

Bowling



Tuesday, February 9th

Scouts Name

Home Phone #

Parent / Guardian

Phone #

Cell #

Emergency Contact

Phone #

Insurance Company

Policy Number

Allergic or Sensitive to:

List any Medications, include Instructions

Other Instructions

In consideration of the benefits to be derived and in view of the fact that Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to insure that safety and well-being of my son(s), ward(s) on this activity, I hereby agree to his participation and waive all claims against the leaders of the troop, officers, agents and representatives of the Boy Scouts of America.

In the event of an emergency, the troop unit leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor at my expense, if our own doctor is not readily available and as restricted on the Emergency Data Sheet on file with the Troop.

The Scoutmaster may, at his discretion, call me at any time to send my son home from said trip if for any reason he does not live up to the Scout Law.

Signed:

Date:

Return upper portion to Scoutmaster by due date

Retain this lower portion for your reference

To: Bowling
 Date: Tuesday, February 9th
 Due by: Tuesday, February 9th
 Meet at: Sayville Bowlero
 Other: Additional information provided at troop meeting
 Cost: No Cost