



Boy Scout Troop 6

Pleasant Ridge Presbyterian Church
Cincinnati, OH

Parent/Guardian Agreement and Medical Release

I/We hereby grant permission for my/our son(s)/ward(s),

(Name of Scouts)

and _____, to participate in the canoeing and camping trip to the Big South Fork of the Cumberland River, Kentucky on June 12-16, 2009.

In consideration of the benefits to be derived thereby and having full confidence that every reasonable precaution will be taken to assure his/their safety and well being during this activity/trip, I/we voluntarily waive all claims against the leaders of this activity/trip, officers, agents, and representatives of Boy Scout Troop 6 and the Boy Scouts of America.

I/we further give my/our permission for emergency medical assistance. Our son's physician is

_____ and may be contacted at phone # _____ in the event of an emergency.

I/we may be contacted at _____, or _____ or _____

Is he/they in good physical condition, with no serious illness or operation since his last health exam?

YES NO

Is he/they currently taking any medications? YES NO Please specify:

Does he/they have chronic or ongoing medical conditions of which the leaders should be aware? (Such as allergies, diabetes, asthma, contact lenses, etc.) Please specify:

(OVER)

Parent/ Guardian Medical Insurance Coverage: _____
Contract #/Policy # _____

Please see Risks Specific to this Outing on Reverse

X _____ Date: _____

X _____ Date: _____
(Signature of Parents/Guardians)

Please note: At least one parent/guardian must sign and date this form (a single signature, however, binds both parents/ guardians). Each Scout must sign below, as well. A new form is required for each activity/trip. The form must be received prior to each activity/trip or participation will not be permitted.

Permission is granted to any emergency room physician to treat our child/ward prior to contacting our child's/ward's physician. ____ YES. ____ NO, consult our physician first.

X _____ Date: _____
(Signature of Parent/Guardian)

Scout(s): I agree to conduct myself in a responsible manner and in accord with the principles of Scouting during this activity/trip.

_____ Date: _____
(Signature of Scout)

_____ Date: _____
(Signature of Scout)

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Risks Specific to this Outing

The risks inherent in canoeing and camping are obvious to all. The purpose of this canoe/camping trip is to develop canoeing and water navigation skills and to learn how to primitive camp in the Big South Fork National River and Recreation Area in Kentucky and Tennessee.

Canoeing can be a dangerous sport. Training and education are essential for learning safe paddling techniques. Life jackets must be worn at all times. Specific risks associated with canoeing include: your boat could capsize, exposure to natural elements which can be uncomfortable and /or harmful such as sunburn, dehydration, heat exhaustion and prolonged exposure to cold water can result in hypothermia, and in extreme cases accidental drowning. As such, we will be complying with the Boy Scouts of America's Safe Swim Defense and Safety Afloat guidelines. Camping can lead to exposure to potentially dangerous wildlife, insects, and plants.

As with all other Troop 6 functions, the consumption of alcohol and the use of drugs other than medications listed on the previous sheet are strictly forbidden at any time during this outing.

(OVER)

Basic cost for this canoeing and camping trip is \$95. The cost for this trip includes food, shuttle, transportation gas expenses, and any campsite fees and assumes using available troop and personal canoes.

Please indicate method of payment by checking one box.

- Check (include check number)_____
- Cash (indicate amount) \$_____
- Scout Account (indicate name on account; verify you have enough \$\$ in your scout account first)

Name_____ Age_____ \$ _____

Name_____ Age_____ \$ _____

Name_____ Age_____ \$ _____

TOTAL \$ _____

Questions? Call Tom Boeing at 731-0826 or e-mail at tgtboeing@current.net.

Driver Information - Must be filled out by all those driving on the trip
thousands

Coverage in K

Year Make Model # seat belts \$ \$ \$

Driver Name _____ Driver's License # _____

Note: BSA requires coverage of \$50K/100K/50K and that every passenger wears a seat belt at all times