## BSA TROOP 197 ATLANTA, GEORGIA

Sign and Return to:

Tina Hunsicker 2910 Paces Lake Dr. Atlanta, GA 30339 tinahunsicker@hotmail.com

## **SCOUT OUTING PERMISSION SLIP 2019-19**

| In case of Emergency, Please conta Name:  Scout's Rank:  Birthdate:  Home Address:  City:  State:  Zip:  Work Phone:  Home Phone:  Mobile Phone:  I give permission for my child,  Atlanta, GA described below and any activities associated with or related to the Outings. My child has no plimitations or allergic reactions (except those listed below), of which the adult leaders ("Adult Leaders") sterms of my child's participation in the Troop's Outings.  Listed below are any physical limitations, medical needs (please refer to attachment for Atlanta Area Council Dispensing Policy), and/or allergic reactions:   | Zip:  f BSA Troop 197 of physical problems, should be aware in |
|--|--|
| Birthdate: Address: City: State: Z  City: State: Zip: Work Phone: Home Phone: Mobile Phone: Mobile Phone: Mobile Phone: Mobile Phone: Mobile Phone: State: Mobile Phone: M | Zip:  f BSA Troop 197 of physical problems, should be aware in |
| Birthdate:   | Zip:  f BSA Troop 197 of physical problems, should be aware in |
| Home Phone:    Home Phone:     Mobile Phone:     Atlanta, GA described below and any activities associated with or related to the Outings. My child has no plimitations or allergic reactions (except those listed below), of which the adult leaders ("Adult Leaders") sterms of my child's participation in the Troop's Outings.  Listed below are any physical limitations, medical needs (please refer to attachment for Atlanta Area Council Dispensing Policy), and/or allergic reactions:   | f BSA Troop 197 of<br>physical problems,<br>should be aware in |
| Home Phone:    Home Phone:     Mobile Phone:     Atlanta, GA described below and any activities associated with or related to the Outings. My child has no plimitations or allergic reactions (except those listed below), of which the adult leaders ("Adult Leaders") sterms of my child's participation in the Troop's Outings.  Listed below are any physical limitations, medical needs (please refer to attachment for Atlanta Area Council Dispensing Policy), and/or allergic reactions:   | f BSA Troop 197 of<br>physical problems,<br>should be aware in |
| Home Phone:  Mobile Phone:   | f BSA Troop 197 of<br>physical problems,<br>should be aware in |
| Mobile Phone:  | f BSA Troop 197 of<br>physical problems,<br>should be aware in |
| limitations or allergic reactions (except those listed below), of which the adult leaders ("Adult Leaders") sl<br>terms of my child's participation in the Troop's Outings.  Listed below are any physical limitations, medical needs (please refer to attachment for Atlanta Area Council<br>Dispensing Policy), and/or allergic reactions:   | should be aware in   |
|  |  |
| I have been previously informed about the Outings, and I hereby assume all risks and hazards of and incidenta Outings, including, but not limited to any transportation to and from the Outings, other than proven negligence willful misconduct. I hereby release and agree to indemnify and hold harmless BSA Troop 197 and any person associated with the Outings, from and against any and all claims, liabilities, suits, proceedings, actions, causes damages, costs and expenses arising out of or related in any way to my child's participating in the Outings, off those arising out of proven negligence or proven willful misconduct.  In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by any Adult Leaders to hospitalize, provide medical aid, secure proper anesthesia or to order injection or surgery as a lateral content of the physician selected by any Adult Leaders to hospitalize, provide medical aid, secure proper anesthesia or to order injection or surgery as a lateral content of the physician selected by any Adult Leaders to hospitalize, provide medical aid, secure proper anesthesia or to order injection or surgery as a lateral content of the physician selected by any Adult Leaders to hospitalize, provide medical aid, secure proper anesthesia or to order injection or surgery as a lateral content of the physician selected by any Adult Leaders to hospitalize, provide medical aid, secure proper anesthesia or to order injection or surgery as a lateral content of the physician selected by any and all claims, lateral content of the physician selected by any and all claims, lateral content of the physician selected by any and all claims, lateral content of the physician selected by any and all claims, lateral content of the physician selected by any and all claims, lateral content of the physician selected by any and all claims, lateral content of the physician selected by any and all claims, lateral content of the physician selected by any and all claims, lateral content of the | tal to the ce or proven on or entity es of action, other than  |
| reasonably necessary for my child.   |  |
| Insurance Co.:Policy ID No.:   |  |
| Signature of Parent or Legal Guardian: Date:   |  |

| <b>Campout Event</b>   | Dates            | Venue                 | General Activity     |
|------------------------|------------------|-----------------------|----------------------|
| Ocoee River Rafting    | Sept 14-16, 2018 | Chattooga River       | Whitewater rafting   |
| ISLT                   | Oct 19-21, 2018  | High Falls State Park | Leadership training  |
| Backpacking            | Nov 9-11, 2018   | Georgia AT (TBD)      | Backpacking          |
| Ossabaw Island (maybe) | Dec 22-24, 2018  | Ossabaw Island, GA    | Service, backpacking |
| Caving/Hiking          | Jan 18-21, 2019  | Cloudland Canyon      | Caving/Hiking        |
| Advanced Backpacking   | Feb 15-18, 2019  | GA AT                 | Advanced backpacking |
| Rock Climbing          | Mar 22-24, 2019  | DeSoto State Park     | Rock Climbing        |
| Hike & Backpacking     | Apr 12-14, 2019  | Vogel State Park      | Hiking & backpacking |
| Camp Kiwanis           | May 3-5, 2019    | Danielsville, GA      | Service project      |

Updated: 8/8/2018