

AUTHORIZATION FOR PARTICIPATION IN
BOY SCOUT TROOP 290 ACTIVITIES
WITH RELEASE AND MEDICAL AUTHORIZATION

I the undersigned, hereby authorize my child to participate in Boy Scout Troop 290 activities. Including but not limited to: indoor and outdoor activities such as travel, camping, hiking, rock climbing & rappelling, water sports, winter sports, games, tenting, cooking with propane and on wood fires.

I grant to Boy Scout Troop 290, and its adult leaders, including Scoutmaster; Paul Tramp, and Assistant Scoutmasters; Mark Denoyer, Nick McGuire, Darrell Hoover, David White, Robert June, Eric Maes, Mike Limmer, Andy Gillman, and other adult leaders, permission to transport my child on scout outing trips. Said leaders have permission to take my child on scout trips, and my permission and authority to sign, on my behalf and for me, any agreements and waivers required. My child has no medical condition that would prohibit him from this participation.

I recognize that traveling and participating in boy scout activities have inherent dangers and I assume all risks inherent in the activity and further release the Boy Scouts of America, Boy Scout Troop 290 and all the adult leaders from any and all liability in connection with this event.

Said adult leaders are further granted medical authority to make any emergency medical decisions for my said child, including authorizing medical treatment if required. I agree to pay for and be responsible for any such procedure, examination, care or treatment.

I recognize that in order to protect the safety of my child an all others attending this trip my child must follow lawful requests of adult leaders.

Date: _____

Name of child: _____

Childs Birth date: _____

(Please fill out reverse side for medical and emergency contact information)

Parent or guardian (Signature)

Parent or guardian (Printed)

Child Member (Signature)

Child Member (Printed)

Address

City, State & Zip

Parent Home Phone Number

Parent Work Phone Number

Parent Cell Phone Number

Social security number (Parent)

Social security number (Child)

Medical insurance: _____

Policy Number: _____ Phone Number _____

Drafted by:
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