

**BSA Troop 245 Event Registration & Parent Permission Form**  
**Bell Conservation Club – Annual Turkey Shoot**  
**October 28 – 30, 2011**

**DEADLINE POLICY:** This registration/permission form is due on Monday, 10/17/2011. Cost for the weekend is \$12.00 per Scout & Adult includes Food (Troop Adult Cooking).

**Give this form and money to Mr. Buechter.**

Boy Scout Troop 245 is planning to provide service to the BCC during it's annual Turkey Shoot Weekend. It's not all work – the boys, as long as a parent is there may shoot in the contest. There are several projects on our agenda as this is also the end of BCC's formal camping season. **We will leave Friday Evening at 6:00 PM SHARP from Mt Auburn UMC. We will arrive home, mid afternoon on Sunday. Plan for 2 to 3:00 PM.**

Adult leaders are expected to include:

- |            |           |
|------------|-----------|
| 1. Mr. Lee | 6. _____  |
| 2. _____   | 7. _____  |
| 3. _____   | 8. _____  |
| 4. _____   | 9. _____  |
| 5. _____   | 10. _____ |

Mobile phone numbers:	
Mr. Lee	317-679-7932

*(Cut here. **Keep top half.** Return bottom half and expense money to leader noted above, before deadline.)*

**My son \_\_\_\_\_ has permission to participate in the Bell Conservation Club Turkey Shoot / Service Trip on the weekend of October 28 – 30, 2011.**

He is in good physical condition, has not had any serious illness or operation, and is capable of participating in the above activity without restriction. I acknowledge that his participation in the above activity involves inherent risks including, among others, minor or major physical injury and potential exposure to disease-causing organisms. With my signature below, I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless Troop/Crew 245, its leaders, organizers, chartered organization, sponsors, participants, and persons transporting this Scout, for any cause, except to the extent covered by accident or liability insurance.

In the event of an injury or in case of an emergency, I authorize the adult leaders of Troop/Crew 245 to administer first aid to my Scout. If the adult leaders determine that additional medical evaluation or treatment is warranted, I understand that efforts will be made to reach me using the contact information provided below. In the event I cannot be reached, I hereby give my permission to the physician or other licensed medical practitioner selected by an adult leader of Troop/Crew 245, Boy Scouts of America, to perform proper medical treatment including, but not limited to, x-ray examination, hospitalization, anesthesia, surgery, or injections of medication. I understand that I am responsible for all fees associated with medical treatments, and agree to reimburse the leaders for any expenses incurred in obtaining medical treatment for this Scout.

I also agree to hold harmless and indemnify Troop/Crew 245, its leaders, organizers, chartered organization, sponsors, participants, and persons transporting this Scout for any liability sustained by the Troop or Crew resulting from the negligent, willful, or intentional acts of this Scout, including expenses attendant thereto.

**During the activity I may be reached at:**

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Alternate Phones** (work phone, car phone, pager, etc.): \_\_\_\_\_

**Physician's name and phone number:** \_\_\_\_\_

**Additional remarks:** \_\_\_\_\_



\_\_\_\_\_

*Parent signature*

\_\_\_\_\_

*Date*