# **Permission Slip/Waiver of Responsibility**

# **Boy Scouts of America Troop 103**

**EVENT: 2022 New Scout Basics I Campout COST: A Smile and Scout Spirit! LOCATION: Upper County Park, Williamsburg DATE: March 19-20, 2022: 9am to 11am**

**180 Leisure Rd, Toano, VA 23168**

First Year Scouts permission forms must be turned in no later than, **March 14, 2022** via email to Mr. Gordon Shelton, ASM gordon.shelton [13@gmail.com](mailto:13@gmail.com),, Dr. Ray Rodriguez, ASM, rrodrigueziii@verizon.net, or Mr. Don Reeves, Scoutmaster at [donald.reevesl@aol.com.](mailto:donald.reevesl@aol.com.)

I, \_­\_­­\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , *as* **parent/guardian** *of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Hereby give my permission for him to be transported to and from and participate in all activities related to the activity mentioned above.*

* *On the activity named, I agree to his participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America.*
* *I certify that, to the best of my knowledge, my son is in good health and know of no physical limitations that would prevent my son from full participation in this scouting activity.*
* *In the event of illness or injury to my son, I, as parent/guardian, hereby authorize any of the registered Troop 103 leaders to render or seek whatever first aid or medical care deemed necessary to ensure the well-being of my son.*
* *I understand that, as a Scout, my son will be expected to conduct himself according to the Scout Oath and Law. I further understand that I will be required to promptly pick up my son at camp should he, in the sole judgment of the Scoutmaster, behave in an un-Scout­like manner.*
* Appropriate attire. **Scouts travel to and from this event in Class "A" uniforms.** *Scouts should also wear the Class B troop shirt and dress appropriately for the weather as required.*
* Constructive discipline. *Discipline used by troop leaders will be constructive and reflect Scouting's values. Corporal punishment will not be permitted.*
* Hazing is prohibited. *Physical hazing and initiations are prohibited and will not be included as part of any Scouting activity.*

LIMITED CUSTODIAL AGREEMENT

This agreement is made by and between (“Parents”) with Boy Scout Troop 103 (“Troop”) regarding your (“Scout”). Your “Scout” is a member of the “Troop” and participates in “Troop” activities under the supervision of the “Adult Leaders” of the “Troop”. The parties wish to confirm that those “Adult Leaders” have the authority to make decisions regarding the health and welfare of your “Scout” while he is with the “Troop” participating in scouting activities.

“Parents” acknowledge that “Adult Leaders” have limited custody of the “Scout” during Scouting activities and they will make decisions affecting the “Scout” keeping with his best interests and those of his fellow “Scouts” in mind. “Parents” specifically authorize the “Adult Leaders” to authorize emergency medical care for the “Scout” as necessary. “Parents” hereby release the “Troop” and any “Adult Leaders” from any and all claims related to my “Scout's” participation in the “Troop's” scouting activities except those that arise from gross negligence or willful misconduct. Upon signature of this form, I acknowledge that I have read and understand the policies stated, that I have discussed the policies with my son and he fully understands the policy.

Name & telephone number of family physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic to (medicine or other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate medicines taken at this time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any medications must be given to Scoutmaster or Assistant Scoutmaster upon arrival for the event.

Indicate any Health condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Carrier Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian emergency contact telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_