

TROOP 206 BOY SCOUTS OF AMERICA

NAME _____ Birthdate _____

Address _____ Telephone _____

City: _____ State: CA Zip: _____

We hereby give permission for the above named minor to participate in all activities of Troop 206 and release the leaders of Troop 206, their assistants and other volunteers, the sponsoring institutions, the Boy Scouts of America, its local councils, and their respective employees and agree to immediately indemnify and hold harmless any such person or group from any and all claims and liability arising out of the said minor's participation in any activity of Troop 206.

We hereby authorize the Scoutmaster or any Assistant Scoutmaster of Troop 206 as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, or of any dentist, licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of the said physician or dentist, at a hospital, Scout Camp, or elsewhere.

We give permission for the Scoutmaster of Troop 206 or any other adult person whom he may designate to furnish a firearm to the above named minor for the purpose of instruction in the safe handling and shooting of firearms and related activities.

We also give permission for the above named minor to board, travel on or ski behind all boats or other water craft, whether powered or sail, which shall be operated by or under the supervision of the said Scoutmaster or his designee.

This authorization and consent will remain effective during all times while the above named minor is a registered member of Troop 206, unless and until revoked in writing delivered to the Scoutmaster of Troop 206 by the undersigned. This consent and authorization may be reproduced and copies hereof shall have the same force and effect as the original, which shall remain on file with the said troop.

We have read the information supplied relating to participation in troop activities by Scouts and their parents and agree to abide the same.

Signed _____ Date _____
Father or Guardian

Mother or Guardian

Occupation: Father _____ Business Phone _____

Mother _____ Business Phone _____

A medical exam for each Scout is required. Any significant findings or allergies should be brought to the attention of the leaders.