

Troop 398 Permission Slip

Summer Camp at Camp Easton

Permission slip due with the first camp fee installment due March 23

It is recommended that parents keep a copy of the form in the event of any questions or in case emergency contact is needed.

Meet Time & Location: Sunday, July 4, TIME TBA in the QFC parking lot

Return Time & Location: Saturday, July 10, TIME TBA in the QFC parking lot

Cost for this outing - \$265.00, in two installments: Due by **March 23:** \$100.00; due by **May 11:** \$165.00.
Payment made after these dates: add an additional \$10.00 late fee.

Food: Bring \$\$ for Lunch on the way to camp July 4.

Emergency Contact: 800-945-4390 – Spokane Service Center Camping Department – Hours 9-5 M-F

Tour Leader: TBA

Participant Name: _____
has approval to participate in summer camp at Camp Easton from 7/4/2010 to 7/10/2010

- Without restrictions
 Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant signature: _____ Date: _____

Parent / Guardian printed name: _____

Parent / Guardian Signature: _____ Date: _____

Emergency Information:

During the activity listed above, I can be contacted at these phone numbers:

(_____) _____ (_____) _____

The Troop will need adults to stay at camp with the troop:

I, _____ can stay at camp (beginning and ending dates and approximate time):

I will drive my (year/make/model): _____

The troop will need adults to volunteer transportation to and from camp:

I, _____ can provide Transportation:

I can drive scouts and/or gear to camp July 4 **and/or**
 I can bring scouts and or gear home July 10

I will drive my (year/make/model): _____