

BSA Troop 245 Event Registration & Parent Permission Form

Scout Orientation Campout 2010 at McComick's Creek State Park

Fri. March 19 @ 6:00 p.m. - Sun. March 21 @ 12:00 p.m.

DEADLINE POLICY: This form is due by Monday, March 15. Please give form to Mrs. Baker.

Boy Scout Troop 245 will be camping at McCormick's Creek State Park in March. We will show off our Scout skills by building a gateway, participating in rank-advancement, and hiking. Information on McCormick's Creek State Park can be found at: <http://www.in.gov/dnr/parklake/2978.htm>

- Please join us for our Scout Orientation Campout. We are planning on a 5-mile Hike on Saturday, and many Rank Advancement activities!
- Food will be by patrol, including the Adults Patrol.
- Please make sure you have all the proper equipment and dress for the weather!

Adult Leaders:

1. Mr. Cardwell (317) 532-7132
2. Mr. Mock (317) 670-7486

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

My son _____ has permission to participate in the Campout at McCormick's Creek State Park (near Spencer, IN.)

He is in good physical condition, has not had any serious illness, surgery or other medical procedure, and is capable of participating in the above activity without restriction or medication except as described below.

Medication required: [list name of drug, manufacturer, dosage, frequency, how much of the drug is being provided, and any special handling required for each drug, like keep it refrigerated]: _____

Instructions for administering the drugs: _____

What happens if he doesn't get the medication: _____

Adult Responsible for administering the medication: _____

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 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 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.

The cost for the event is TBD (Food By Patrol): Check One: Troop Account __, or In-Advance __

During the activity I may be reached at:

Address: _____

Phone: _____

Alternate Phones (work phone, mobile phone, pager, etc.): _____

Physician's name and phone number: _____



Parent signature

Date