

# Troop 23 Consent Form for Continuing Scouts -- 2020

The Troop will only register Scouts for the 2020 Scouting year if they have turned in this Consent Form and paid Troop Dues (\$100) by November 18<sup>th</sup>.

Scouts who did not meet the \$400 wreath sales goal will also need to pay the \$200 program fee (or portion thereof) before being registered.

Scouts Name: \_\_\_\_\_

has my approval to participate in all Scouting-related activities offered by Troop 23 from **January 1, 2020 to January 31, 2021**, specifically meetings, summer camp, campouts, hikes, water sports, service projects, special events and other Troop activities. This includes, but is not limited to, all 2020 campouts, Klondike Derby, Scout Sunday, Troop Swim, Memorial Day Parade, Shooting Sports, Wilderness Survival, Troop Lock-In, any other campout or event.

- without restrictions
- with these special considerations or restrictions

## **Emergency Contact Information:**

Father's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

## **INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION\***

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

**With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

**NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.**

Parent's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_