

**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: Camp Wisdom

Description of activity: October camp out/Webelos Woods

Activity Date: October 6-8, 2017

Fees: \$25.00

Depart: Fri, October 6, 2017;6:00 pm

Return: Sun, October 8, 2017;12:00p

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: _____