

**Parent's Consent for – Troop 701 Indianapolis, Indiana  
Pathfinder District – Boy Scouts of America**

<b>Pathfinder District Campout Friday through Sunday April 25-27, 2008 Spring Camporee at Bear Creek</b>
<b><u>CAMPOUT SPECIFICS</u></b>
<ul style="list-style-type: none"> <li>* Depart from Church at <u>6:00 P.M.</u> on Friday April 25th (Remember-- in BSA Field Uniform)</li> <li>* Plan on being at the Church no later than 5:45 P.M. on Friday evening.</li> <li>* If you are stuck at home or in traffic at 5:45 P.M. call Mr. Driscoll at 409-5183</li> <li>* Scouts will be returning to Church around noon Sunday.</li> </ul> <p align="center">Scout Cost: \$ 16.00 ea. Adult cost will be worked out between campers</p>
<b><u>CAMPOUT DETAILS</u></b>
<ul style="list-style-type: none"> <li>* Campout Theme: Spring Camporee</li> <li>* Camping Method: Tent</li> <li>* Cooking By: Patrol</li> <li>* Special Information: Win some awards!!</li> </ul>
<b>This Form MUST Be Returned By: April 25th, 2008</b>
<b>Parent's Consent Form – Troop 701 Indianapolis, Indiana Pathfinder District – Boy Scouts of America</b>

In consideration of the benefits to be derived, and in the view of the fact that BSA is an educational organizational, membership which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my son during this activity or trip, I hereby agree to his participation and waive all claims against the leaders of this activity or trip and the officers, agents and representatives of the Boy Scouts of America.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine non-surgical medical care, hospitalize, secure proper anesthesia, or to order injections for my son.

The person herein described is in good health, has all immunizations current, and assume the health responsibility for this individual.

April 25-27, 2008	Spring Camporee at Bear Creek
Scout / Adult Name _____	
Parent Signature _____ Date _____	
Address _____ City _____ Zip _____	
Phone Number _____ Emergency Phone Number _____	
Parent attending with Son? Yes / No      Parent Driving? Yes / No	
Parent Name _____ How Many Scouts Can you Drive with seatbelts? _____	
Health Insurance Company _____	
Insurance Policy Number _____	

Date Received: \_\_\_\_\_ Scout Amount Received \$ \_\_\_\_\_ Paid Cash Y / N Check # \_\_\_\_\_

Adult Food Amount Received \$ \_\_\_\_\_

I authorize deduction of \$ \_\_\_\_\_ from my Scout Account to cover part or all of my expenses for this trip.

Signed: \_\_\_\_\_ Scout