

PERMISSION FORM

Date due: ASAP

I hereby grant permission for _____ to participate in the Klondike scout event, under the leadership of Mr. Pat Gerber and/or his assistant scoutmasters. We will be meeting at the parish center on Saturday February 4th at 7:15 am. We will be returning that evening at approximately 5:00 p.m. In consideration of his engaging in this activity, I agree to save harmless the said leader and his associates, our unit's sponsoring institution and the Boy Scouts of America because of any claim arising on behalf of my said son(s) from a possible injury or illness while engaging in this activity.

The cost will be \$9.

Check # _____ Cash Take From Account

I (Parent/Guardian) _____ may be reached at:

Phone	Address	City, State, Zip
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IN THE EVENT I CANNOT BE REACHED AND EMERGENCY MEDICAL TREATMENT IS REQUIRED:

YOU MAY CONTACT _____ Phone: _____
 OR
 YOU MAY AUTHORIZE MEDICAL AUTHORITIES TO PRESCRIBE SUCH TREATMENT.

Signed: _____ Date: _____

Email: _____

LEADERS ONLY

- I will attend this event in my capacity as a leader.
- I will provide transportation: TO FROM BOTH. (Circle One)

Vehicle Information

Drivers License Number: _____

Auto Insurance Carrier: _____

Amount of Liability: Per Person _____,000 Per Accident _____,000 Property Damage _____,000

Vehicle Make: _____ Model: _____ Year: _____

Number of available passenger seat Belt: _____

PARENTS (BSA Youth Protection Training is MANDATORY. Date Completed _____)

- I can assist with transportation, if needed: TO FROM BOTH (Circle One)

Name: _____ Home Phone _____ Cell Phone _____

NOTE: Vehicle Information section (above) must be filled out for vehicle used for transporting scouts.