



TROOP 12 PERMISSION SLIP

Activity: _____

Activity Date: _____

****PAYMENT and FORM Due no later than:** _____

I give permission to allow my son _____ to participate in this Troop 12 activity.

ATTENDANCE INFORMATION FOR:

SCOUT:

Yes - will be attending

No - will NOT be attending

ADULT LEADER/PARENT or GUARDIAN:

Yes - will be attending (Name: _____)

YES, I can help drive TO FROM

I am volunteering to provide transportation using my vehicle, which seats (#) _____ on this trip. I will ensure all passengers wear seatbelts and I will follow all BSA Transportation regulations.

Phone Number: _____

Email: _____

Parent or Guardian signature: _____

Date: _____

COST INFORMATION: Cost is determined by event expenses (facility rental, etc.) + # of meals provided # of meals for this trip: _____

(Cost per Scout: \$ _____)

(Cost per Adult: \$ _____)

PAYMENT OPTIONS:

Cash

Check (Check # _____)

Scout Activity Account (Amount _____) - This payment option is for SCOUTS ONLY; see gray box below

If your Scout Activity Account (SAA) is being used to pay for this event you (the scout) needs to sign and date below acknowledging the debit to your SAA and your parent or guardian needs to initial and date.

Scout signature: _____ Date: _____

Parent initials: _____ Date: _____

I give permission to the leaders of Troop 12 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection or secure other medical treatment, as needed.

I further agree to hold Troop 12 and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of Emergency contact me _____ at _____.
(Print your name) (Phone number)

If I cannot be reached, please contact _____ at _____.
(Print your name) (Phone number)

Parent or Guardian signature: _____

Date: _____