



# TROOP 122 - BSA- CAMPING/ACTIVITY-



**CAMPOUT/ACTIVITY: Mock Klondike at VFW (1/4/15)**

**DATES: 1/4/15 8a.m-12p.m**

**(Mandatory function for all scouts attending Klondike Derby)**

**FORM MUST BE RETURNED BY 1/4/15 with \$5.00 Cash attached to this form**

## **PERMISSION AND WAIVER**

**Yes, I give permission for my son: \_\_\_\_\_ to participate in the campout/activity listed above. I understand my son may be involved in physical activities such as athletics, games, climbing, hiking, swimming, boating, running, crafts & competitions & may be cooking, making campfires & using camping tools. I relieve Troop 122, the BSA, the attending adults & the Scoutmasters,(who are all volunteers), of legal responsibility, waive all claims against them & give them permission to administer first aid or obtain doctor, emergency medical service or hospital medical treatment for my son. I agree that all medical bills will be paid by me and my spouse.**

**Signature of Parent / Guardian: \_\_\_\_\_ Date \_\_\_\_\_**

**Yes, if the type of campout/activity permits and there is room, I \_\_\_\_\_ would like to attend . I agree to drive (See Transportation), help the adult leaders and follow the Troop Program.**

**No, my son is unable to attend because (Give Specific Reason): \_\_\_\_\_**

**Signature of Parent / Guardian: \_\_\_\_\_ Date \_\_\_\_\_**

## **CURRENT MEDICAL INFORMATION-MUST BE FILLED IN**

My son has the following medical conditions that need attention/medication(Please include instructions):

Allergies? Please List: \_\_\_\_\_

CanTylenol be given for minor things like a cold, headache, toothache, sore muscles? Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of an Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **TRANSPORTATION**

**Transportation must be provided to and from this event**

**There will be no late turn in for the activity. Any Questions call Joe Davis at 908-461-4161**