouting.org/forms).

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ciudad      Estado      Código postal

Has approval to participate in (Name of activity, orientation flight, outing trip, etc.) Lightning-Advancement Weekend  
Tiene la aprobación para participar en (Nombre de la actividad, vuelo de orientación, excursión, etc.)

From 5/19/17 to 5/21/17       Without restrictions      Special considerations or restrictions: \_\_\_\_\_  
De (Date) a (Date)      Sin restricciones      Consideraciones o restricciones especiales:  
(fecha)      (fecha)

### HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

### ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquiera y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

\_\_\_\_\_  
Participant's signature      Date  
Firma del participante      Fecha

\_\_\_\_\_  
Parent/guardian printed name      Parent/guardian signature      Date  
Nombre con letra de molde del padre de familia/tutor      Firma del padre de familia/tutor      Fecha

Area code and telephone number (best contact and emergency contact)      Email (for use in sharing more details about the trip or activity)  
Código de área y número telefónico (primer contacto y contacto de emergencia)      Correo electrónico (para más detalles sobre el viaje o actividad)

Contact the adult tour leader with any questions:  
Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Nombre      Teléfono      Correo electrónico

