Parent's Consent Form - Pack 1705 Troy, Michigan

Detroit Area Council - Northridge District - Boy Scouts of America

PACK 1705 Winter Camp Out

January 14, 15, 16 January, 2011

Camp Ozanam

7303 Walker Road, Carsonville, MI 48419

(8 Miles north of Lexington off of M-25)

Weekend Specifics

* Cabin camping

Weekend **$ 45.00 (To Den Leader w/ this slip: see below)**

Camp Start Date **January 14, 2011**

Camp End Date **January 16, 2011**

Checks Payable to: Pack 1705

Weekend Details

* **THEME:** = **Winter Fun!**
* **FOOD:** = **Adults from Pack are Cooking**
* **SPECIAL ACTIVITIES:** = **Broom Ball, Games, Crafts, Learn Skills, Hike, Sledding**

This Form Must Be Returned By : January 7, 2011

KEEP THIS SECTION FOR YOUR RECORD

---------- FOLD & CUT HERE ---------- FOLD & CUT HERE----------

RETURN THIS SECTION WITH PAYMENT

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Detroit Area Council - Boy Scouts of America

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 a 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 I assume the health responsibility for this individual.

January 14, 15, 16 January, 2011 **Camp Ozanam**

Name _____ Grade _____ Den # _____

Parent Signature _____ Date _____

Address _____ City _____ Zip _____

Phone Number _____ Emergency Phone Number _____

Parent must attend with son to all activities

Parent Name _____ How Many Scouts Can You Drive with seatbelts ? _____

Email Address _____

Health Insurance Company _____

Insurance Policy Number _____

Date Received: _____ Cub Amount Received $ _____ Paid Cash ☐ Check# _____

Adult Amount Received $ _____