TROOP 506 TRAVEL OUTING PERMISSION FORM

I, the undersigned Parent or Guardian of _____
(scout's name)
give my permission for my child to participate with Troop 506 to Camp Buck Toms for Summer Camp on June 13 - June 19 2010.

_____ _____
(Parent/Guardian sign here) (Date)

Any medical information we should know? _____
_____

The Troop will depart from Freds Discount Store on Sunday, June 13 @ 11:30. (Class A uniform). Eat before arriving or bring a sack lunch.
Troop 506 will return to Freds Discount Store on Saturday, June19 @ 1:00p.m. Please make arrangement to pick up your boy at that time.

Contact Information:

Home Phone – _____

Cellular Number – _____

Emergency Contact -- _____

WAIVER OF LIABILITY AND MEDICAL RELEASE

I, (Parent/Guardian)_____, agree and consent to having the adult leaders of BSA Troop 506, under who auspices this program is conducted, approved as guardian to secure any emergency medical care or treatment that may be necessary for (Scout)_____during the above so mentioned activity. I further assume all responsibility for their decisions so made, and the emergency care or treatment so secured by them.

I also hereby release Christ United Methodist Church, BSA Troop 506, and all participating Leaders, from any and all liability, claims, suits, demands, or causes of action which may arise from bodily injury or property damage as a result of said party's participation in or observation of stated activities.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signature of Parent or Guardian: _____

Printed Name: _____