

Boy Scout Troop 76
Ridgefield, Connecticut

Participation Consent Form

Trip: Hammonasset Campout in Madison, CT and Fishing on Mijoy Boat in Waterford, CT
Date: Friday, September 27, 2019 – Sunday, September 29, 2019
Meet at: Jesse Lee Parking Lot: Friday, September 27, 2019 at 4:30 p.m.
Pickup: Jesse Lee Parking Lot: Sunday, September 29, 2019 at 11:30 a.m.

DO NOT BE LATE!

In case of Emergency, contact Troop through:

SM Matthew Breitenbach – 203 858-5894; scoutmaster@troop76.org
ASM Randy Carlson – 203 685-8990; randy.carlson@mac.com
ASM Julian Trotman – 914-447-7821; jnt14@hotmail.com

Dear Parent: *This form is necessary and required for each and all troop activities. No individual will be permitted to attend this trip unless this form is signed and returned to Troop 76 prior to the departure for the trip. We will do everything reasonably within our power to provide for the safety of each participant. It is our intent to provide adequate adult supervision through the Troop leaders and parent volunteers that will attend this trip.*

**Note: For Scouts choosing to go deep-sea fishing there is a \$45.00 fee
For adults fishing the fee in \$65.00**

***** CUT TOP AND SAVE *****

Trip: Hammonasset Campout in Madison, CT and Fishing on Mijoy Boat in Waterford, CT

Date: Friday, September 27 – Sunday, September 29

**Note: For Scouts choosing to go deep-sea fishing there is a \$45.00 fee
For adults fishing the fee in \$65.00**

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational, nonprofit institution, membership and participation in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety of the participant named below on this activity, I hereby agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, this Troop, and the sponsor.

Scout Name: _____

Any condition now requiring medication? No Yes

Name of medication & dosage: _____

Any restriction of activity for medical reasons? No Yes

If Yes, explain in detail: _____

Special medical instructions (e.g. drug or food allergies): _____

In the event I cannot be reached in an emergency, or if an attending physician or health care provider believes immediate medical care is required without delay, I hereby give permission to the physician or health care provider, selected by the adult leader, to secure medical treatment, hospitalize, secure anesthesia, or to order injection or surgery for the participant named above, at my expense.

Signature of Parent or Guardian: _____ Date: _____

Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone: _____