

PERMISSION TO PARTICIPATE

St. Thomas More, BSA Troop 159
10205 Ranch Road 620 North, Austin, Texas 78726-2210

Full name of participant: _____

Address: _____ Birth date: _____

Has approval to participate in _____

Dates: _____

Without restrictions

Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally and emotionally demanding. I have carefully considered the risk involved and have given constant for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

YES / NO A current medical form is on file with the troop.

YES / NO The troop has current medical insurance information on file.

Participant's Signature: _____ Date: _____

Parent/Guardian PRINTED NAME: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone # _____ Cell Phone # _____

YES, Parent will be on the campout and can transport ___ scouts total.

YES / NO My DL#, auto information and insurance is on file with the troop.

Additional information contact:

Scoutmaster -Scott Thompson - sdtbsa@gmail.com

Committee Chair - Jenny Jensen jensenbsa@gmail.com 785.1469 cell