

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 125.

| | | | |
|------------------------|----------|-----------------|-------------------------------|
| Activity: | Day Trip | Location | Stillwell Woods Park |
| Departure Time: | 8:00 AM | Date: | 10/13/12 Stillwell Woods Park |
| Return Time: | 1:00 PM | Date: | 10/13/12 Stillwell Woods Park |

Day Bike Hike

Bring a bag lunch, ample water supply

Must bring your own bike

No charge for this activity

Meet at park

-Take the L.I.E. to exit 46 North/Sunnyside Boulevard, then make a right onto Woodbury Road. Take this to Jericho Turnpike. then make a right turn onto South Woods Road. Just past Syosset High School, make a right into the soccer field, bear right and continue to the end of the field. The trailhead will be in the southeast corner.

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities 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, 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.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for 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.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ Date: _____
(Parent or Guardian)