

PERMISSION SLIP-TROOP 30 Webelos II Lock-In 12/18-12/19 2009

We will hold event at Paradise Valley United Methodist Church. 4455 E. Lincoln Drive, Paradise Valley, AZ (1/2 Mile West of Tatum). Please arrive at 7:00 PM on Friday night for drop off, and return at 8:00 AM for Saturday Pickup. Please bring sleeping bag & pad (if desired). We will be sleeping indoors.

Cost: \$5.00 per attendee - Check Payable to "Troop 30"

Please mail this form and check to:
 Friends and Supporters of Troop 30, Inc.
 PO Box 30102
 Phoenix, AZ 85046-0102
 Steve Watts 480-216-5063 stephenwatts@cox.net
 Lance Blair lance@blairsite.com

SCOUTS NAME: _____ **Pack:** _____ may attend the Troop 30 Webelos II Lock-in
Address: _____

Anticipated Cross-over Date: _____

Hold Harmless Agreement

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 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.

Date _____ Signature _____ *(I am legally authorized to sign as legal guardian for this Scout)*
 Parent / Guardian Name _____

Parent / Guardian Contact Phone Numbers (confirm registration and Emergency):

() _____ - _____ or Ph. () _____ - _____

Parent / Guardian Email: _____

List any **MEDICATIONS** your Scout will be taking on this Lock-In: (must be turned in to the Scoutmaster the day of event)

Med-1 _____ Med-2 _____

IF Attending ADULT(S) - PRINT NAME(s): _____ n/a _____ Cell phone () _____ - _____