

Troop 428 Permission and Release Form

My son(s), _____ has/have permission to participate with Troop 428 in scout activities for the BSA Charter Year 2017 (January 1, 2017 through December 31, 2017). He is in good physical condition and has not had any serious illness or injury since his last health examination. We have read and accept the Troop Transportation Policy and understand that it supersedes the policy stated in the BSA Health form.

Parent / Guardian information

	Father (or guardian)	Mother (or guardian)	Emergency Contact <small>(required)</small>
Name			
Address			
C, S, Zip			
Home Phone			
Cell Phone			

Medical Information

	Physicians Information	Insurance Information
Name		
Phone		
Policy Number		
Group Number		

Release

In consideration of the benefits to be derived and in the view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and wellbeing of my son(s) on these activities, I hereby agree to his participation and waive all claims against the leaders of these trips, other adult participants, and officers, agents and representatives of The Boy Scouts of America. I also allow Troop 428 leaders to seek any necessary medical treatment for my son(s) if I cannot be reached.

I agree that in the event any of the information provided in this form changes or becomes obsolete during the BSA Charter Year 2017, I will notify Troop 428 of these changes in writing. If requested, I will complete a new Troop 428 Permission and Release Form evidencing said changes.

We have read and agree to the Troop 428 Transportation Policy.

Parent Signature (1) _____ Date _____

Parent Signature (2) _____ Date _____

(We require the signature of all legal parents/guardians.)