

2016 Troop 964 Owasippe Summer Camp Permission Form

Arrive at the Legion Hall at 5:30 AM on Friday, Sunday, July 17th, 2016 as we will be departing from the Legion parking lot at 6:00AM. We will be returning by about 3:00 PM on Saturday, July 23rd. We will call for a ride home when we are about 30 minutes away. Please keep in mind that we are on Eastern Standard Time while at Owasippe.

Mark Smith's Cell: 773-791-5060

Please return the portion below by Monday, July 11th, 2016 (no payment due)

Owasippe Summer Camp Permission Form

I hereby authorize my son _____ to travel to and from and to participate in an activity with Boy Scout Troop 964 at Owasippe Scout Reservation, near White Hall, Michigan from Sunday, July 17th, 2016 to Saturday, July 23rd, 2016.

In the case of an accident or emergency, I authorize the adult leaders accompanying the Boy Scouts on this activity to do what they deem necessary to properly care for my son, including seeking emergency medical treatment for him.

I agree and acknowledge that I shall be financially responsible for all costs arising from any medical treatment received by my son on this activity. I authorize the release and the use of the below listed Medical Insurance Information. I hereby indemnify and hold harmless and release from liability from any and all claims or actions arising out of this activity, the adult leaders accompanying the Boy Scouts on this activity, the Boy Scouts of America, the Pathway To Adventure Council, American Legion Post 964 and its officers and membership, Boy Scout Troop 964 and its adult leadership and waive all rights to damages in any form that may occur in connection with this activity.

Medical Insurance Information:

Medical Insurance Carrier _____ Policy Number _____

List medications needed for this activity: _____

In case of emergency, I can be contacted at the following numbers during this activity:

Home Phone: _____

Mom cell phone: _____ Mom work phone: _____

Dad cell phone: _____ Dad work phone: _____

Parent Signature: _____ **Date:** _____

_____ # Scouts attending

_____ # Adults attending

_____ I will be staying with the troop this week, and I have _____ seat belts in my vehicle (**fill out driver information below or indicate if it is on file with Troop**)

_____ I can help drive on _____ Sunday and/or _____ Saturday, and I have _____ seat belts in my vehicle (**fill out driver information below or indicate if it is on file with the Troop**)

****Keep in mind that we are on Eastern Standard Time while at Owasippe.****

Owner Name: _____

Year/Kind/Make of Vehicle: _____

Number of Seatbelts in Vehicle: _____

License Plate Number: _____

Drivers License Number: _____

Liability Insurance Limits: Property Damage _____

Each Person _____ Each Accident _____

Charge to Scout Account

\$ _____

Parent Signature:
