

BSA Troop 245 Event Registration & Parent Permission Form
Fall Camporee - Camp Kreitenstein
October 14 - 16, 2011

DEADLINE POLICY: This registration/permission form is due on Monday, 10/10/2011. Cost for the weekend is \$10.00 per Scout & Adult for Camporee Registration. **Cooking & food is BY PATROL**
Give this form and money to Mr. Buechter.

Boy Scout Troop 245 is planning to attend the Pathfinder District Fall Camporee at Camp Kreitenstein. The boys will participate and lead activities that facilitate advancement so we can get anyone under First Class many completions on requirements. Pack 610 will join us Saturday afternoon and overnight. **Plan to arrive and pack the Trailer NO LATER than 5:30 PM. We will leave Friday at 6:00 PM SHARP from Mt Auburn UMC. We will arrive home, early afternoon on Sunday. Plan for 12 to 1:00 PM.**

Adult leaders are expected to include:

- | | |
|------------------|-----------|
| 1. Mr. Cavanaugh | 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 Fall Camporee at Camp Kreitenstein on the weekend of October 14 – 16, 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