

# ***Application to Participate in Troop 700 Activity***

**Mountain Lake District, Atlanta Area Council, Kennesaw, GA**

## **APPROVAL OF PARENTS OR GUARDIANS**

(Applicant's First Name) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last Name) \_\_\_\_\_

(Applicant's address) \_\_\_\_\_

(Applicant's City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Date of Birth) \_\_\_\_\_

(Telephone Number(s) of Applicant's Parent/Guardian during activity)

Home: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

### **Parents or guardians must read this statement, before approving application**

I hereby give my son permission to attend any Troop 700 activity or outing between 01-01-2011 and 12-31-2011. I hereby approve and agree to all of the terms and conditions of this *Application to Participate in Troop 700 Activity* and certify to its correctness. Further, I certify that this Scout can meet the health and physical fitness requirements of the crew trip or activity (Annual Health and Medical Record Form , No. 34605 to be used if required by type of activity).

### **Water Activities**

In the event that the troop trip or activity takes place in total or in part on or near water, I certify that this Scout/guest is (check one) \_\_\_\_\_ non-swimmer / \_\_\_\_\_ beginner swimmer / \_\_\_\_\_ advanced swimmer / \_\_\_\_\_ BSA Lifeguard. All such activities are to be conducted within the guidelines of the Safe Swim Defense, No. 34370A, Safety Afloat, No. 34159A, and/or the *Sea Exploring Manual*, No. 33239A, as may be appropriate.

### **Waiver of Claims**

In consideration of the benefits to be derived from participation in this Troop trip or activity, any and all claims against the Boy Scouts of America or its local councils, Troop 700, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damages, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the troop trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

### **Medical Release**

In the event of illness or injury occurring to my son while involved in this Troop trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of serious illness or injury, reasonable efforts to reach me will be attempted.

(Insurance company) \_\_\_\_\_ (Policy number) \_\_\_\_\_

(Personal physician) \_\_\_\_\_ (Telephone number) (\_\_\_\_\_) \_\_\_\_\_

### **Approval**

(Signature of father/guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

*or*

(Signature of Mother/guardian) \_\_\_\_\_ (Date) \_\_\_\_\_