

# TROOP 101 ACTIVITY CONSENT AGREEMENT

**EVENT:** \_\_\_\_\_ **DATE(S):** \_\_\_\_\_

## FEE AND PAYMENT SCHEDULE

Cost per Scout \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_ Payment Received \$ \_\_\_\_\_

Cost per Adult \_\_\_\_\_ x \$ \_\_\_\_\_ = \_\_\_\_\_ Payment Received \$ \_\_\_\_\_

## ATTENDEE INFORMATION AND REQUIREMENTS

Scout(s) Attending: \_\_\_\_\_

Parent(s) Attending: YES NO Parent Driving: Yes No (See Requirement #2)

Parent(s) Attending: \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_

1. All participants agree to submit current BSA Annual Health and Medical Record form (Parts A, B and C) as required.
2. Adults driving agree to provide a valid driver's license, vehicle and current insurance information as required per BSA policy and complete a Driver's Pledge Form.
3. Adults attending must submit documentation per BSA/Troop Requirements (Adult Leader Application and current Youth Protection Training Certificate).
4. Attendees must arrive at the Departure Location 15 minutes prior to the Departure Time stated below or may not be allowed to participate in this event. Class "A" uniform shirt is required for ALL travel. NO EXCEPTIONS.
5. Attendees must have pick-up transportation provided no later than the stated Return Time listed below.

## SPECIAL MEDICAL CONSIDERATIONS: - (IF NONE - STATE SO)

List any medical conditions (medications, allergies, surgeries, etc.) that participating adults need to be aware of:

## EMERGENCY CONTACTS

Emergency Contact: \_\_\_\_\_ (Adult not attending event)

Emergency Phone #: \_\_\_\_\_ or \_\_\_\_\_

If unavailable, please contact the following person listed:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PERMISSIONS

By my signature below, my son(s), "Scout(s) attending" above, has permission to participate in the Scouting event defined above. I agree to sign-in my son when I arrive to drop him off for this event and I also agree to sign-out my son when I arrive to pick him up from this event. I hereby voluntarily waive any claim against the drivers who furnish transportation, Leaders of Troop 101, Dripping Springs United Methodist Church, Capitol Area Council and the Boy Scouts of America National Council, for any and all occurrences that might arise. The undersigned assumes all risks and waives all claims of liability against the aforementioned organizations or entities. I give permission to the leaders of Troop 101 to render First Aid and/or obtain emergency medical treatment should the need arise. I also give permission to the medical personnel, selected by the Troop 101 adult leaders, to hospitalize, secure proper anesthesia, order injections, or secure other medical treatment, as needed. I authorize medical personnel to release information as to treatment, status and conditions to the Troop 101 adult leaders as necessary.

The undersigned agrees to the terms and conditions as set forth in this consent agreement.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## RETAIN THIS SECTION FOR YOUR RECORDS

The Troop will depart from: Dripping Springs United Methodist Church Troop Shed Lot

Depart Date: \_\_\_\_\_

Departure Time: \_\_\_\_\_

The Troop will return to: Dripping Springs United Methodist Church Troop Shed Lot

Return Date: \_\_\_\_\_

Return Time: \_\_\_\_\_