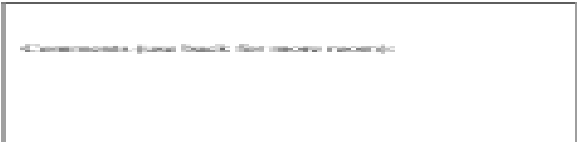


# Troop 332 Campout Permission Slip



**Event:** Top Shot Chef Campout  
**Event Date:** October 18-20, 2019  
**Form Due:** October 7, 2019

**Where:** West Activity Field at camp Lazarus (entrance is off of Chapman Road, north of Hyatts)

**When:** Gather at church **6:15 pm**, Depart at **6:45 pm**, return home Sunday at approximately 12pm.

[ ] **Yes, I can drive and take a total of \_\_\_\_\_ (Seat-belted passengers including driver)**  
 Is your vehicle information on file with us? Y / N (Year & Make) \_\_\_\_\_

Shooting time on the range (.22 rifles with certified safety officers) combined with a cooking competition between patrols. Various cooking challenges throughout the weekend with 1-2 hours of shooting per patrol.	<b>Attendees</b> <i>(write on back if needed)</i> Name _____ Patrol _____ _____ _____ _____ _____
<b>IMPORTANT NOTE: DO NOT USE THE MAIN LAZARUS ENTRANCE.</b> Use the Chapman Road entrance. It's a small entrance that's easy to miss. We'll put a sign out when we get there	

	QTY	Price	Total (Qty x Price)
Youth Camper		\$20	
Adult Camper		\$20	
Other Family Member/Guest		\$20	
<b>How are you paying?</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Scout Account	<b>Total \$</b>		

### AUTHORIZATION FOR MEDICAL ATTENTION

In case of an emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the adult leader in charge to act on my behalf and in my stead in obtaining any medical or dental treatment for the above named scout(s) should said treatment become necessary in the opinion of the adult scout leader in charge and I 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. I hereby release the scout leader and the treating Physician, Dentist, or Health care provider of rendering any emergency medical treatment during the duration of the above outing.

Physical Restrictions? \_\_\_\_\_ Allergies? \_\_\_\_\_

Medications? \_\_\_\_\_

Phone \_\_\_\_\_ Home Address \_\_\_\_\_

Another person to contact in case of emergency \_\_\_\_\_  
 (NAME & NUMBER)

### HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child and myself (if applicable) to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

\_\_\_\_\_  
 (PARENT OR GUARDIAN SIGNATURE) (DATE)