



Boy Scouts of America Troop 175

Peachtree City United Methodist Church
South Peachtree Parkway
Peachtree City, Georgia

Parent's Consent

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son(s)/ward(s) (or daughters(s), in case of Explorer co-ed participant(s) during this activity or trip, I hereby agree to his (their) participation and waive all claims against the leaders of this activity or trip and officers, agents, and representatives of the Boy Scouts of America.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

Scout Name: _____

Description of Activity:

Date of Activity:

Signed: _____ **Date:** _____
(Parent or Guardian)

Telephone numbers parent or guardian can be reached during the period of this activity/trip.

Date	Area Code / Phone	Comments

____ I am riding with the Troop both ways and have no special transportation requirements.

____ I am not riding with the Troop both ways and the following is my transportation mode, arrival dates, times, driver, details, etc.
