

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying permits and should be attached to the flying permit application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org.

First name of participant and middle initial	Las	Last name			
Address	Birth date (month/day/year)			Age during activity	
Additional address (need street address if you hav	ve a P.O. box)				
City				State Zip	
Has approval to participate in	(Name of activity, orientation fligh	t outing	trin etc.)		
From to (Date) (Date)	(Namo or deavity, orientation mg.	i, odding	i.ip, 0:01,		
☐ Without restrictions					
Special considerations or restrictions:					
I understand that participation in the activity invogiven consent for myself or my child to participate requires participants to abide by applicable rules activity coordinators, and all employees, volunteer claims or liability arising out of this participation. In case of emergency involving my child, I understagive my permission to the medical provider select anesthesia, surgery, or injections of medication for a findings, test results, and treatment provided for puparticipant's parents or guardian, and/or determination. Participant's signature	e in the activity. I understand that parti and standards of conduct. I release th rs, related parties, or other organization and every effort will be made to contact ted by the adult leader in charge to se my child. Medical providers are authorize urposes of medical evaluation of the participant's ability to contin	icipatio e Boy S ens asso et me. Ir cure pr zed to d irticipar ue in th	n in the Scouts cociated on the every tree isclose int, follower programmers.	e activity is entirely voluntary and of America, the local council, the with the activity from any and all ent I cannot be reached, I hereby eatment, including hospitalization, to the adult in charge examination w-up and communication with the am activities.	
Parent/guardian printed name					
Parent/guardian signature				Date	
Area code and telephone number (best contact and eme	ergency contact) E-mail (for u	ıse in sha	ring more	details about the trip or activity)	
Contact the adult tour leader with any questions:					
Name					
Phone	E-mail				

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