

# Troop 137 Activity Permission Slip

## Troop Camping at Roosevelt & Cowtown Rodeo

384 Watson's Mill Rd. Elmer, NJ 08318

Camping, Orienteering Skills, Scout Games, Patrol Style Cooking, & a Visit to Cowtown Rodeo

Trip Dates: Fri. 9/24- Sun. 9/26, 2021  
Departure Time: 6:15PM Friday, visit 7-11, take attendance, leave at 6:30PM  
Return Time: Estimated 1:00PM. Scouts will call for rides from the road with a more accurate arrival time on 9/26.  
Pick up and drop at Kohls lot on the side of the 7-11 Near the bank

"A completed Consent Form MUST be turned in to the Troop by 9/21/2021."

Scouts should a sleeping bag, sleeping mat, water bottle, rain gear, extra warm clothing in case it gets cold. Hats and hiking boots. CELL PHONES ARE NOT PERMITTED.  
\$11 fee per Scout for Patrol Food/Cooking is due 9/21/2021

*Adults driving Scout are invited to stay with the Troop and assist with the running the trip. All adults will must contribute \$15 for food to be collected by 9/21/2021*

### **IMPORTANT NOTES:**

- \* When possible the Troop will have the trailer available for Troop equipment and Scout backpacks.
- \* Youth Cell Phones and Youth Entertainment Electronics are NOT allowed at this event.

Thank you for your assistance.

Contact John Gibney with any questions: [mr.gibney@t137.org](mailto:mr.gibney@t137.org), 732.299.0890

**Keep this page for your records**



# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

First name of participant and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Street address \_\_\_\_\_ Birth date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

Additional address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has approval to participate in:

**Troop Camping at Roosevelt & Cowtown Rodeo**  
384 Watson's Mill Rd. Elmer, NJ 08318

**Fri. 9/24- Sun. 9/26, 2021**

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 and/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 realize the Boy Scouts of America, the local council, the chartering organization, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liabilities 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 \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Area code and telephone number (best emergency contact) \_\_\_\_\_ Area code and telephone number (second best emergency contact) \_\_\_\_\_

Contact John Gibney with any questions: mr.gibney@t137.org, 732.299.0890

BSA form 19-673 Rev. 2008

Doctors name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Please check this box if a parent is planning to attend this event with the Troop. \_\_\_\_\_

**A separate consent form is required for all attending adults.** (Attending Parent's Name)

If not the parent, please indicate the name of the adult the participant will be traveling with. \_\_\_\_\_

If no travel arrangements were made by the parent/guardian the Troop will determine what vehicle the participant travels in.

Please check this box and use the back of the form for medication, allergy, or other information the activity leader should know.

**Youth Cell Phones and Youth Entertainment Electronics are NOT allowed at this event.**

**Return this entire page by the date noted on the Activity Permission Slip page – Make a copy for your records**

Transportation Payment:

Cash: \_\_\_\_\_ Check \_\_\_\_\_ Scout Bucks \_\_\_\_\_ Leader Initials: \_\_\_\_\_