



TROOP 43, SEA CLIFF NEW YORK BOY SCOUTS OF AMERICA

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR BOY SCOUT ACTIVITY

(Applies to all youth participants under the age of 18)

**A \$25.00 Fee Per
Scout & This
Form Are
Due Monday,
10/13
@ The Regular
Troop Meeting**

To Whom It May Concern:

Scout: (Print Name) _____

Address: _____

has my permission to participate in the following activity:

What: Breakneck Ridge Trail Hike

When: October 17 to 19, 2014

Where: Carmel, New York

PLEASE CHECK ONE:

I Will Arrive: ☐ Friday ☐ Saturday

The goal of each trip is to promote the ideals of Boy Scouting, through organized outdoor activities with the goal of each scout to organize and work as a patrol and camp for a night, to plan and prepare meals and to participate in planned activities. This event will provide Scouts an opportunity to experience team building and hone their outdoor skills while working together as a patrol and enjoying the beautiful Hudson River Valley.

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activity described above. We recommend no more than one parent and we cannot allow any non Troop 43 youth to attend. All registered scouts are encouraged to attend. We will require an additional Youth Protection Trained Parent (YPT) to Accompany the Scoutmaster/Assistant Scoutmaster.

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize the tour leader or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above 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 medical practice or any dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout camp or elsewhere.

This authorization will remain in effect while the above minor is in route to or from participating in the above noted activity.

Date: _____ Signed: _____ Relationship: _____

Print Name: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name:	Phone:
Physician:	Phone:
Med. Insurance:	Policy or Group #:

----- Tear Off Here For Parent Record -----

Trip: Schiff Scout Reservation, Wading River NY. 10/17/2014 to 10/19/2014 Fee: \$25.00

Troop 43 will be leaving St. Luke's Church on Friday and/or Saturday, October 17 and/or 18 at 7:00am and will be returning to St. Luke's Church on Sunday afternoon. Parents shall coordinate transportation with other troop members. **Please check the troop website: www.seaclifftroop43.org**

All Scouts are to be dressed in hiking boots, class A uniform, and weather appropriate clothing for this trip.