

**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: Astronomy Merit Badge Campout
Comanche Springs Astronomy Campus,
Crowell, TX 79227

Activity Date: January 28 - 29, 2017

Fees: \$20

Depart: HCUMC parking lot at Saturday, January 28, 8:00 AM

Return: Sunday, January 29, 2017 at around 12:30 pm

Scout Name(s) (print): _____

Parents Names (print): _____

Cell Phone # Mom or Dad: _____

Email: _____

Parent Signature: _____

\$_____ 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: _____
- Vehicle Info: Year _____ Make _____ Model _____