

PERMANENT CAMP, TOUR, TRIP OR ACTIVITY PERMIT

Mecklenburg County Council
Boy Scouts of America
Charlotte, NC

BSA Troop 46 Etowah District

Scout's Name	_____	Phone:	(H) _____
Address	_____		(W) _____
City, State Zip	_____		(C) _____
			(C) _____

IN CASE OF EMERGENCY, NOTIFY:

Name	_____	Phone:	(H) _____
Address	_____		(W) _____
City, State Zip	_____		(C) _____
			(C) _____

The above named Scout is duly registered as a member of the indicated unit and has my/our permission to participate in all Troop 46 camp, tour, trip, or other activities. A current medical report (Class 1 / 2) is on record with the troop.

In consideration of the benefits to be derived from participation in the above described activity, I/we waive voluntarily any claim against the local Council or the National Council, the chartered Unit, its chartered institution and all leaders of the Boy Scouts of America for any and all causes which may arise in connection with the activities of the above named organizations.

This is to further grant permission to the director in charge to hospitalize my/our son or ward and to authorize one or more licensed physicians to attend him in case of illness or accident should such service become necessary.

Signature of father (or guardian) _____ Date _____

Signature of mother (or guardian) _____ Date _____