

PARENT/GUARDIAN'S AGREEMENT FOR ACTIVITIES/CAMPING

SCOUT'S NAME _____ RANK _____ AGE: _____

ADDRESS _____ PHONE _____

Cell Phone _____

EVENT/ACTIVITY: **Fright Night**
LOCATION: **Camp Turrell**
Forestburgh, NY

DATES: **Fri., October 10th to Sun., October 12th**

IS PARENT ATTENDING: YES _____ NO _____

IS PARENT DRIVING: YES _____ NO _____

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the above named Scout, understand that my son will be attending the above noted activity/camping experience with my full knowledge and permission. He may participate in all activities programmed except as I may stipulate in writing to the leader in charge.

Further, if in the judgment of the Scout leadership in charge, it becomes necessary to send my son to a nearby hospital, physician or dentist for diagnosis or treatment, they have my full permission to do so.

Therefore, I give my full permission for my son to participate in all activities except as I may have excused in writing, and I give full permission to the medical attendant in charge to hospitalize, secure anesthesia, or to order injections or surgery for my son should the need arise, and I as the parent/guardian will assume full responsibility for such arrangements including payment of expenses incurred thereby. I shall indemnify and hold harmless the Northern New Jersey Council and Troop 21 thereof, their servants, agents or employees from any and all liability with respect thereto.

() Such medical expenses will be covered by:

Insurance Co: _____

Policy No: _____

() I will pay medical expenses directly

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Scout WILL NOT be attending trip _____