

**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: Laser Tag Campout – Cedar Hill State Park

Activity Date: February 21-22, 2015

Fees: \$30.00

Depart: Saturday, February 21 at 7:30 PM **Return:** Sunday, February 22 around 11 am.

Consent Form Due: Monday, February 16, 2015

Scout Name(s) (print): _____

Parent Names (print): _____

Cell Phone Mom or Dad: _____

Email: _____

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 _____