

BSA Troop 63 Trip Permission Slip

Destination: Pre Camporee - Sleepy Hollow State Park
Planned Activity: Camping, Hiking
Dates of the Trip: 4/16/10 through 4/18/10, inclusive.
Leader 1 Name: Craig Campbell **Phone:** 655-3297
Leader 2 Name: _____ **Phone:** _____

Note: BSA rules require two-deep leadership.

I, _____, am the parent or legal guardian of _____ (Scout's name), a registered member of Williamston Boy Scout Troop 63.

In consideration of the benefits to be derived by our son from this trip, we expressly waive all claims against Troop 63, Boy Scouts of America; the local and national councils of the organization; and the leaders of Troop 63; its troop committee and its sponsor, Williamston Kiwanis, on account of any accident, injury, illness, or other personal harm that may occur in connection with or incident to this trip.

Recognizing that no activity is completely safe, I agree that in the event of injury or illness to my son, that the leaders of this trip may authorize a doctor or hospital to perform whatever medical or surgical functions are necessary to protect the health of my son. If the leaders are unable to reach me for consultation, I designate the trip leaders, and each of them, guardian of my son during this trip.

_____ Printed name of Parent or Guardian

_____ Signature of Parent or Guardian

_____ Date

In the event of an emergency, notify _____ at _____ (address) _____ (phone number).
