



Boy Scouts of America, Sudbury Troop 61 Troop Activity Permission Form

DATES: December 6th – 7:30pm-9pm

EVENT: Swim Night at Atkinson Town Pool

TIMES: Please meet at Atkinson Pool at 7:30 pm
Pick-up is at Atkinson Town Pool at 9PM

COST: Troop will cover the pool fees

DUE: This form is due on: December 6th

Emergency Contact number during event: Atkinson Town Pool Number (978) 443-1092

Keep this section on your refrigerator to remember the details

----- ✂ ----- CUT HERE ----- ✂ -----

Turn in this section to trip coordinator

I, the undersigned parent/guardian, of _____ understand that participation in the
(Scout's name)

ACTIVITY: Swim Night at Atkinson Pool

offered through the Knox Trail Council, Troop 61, Boy Scouts of America, involves a certain degree of risk. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given my consent for him to participate in this event, and waive all claims I may have against Boy Scouts of America, Knox Trail Council, and/or volunteers or sponsors of Troop 61, Sudbury, MA.

I (or other adult) would like to participate on this trip: _____
(Name(s))

Please provide any special medical information concerning your son (including current medications, allergies, and any restrictions or limitations on physical activity):

Emergency contact information during THIS outing period:

Name(s)

Telephone number (including area code)
_____-_____-_____
_____-_____-_____

In the event that I or the other contact persons named above cannot be reached in an emergency, I hereby authorize the adult leader in charge of this activity to take any necessary steps including administration of emergency first aid, transportation, and obtaining the services of licensed emergency/medical personnel. I further authorize licensed emergency/medical personnel so selected to provide necessary medical services including admission to a hospital or other licensed medical facility, administration of medications (including injections) and anesthesia, and the performance of any other needed medical or surgical procedures.

Signed: _____ **Date:** _____
(parent or guardian)

Parent/guardian's name: _____
(Please print)

Please return permission slip by December 6th.