

**TROOP 1 GEORGIAVILLE - ACTIVITY PERMISSION SLIP**

I hereby give my son, \_\_\_\_\_, permission to participate in  
on \_\_\_\_\_.

**Depart from:** \_\_\_\_\_ **on** \_\_\_\_\_

**Return to:** \_\_\_\_\_ **on** \_\_\_\_\_

**Cost is \$** \_\_\_\_\_ **for** \_\_\_\_\_

In case of emergency, I can be reached by phone at \_\_\_\_\_ or \_\_\_\_\_

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_

I understand that I am responsible for my child's insurance in case of injury.

The insurance company name is \_\_\_\_\_, Policy or ID #: \_\_\_\_\_

The phone number for my insurance is \_\_\_\_\_

- I have listed possible health concerns on the back of this permission slip.
- My son's health form on file with the troop is current.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_.

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**SCOUT AGREEMENT:** I agree to abide by the Boy Scout **Code of Conduct** as stated in the Scout Oath and Law, Scout Motto and Slogan, as well as the Outdoor Code (see p.9 of Scout Handbook). If my behavior does not reflect the above Code of Conduct I understand I may be sent home from this and other Troop activities at the discretion of the Scoutmaster or designated leader. I agree to participate in a full and constructive manner in this troop activity.

**SCOUT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_.

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**PARENTS:** I agree to help my son understand and live by the Code of Conduct as stated above, and if his failure to abide by this agreement results in his being sent home I agree to come get my son at the request of the Scoutmaster or designated leader.

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_.