

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Boy Scouts, and guests (if applicable) under 21 years of age to participate in a troop or activity. This form is required for use with flying plans and should be attached to the flying plan application.

Scout's Name: _____ E Mail _____ Cell Phone _____

Parent's Information:

PLEASE PRINT

Name _____ Name _____
Address _____ Address _____
City _____ State ____ Zip _____ City _____ State ____ Zip _____
Home Phone _____ Cell Phone _____ Home Phone _____ Cell Phone _____
Work Phone _____ Ext _____ Work Phone _____ Ext _____
E Mail _____ E Mail _____

Emergency Contact:

Scout's Information:

Name _____ Date of Birth _____ Age During Activity _____
Address _____
City _____ State ____ Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Ext _____
E Mail _____
Relationship _____

NOTES:

Approval is give for the scout / guest to participate in:

Activity: _____ Dates _____

**Single Activity
Consent**

- Without restrictions
 With restrictions

Restrictions

Approval is given for the scout / guest to participate in:

Activity: **All Activities for the calendar year** Dates _____

**Yearly Activity
Consent**

- Without restrictions
 With restrictions

Restrictions

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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's Signature: **X** _____ Date: _____

Parent's Signature: **X** _____ Date: _____

Printed Name: _____