

TROOP 116 ACTIVITY PERMIT

SCOUTS BSA

Last name

Date

Mecklenburg County Council, Charlotte, North Carolina

This form is to be completed by Scout parents/guardians and turned in to the Troop upon joining and for periodic updating as needed.

Scout Information:

Scout's Formal Legal Name (First)	(Middle)	(Last)	(Suffix: Jr, III, etc.)	Name Called (Nickname)
Home Address				Scout's Date of Birth
City, State, Zip				Home Phone
Scout's Email Address				Scout's Cell Phone

Parent/Guardian Contact Information:

Name of Parent(s) or Guardian(s) (include first names)		
Father's Business	Father's Business/Daytime Phone	Father's Cell Phone
Mother's Business	Mother's Business/Daytime Phone	Mother's Cell Phone
Father's Email Address		
Mother's Email Address		

Secondary Emergency Contact if above parent(s)/guardian(s) cannot be reached:

Name of Secondary Contact	Relationship
Address	Primary Phone
City, State, Zip	Other Phone

Scout named above is covered by health and accident insurance by contract with the following named insurance company:

Insurance Company/Group Plan	
Name of Parent's/Guardian's Employer	
Policy or Group Number	Certificate or ID Number
Address, City, State, Zip	Phone

Health and Medical Information:

List any condition requiring regular medication and the names of all medications currently being taken by the Scout. List any allergies to food, medicines, insects, plants. List any health conditions or concerns, physical or behavioral, that may require special care, medication, diet, or that may affect or limit full participation in the Scouting program.

Name of Scout's Personal Physician	Phone
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SEE OTHER SIDE FOR RELEASES, CONSENT TO MEDICAL CARE AND TRAVEL, AND REQUIRED SIGNATURES

Name of Scout _____

General Release

The undersigned (whether one or more shall be referred to herein as "I" or "me") is the parent or legal guardian of the Scout named above (the "Scout"). The Scout is a duly registered member of Scouts BSA and has my permission to participate in all activities sponsored, sanctioned or engaged in by Troop 116 (or any sub-group of Troop 116) and/or approved by the leaders of Troop 116. These activities include, but are not limited to, overnight camping trips, backpacking and hiking expeditions in rugged wilderness and backcountry areas, white-water rafting excursions, canoeing, sailing, swimming, boating, skiing, horseback riding, rock climbing and rappelling, mountain biking, Super Scout high adventure trips, mountain and beach trips, Order of the Arrow functions, camping at Scout camps and reservations such as Philmont Scout Ranch in Cimarron, New Mexico, service projects, games and all travel to and from, or related to, any of these activities.

I understand that participation in Scouts BSA is voluntary and involves a certain amount of risk, and I have considered these risks in allowing the Scout or me to participate in Scouts BSA and with Troop 116. In consideration of the benefits to be derived from participation in Scouts BSA, I voluntarily waive any claim against Scouts BSA, Mecklenburg County Council, Troop 116 and its chartered institution, and all persons associated with such organizations for any and all claims, losses, damages and/or causes of action arising out of or in connection with participation in Scouts by the Scout or me, unless such claims, losses, damages or causes of action resulted directly from the gross negligence or willful misconduct of the aforesaid persons or organizations, as determined by a court of applicable jurisdiction.

Media Release

I hereby assign and grant to Scouts BSA, Mecklenburg County Council, Troop 116 and its chartered institution the right and permission to use and publish any photographs/film/video recordings/electronic representations and/or sound recordings made of the Scout or me during any Scout activity, and I hereby release Scouts BSA, Mecklenburg County Council, Troop 116 and its chartered institution, and all persons associated with such organizations for any and all claims, losses, damages and/or causes of action arising out of or in connection therewith or its use and publication, unless such claims, losses, damages or causes of action resulted directly from the gross negligence or willful misconduct of the aforesaid persons or organizations, as determined by a court of applicable jurisdiction. Furthermore, I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video recordings/electronic representations and/or sound recordings without limitation at the discretion of Scouts BSA, Mecklenburg County Council, Troop 116 and its chartered institution, and I specifically waive any right to any compensation I may have for any of the foregoing.

Medical Consent and Authorization for Health Care

If at any time during which the Scout is a participant in any Scouts BSA activity an illness or medical condition should arise, I understand that every effort will be made to contact me. If at such time, however, I cannot be contacted to give advice and consent regarding such illness or medical condition, then, and in such event, I do hereby authorize any of the adults in charge of such activity, including but not limited to, Tim Calkins, Charlie Fernandez, William Henderson, Julian Love, Wayne Mander, Mark McFalls, Mark Odulio, and Brian Smyth, to give advice and consent with regard to the medical care and treatment of the Scout. Such advice and consent shall include, but shall not be limited to, the authority to consent to any x-ray, anesthesia, medication, medical or surgical examinations, diagnosis, or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, a licensed health-care practitioner, physician or surgeon and permission is hereby given to such healthcare provider to render such care. In addition to the foregoing, such adult or adults shall be authorized to give and administer such first aid as, in the judgment of such adult or adults, is necessary and appropriate. I also hereby consent to the sharing of medical information regarding the Scout with such adult leaders and professionals who need to know of such medical information and here grant any medical professional who renders care to the Scout the right to disclose to an adult leader medical information regarding the Scout, including, but not limited to, examination findings, test results and medical conditions.

Travel Consent and Authorization

I do hereby authorize any of the adults in charge of Boy Scout Troop 116, including but not limited to, Tim Calkins, Charlie Fernandez, William Henderson, Julian Love, Wayne Mander, Mark McFalls, Mark Odulio, and Brian Smyth, to supervise and travel with the Scout both within the United States and internationally, including but not limited to, Denver, Colorado and Cimarron, New Mexico during the months of June and July 2019. Such consent shall include, but shall not be limited to, travel by land, sea, and air by means of automobile, bus, taxi, ferry boat, motorboat, sailboat, and commercial airline.

By my execution below, I agree that (a) the information set forth on the other side of this permit is accurate, (b) I have legal custody of the Scout and I have the ability to give the above releases and to assign health care decisions and travel decisions, and (c) I fully understand the importance and consequences of such information, waivers and consents to health care decisions and travel decisions as set forth above.

Date _____ Signature of father (or guardian) _____

_____ Signature of mother (or guardian) _____

= _____ = _____ = _____ = _____ =

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me the named _____, to me known and known to me to be the person or persons described herein and who executed the foregoing instrument, and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

My Commission Expires:

(OFFICIAL SEAL)