



TROOP 58 EVENT PERMISSION SLIP

Activity: Junior Leadership Training

Drop off Time: 9:00 am (promptly) **Date:** Saturday, September 13, 2014 **Place:** Renehan Hall @ St Clare's

Pickup Time: 1:00 pm **Date:** Saturday, September 13, 2014 **Place:** Renehan Hall @ St Clare's

Junior Leadership training is a workshop put on by scouts for scouts. Older boys teach younger ones how to prepare for leadership positions within the troop. This is mandatory training for Scouts ranked Tenderfoot and above.

Eagle Scout James Wilson will be leading this very important training.

Lunch will be provided. This is a Class B Event

Scouts need to bring:

- a notebook and pen for note taking.
- have a positive attitude.
- bottle of water

***Cell Phones will need to be kept in pockets, any phone that are out will be taken away, until the end of the workshop.

Any questions, please contact James Wilson (661)-298-4107 Emergency Contact: Robyn Fennessy (661) 297-6188

------(CUT OFF BOTTOM PORTION AND TURN IN)-----;

Scout Participation –Renehan Hall

Scout's Last Name: _____ **Scout's First Name:** _____

Patrol: _____ **Emergency Telephone #** _____

Is it necessary to restrict the scout's activities for medical reasons? (Circle one) **Yes** **No**
If yes, please explain.

Does the scout take medications or require special care (circle) **Yes** **No**
If yes, please explain:

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Parent or Guardian's Signature: _____ **Date:** _____

Permission Slip due by Monday 9/8/2014

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