

Boy Scout Troop 6

Parent/Guardian Agreement and Medical Release

I/We hereby grant permission for my/our son(s)/ward(s), _____
(Name of Scout)

and _____, to participate in the May, 2009 Outing:
(Name of Scout)

Camping, Canoeing and Mountain Biking Trip to Hueston Woods State Park, College Corner, Ohio.

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/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: _____

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

Please see "Risks Specific to this Outing" on Reverse

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

Date: _____

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)

Hueston Woods State Park Camping Trip Risks Specific to this Outing

The risk of injury while engaged in water sports such as swimming and canoeing include the obvious, such as drowning, but also include the possibility of injury from diving or roughhousing. As such, we will be complying with Safe Swim Defense and Safety Afloat guidelines. Life jackets must be worn on the water at all times. Scouts must be attentive and obedient at all times when on the water due to the risk of drowning. Care must be taken to wear the appropriate clothing and to have spare clothing brought along on the trip. All scouts who participate in this activity must have passed the basic scout swimming requirement. Mountain Biking presents the risk of falls, so helmets are required, as are proper clothing and footwear. Elbow pads are suggested but not required. Fishing presents minor risks associated with fishing hooks. Field games present minor risks associated with falling or tripping. Also, camping and hiking are generally safe and although strenuous, are suitable activities for all scouts in good health. Hikers and campers in the outdoors can encounter hazards such as slippery footing, campfires, high cliffs, and seasonal weather conditions. Scouts must wear clothing/footwear suitable for the weather and should exercise caution to avoid slips, trips, and falls.

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.

Please indicate method of payment by checking one box.

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

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

BASIC COST is \$12.00 depends upon having at least 10 people on the trip

No. of campers

I. Money required for deposit

Food, contingency _____ x \$12.00 = _____

TOTAL _____

Questions? Call Kevin Sigward @ 351-2603 or Tony Anaya @ 284-4411

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

Liability insurance
Coverage in thousands

Year Make Model Driver's License # # Seat belts

\$ _____ \$ _____ \$ _____

BSA requires coverage of \$50K (one person)/100K (more than one person)/50K (property damage) and that every passenger wears a seat belt at all times