

# BSA Troop 245 Event Registration & Parent Permission Form

## Downhill Ski Trip - Perfect North

### Saturday, February 20 @ 8:30 a.m. - 9:00 p.m.

**DEADLINE POLICY:** This form is due by Monday, Feb. 15. Please give form to Mr. Cardwell.

Boy Scout Troop 245 is going downhill skiing at Perfect North Slopes near Lawrenceburg, IN.

- We will leave at 8:30 a.m. on Sat., February 20<sup>th</sup> from the Mt. Auburn UMC and return at 8:00 p.m.
- The fee for the outing is \$68 (Lift Ticket & Rentals). **If we can get 15 or more people to go, then we'll get the group-rate (total: \$45/person).** Check <http://www.perfectnorth.com>
- Take spending money for lunch & dinner. The Youth Leader for this event is Nathan Cardwell
- Scout uniform is NOT required. Dress appropriately for winter weather!

Adult Leaders:

1. Mr. Cardwell (317) 532-7132
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

**My son \_\_\_\_\_ has permission to participate in the Ski Trip at Perfect North Slopes in Lawrenceburg, 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 will be \$68 or \$45/person: 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