

# 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:** Summer Camp 2016 Camp Arrowhead in Marshfield, Missouri

**Activity Date:** June 12 to 18, 2016

**Fees:** \$400.00 Scouts and \$285 Adults

**Scouts Deposit: Non- Refundable Deposit \$35.00 due by Monday, February 29<sup>th</sup>**

**Balance Due: Monday, May 2<sup>nd</sup> \$365.00 Scouts and \$285 Adults**

**Depart:** Sunday, June 12 at 5:00 AM **Return:** Saturday, June 18 at 6:00 PM

**Consent Form Due: Monday, February 29<sup>th</sup>** (We have an early registration deadline with the Camp)

Scout Name(s) (print): \_\_\_\_\_

BSA ID # \_\_\_\_\_

Scouts Birthdate (some Merit Badges have age requirement): \_\_\_\_\_

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, total number of seats available: \_\_\_\_\_
- Vehicle Info: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_