

**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.

**Where:** Lake Waco/Blythe Lake House

**Description of activity:** August Camp Out/Day at lake swimming

**Activity Date:** August 19 - 20, 2017

**Fees:** \$20.00

**Depart:** Sat, August 19, 2017; 8:00 am

**Return:** Sun, August 20, 2017; 12:00 pm

**Consent Form Due Before:** ASAP!!!

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

Parent Names (print): \_\_\_\_\_

Cell Phone Mom or Dad: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

Scout Account \$ \_\_\_\_\_  Cash \$ \_\_\_\_\_  Check \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Special Needs/Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

Medications / Allergies / Diets / Physician Restrictions:  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Participation (click check-box option)**

I plan to attend this event. I  CAN /  CANNOT provide transportation for this event.  
If providing transportation, total number of seats available: \_\_\_\_\_  
Vehicle Info: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_