

Troop 539 Activity Sheet

Activity: BSA Matinecock District sponsored

“Polar Bear” Camp-O-Ree

Location: Baiting Hollow Scout Camp in Wading River, NY

From Date: Friday, January 28, 2011

To Date: Sunday, January 30, 2011

Troop will meet: WTR Middle School parking lot at 6:00 p.m. (Leave 6:20 pm sharp)

Attire: Wear Class “A” uniform to the event

Approx. Cost: \$10.00 plus cost of food

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Scout Name: _____ Birth Date: _____ Age during Activity _____

Contact info during event: _____

Has approval to participate in: BSA Matinecock District “Polar Bear” Camp-O-Ree
at Baiting Hollow Scout Camp in Wading River

Dates: From Friday, January 28, 2011 to Sunday, January 30, 2011

Without Restrictions

Special Considerations or Restrictions: _____

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release 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 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 participants parents or guardian, and/or determination of the participants ability to continue in the program activities.

Participant's signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

_____ I can drive scouts to Jamboree on Friday at 6 pm. My car has _____ seats with seat belts.

_____ I can pick up scouts at 10 am at Jamboree and bring them home. My car has _____ seats with seat belts.

_____ I cannot drive my scout. He will ride with _____ (driver's name).