

Keep this side for your information

Return this side with payment

**Permission Slip and Activity Information**

**TROOP 292 is going to the:**

**Klondike Derby**  
at Camp Carpenter

**On:** Sat., Feb. 6, 2021

**Cost:** N/C **Due by:** January 30th  
*(not camping, bring your own snacks)*

**Arrive:** TBD **Pickup:** TBD

**Meet at:** Camp Carpenter Parking Lot

**Transportation:** Individual

**Special Instructions:** Be prepared for VERY COLD weather.  
Absolutely no sneakers, warm boots only! Uniforms ARE required.  
**NO COTTON! Synthetics or wool only. (NO BLUEJEANS!)**

If you need to contact your Scout and only in case of an emergency call:

**Mr. Croteau (603) 540-4692 (cell)**

*Mr. Scott (603) 848-2086*

Please leave a voice-mail message, if you cannot get through.

Please detach and retain this section and return the right side of form  
by Jan. 30th - Thank you.

**Waiver of Responsibility and Permission Slip**

**TROOP 292 of The Boy Scouts of America is sponsored by The Hooksett Kiwanis Club.**

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the 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.

Name of Participant: *(please print)* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Parent/Guardian if under 18; Participant if over 18)*

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**EMERGENCY INFORMATION:** (Fill in if different from information on file)

During the activity I can be reached at: \_\_\_\_\_  
Scout is allergic or sensitive to: \_\_\_\_\_  
Medication Scout is on: \_\_\_\_\_  
Medication Instructions: \_\_\_\_\_  
Do you want unit leader to carry medicine: \_\_\_\_\_  
Medical Insurance information: \_\_\_\_\_

(Use the back of this form for additional information.)