



Troop 51 Activity / Permission Form
Please sign up for activity at troop51.scoutlander.com
A permission slip is required for all troop activities



Activity: _____

Dates: _____

What scouts will need to bring:

Transportation: _____ **You are responsible for getting your scout to/from this activity.**

Time/Place of drop off: _____

Time/Place of pickup: _____

_____ **Carpooling** **Can you help?** _____ **Yes** _____ **No**

Time/Place of drop off: _____

Time/Place of pickup: _____

Cost for weekend: _____

Adult contact name: _____ **Phone:** _____ **Email:** _____

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Troop 51 Permission Form
MY SON HAS PERMISSION TO ATTEND THE SCOUTING ACTIVITY LISTED BELOW:

SCOUT NAME: _____ **Charge for weekend:** _____

Recognizing the possibility of physical injury associated with Scouting, I hereby release, discharge and/or otherwise indemnify BSA Troop 51 against any claim by or on behalf of my sons' participation in the Scouting Program and/or being transported to or from the same which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Scouting Program. I understand every effort to protect my sons' health and safety will be taken by the adult leadership.

Therefore, I grant the leadership of Troop 51 permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent / Guardian _____ **Date :** _____

During this activity I may be reached at (please list all phone numbers): _____

MONEY AND PERMISSION SLIP DUE BY _____