**SCOUTS BSA TROOP 492, NEW LENOX, IL - ACTIVITY PERMISSION SLIP**

Parents/Guardians: Please retain a copy for your reference. The lower section of this page must be completed and returned along with **any fees due** no later than **Monday September 11, 2023**.

**ADULT IN CHARGE**: Mr. Mueller / Josie Mueller

**ACTIVITY**: Fly Fishing Merit Badge Campout, West Chicago, IL

**DEPARTURE DATE/TIME**: Friday, September 15 at **5:15pm** from Whitmore Ace, 358 W Maple St, New Lenox

**RETURN DATE**: Sunday, September 17. Arrival time estimated late afternoon.

**DESTINATION**: Blackwell Family Campground, West Chicago, IL

**ADDT’L INFO**: Any scouts over 16 will need to purchase an Illinois fishing license ahead of time.

**TRIP COST**: $30 per person

**NOTES**: Participants must wear Class A uniforms for travel unless otherwise indicated.

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*Complete the following for* ***each person*** *participating in the activity*

|  |  |  |
| --- | --- | --- |
| Participant Name, Age and DoB | Payment | Special Considerations/Restrictions, if any |
|  |  ☐ Cash ☐ Chk ☐ Scout Acct |  |
|  |  ☐ Cash ☐ Chk ☐ Scout Acct |  |
|  |  ☐ Cash ☐ Chk ☐ Scout Acct |  |

HOLD HARMLESS AGREEMENT AND CONSENT TO TREAT: I understand that participation in the **2023 Fly Fishing Merit badge campout** involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in this activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, the troop and its leaders, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for the purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities. If I am a participant and/or driver, I will comply with current applicable BSA standards, which can be found at [www.scouting.org](http://www.scouting.org).

*Each Participant must sign. Participants under 21 must also have a parent or guardian sign.*

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**Participants’ signatures** *(all sign on the same line)*

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**ParentGuardian signature Telephone No.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name and NoE-mail address** *(for routine contact and updates)*

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**ADULTS driving must complete the following: | ADULT LEADERS participating must complete the following:**

Vehicle and Insurance Information is ☐ on file or ☐ listed below: | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year/Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Training Information is ☐ on file or ☐ listed below:

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Youth Protection ☐ Climb On Safely

Drivers License No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Weather Hazards ☐ CPR *Agency*: \_\_\_\_\_\_\_\_\_\_\_

Insurance Co/Policy No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ Safe Swim Defense ☐ Safety Afloat