

PARTICIPATION PERMISSION SLIP

Event Leader: _____ Phone Number: _____

Pack 1559, Den _____ is going on an outing: _____

Leaving on _____, 20__ and returning _____, 20__

Cost is \$ _____ which covers all expenses, including _____.

The fee does not include: _____.

Permission slip and Fee are due on: _____ 20__

Additional comments:

Waiver of Responsibility: I authorize participation of this scout and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, any sponsor, or members and employees of the sponsor(s). The Pack 1559 Cubmaster or Event Leader of the activity has my permission to obtain emergency medical treatment for this Cub Scout should such treatment be deemed by them to be necessary, at my expense, except as noted below.

Cub Scout Name(s) _____

Signed _____ Date: _____
(Parent or legal guardian)

Emergency Phone Numbers: (Home) _____ (Work) _____

Special Instructions/medications/needs:

----- tear here -----

*****Cub Scout OUTING REMINDER *****

- keep this portion -

_____ will participate in the _____ event.

Departure and return location is _____

The Pack/Den will leave at _____:_____ AM/PM on _____

and return _____ at _____:_____ AM/PM on _____

Permission slip and Fee, \$ _____, are due on or before _____, _____