

# PARENT/GUARDIAN'S AGREEMENT FOR ACTIVITIES/CAMPING

SCOUT'S NAME \_\_\_\_\_ RANK \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

Cell Phone \_\_\_\_\_

EVENT/ACTIVITY: **OA Ordeal**  
LOCATION: **Camp Yaw Paw**  
**Mahwah, NJ**

DATES: **Fri., October 17th to Sun., October 19th**

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** \_\_\_\_\_