<b>ACTIVITY</b>	CONSEN	NT FORM	AND APPR	OVAL B	Y PARENT	S OR LEGA	L GUARDIAN
FIRST NAME			MI	LAST NAME			
BIRTH DATE MM-DD-YYYY			AGE DUF		PHONE NUMBER		
STREET ADDRESS							
CITY						STATE	ZIP
HAS MY APPR			DATE IN.				CODE
WITH THE FO					_		ide)
I UNDERS	STAND 1		Y BE REQ				PORTATION luding my son
I CAN DRIVE			ACTIVITY	g 111 y 2011		O THE ACTIVI	
and have given or entirely voluntary of America, the lo- associated with the In case of emergoreached, I hereby treatment, including authorized to disc	onsent for nand required cal council, e activity from the activity from the part of the pa	n in the activity nyself or my consiste activity control and all or any and all or many child, I permission to see action, anesther adult in characticipant, follow	child to participate abide by apporting to abide by apporting to abide the claims or liabil understand exthe medical processa, surgery, rge examination ow-up and cor	rtain degree ate in the ac olicable rules all employe ity arising ou very effort w ovider select or injections n findings, t	of risk. I have stivity. I unders and standard es, volunteers at of this partici will be made to sted by the ad s of medicatio est results, an with the part	e carefully considerand that participes of conduct. I repete to the conduct of the contact me. In the contact me. In the contact me change for my child.	dered the risk involved pation in the activity is elease the Boy Scouts or other organizations the event I cannot be arge to secure proper Medical providers are vided for purposes of s or guardian, and/or
EMERGENCY CONTACT					PHONE NUMBER		
MEDICAL INSURANC COMPANY	E						
POLICY NUMBER					C-TREATMENT ONE NUMBER	_	
PARENT/GUARDIAN PRINTED NAME							
PARENT/GUARDIAN SIGNATURE						DAT E	

(Rev 4)