



BOY SCOUTS OF AMERICA
TROOP 113
Aurora, Colorado

Denver Area Council

PERMISSION SLIP
REQUIRES PARENT OR GUARDIAN APPROVAL

Applicant's Name: _____ Home Phone: _____ - _____ - _____
Address: _____ Date of Birth: _____ - _____ - 19____
City: _____ State: _____ Zip Code: _____ - _____
Activity: AFA Game Location: Air Force Academy
Date: Sep. 20 Meet: in the SHUMC parking lot
Pick up from: SHUMC on Saturday evening , Cost: \$ 10

PARENTS MUST READ THIS STATEMENT BEFORE APPROVING THE PERMISSION SLIP!!!

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Scouts or Guest can meet the health and physical requirements of the Troop trip or activity.

SPECIAL MEDICAL PROBLEMS? ___ NO ___ YES - **Please make a special note below if yes.**

WAIVER OF CLAIMS

In consideration of the benefits to be derived from participation in the troop activity, any and all claims against the Boy Scouts of America and/or the local Council, Boy Scout Troop 113 and its chartered organization, or against the officers, leaders, employees, agents, or other representatives of the above or any other person working under their direction or engaged in the conduct of their affairs, arising out of an accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the Troop trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

RIGHT TO INSPECT PERSONAL BELONGINGS

In the event the adult leadership suspect any youth may possess fire starting materials, alcohol, drugs, weapons, or contraband items, which could be a danger and/or inappropriate in Scouting, they may inspect his personal belongings and confiscate said materials thereby providing for the safety of all persons involved. Any confiscated items shall be returned to a parent or legal guardian upon return from the activity listed above.

MEDICAL RELEASE

In the event of illness or injury occurring to the above applicant while involved in this trip or activity, I consent to X-ray examination and/or medical treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of the medical staff of the hospital furnishing medical services. It is understood that in the event of serious injury, all reasonable efforts to reach you will be attempted. I will be responsible for all medical expenses incurred by the applicant listed above.

Insurance Company: _____ Policy Number: _____
Family Doctor: _____ Doctor's Phone: _____ - _____ - _____
Allergies: _____ Date of last Tetanus Immunization: _____
Parent or Guardian's Signature: _____ Date: _____ - _____ - _____
Phone(s) where you can be reached: _____
Scout/Applicant's Signature: _____ Date: _____ - _____ - _____