

BOY SCOUTS OF AMERICA TROOP 574
PARENTAL CONSENT FORM

In consideration of and recognizing the educational benefits to be derived through this activity and through involvement in the Boy Scouts of America, I consent to the participation of my son(s) in the activity described below, agree to pay the associated fees and waive any claims I may have against the leaders of this activity.

Description of activity: Destination Adventure

Activity Date: July 19-26, 2014

Consent Form Due: June 9, 2014

Fees: \$265.00

Fees Due: July 7, 2014

Scout Name(s) (print): _____

Participating Parent(s) Names (print): _____

Telephone No./E-Mail: _____

Parent Signature: _____ Date: _____

\$____ Scout Account \$____ Cash \$____ Check #____ Rec'd _____

Special Needs/Special Instructions:

Medications / Allergies / Diets / Physician Restrictions:

Parent Participation:

I plan to attend this event. I CAN / CANNOT (circle one) provide transportation for this event.

If providing transportation, number of seats available for non-family members: _____

Vehicle Info: Year _____ Make _____ Model _____