

# CAMP, TOUR, TRIP OR ACTIVITY PERMIT

Mecklenburg County Council  
Boy Scouts of America  
Charlotte, N.C.

Pack <u>12</u>	District <u>Etowah</u>	Dated _____
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Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Relation to Scout: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

The above named Cub Scout is duly registered as a member of the indicated Unit and has my/our permission to participate in the following described camp, tour, trip or activity:

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ inclusive.

**Destination:** \_\_\_\_\_ **Expected hour of return:** \_\_\_\_\_

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.

Our son or ward is covered by health and accident insurance by contract with the following named insurance company:

**Agent** \_\_\_\_\_ **Policy ID:** \_\_\_\_\_

**Address of Agent** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Parent or Guardian