

# Boy Scout Troop 61 **Young Eagle Fly-in** March 12 & April 9

Scouts are invited to take a flight in a small engine aircraft with the Young Eagles Chapter 838. There will be between 2 and 4 scouts in each plane as they fly around the Racine Airport. This flight will be fun, and also fulfills one of the requirements of Aviation Merit Badge.

- Saturday morning, March 12, 2011 and again Saturday morning April 9, 2011. (Attend one date only.)
- All scouts are welcome to attend
- There is room for 30 on each Saturday. Registration will close when we hit 30 for each day.
- Arrive at scout house 7:30am. Depart 7:45pm.
- **Cost: Free!**
- All return to scout house by around noon.
- We need moms or dads to help drive!

**Snacks:** Bring your own snacks and beverage.

**Uniform:** Wear your Class A uniform. Webelos, if you don't have a scout shirt yet, wear your Webelo uniform.

**Contact Info:** The troop may be contacted the day of the event via Patrick Bieser's cell phone at 414-915-6423.

# Activity Consent Form and Approval by Parents or Legal Guardian

Name of participant \_\_\_\_\_

Address \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State WI Zip \_\_\_\_\_

Has approval to participate in the **Flying Outing with EAA Young Eagles Chapter 838, Racine WI**

(Circle One)

On: 3/12/2011 or 4/9/2011

- Without restrictions  
 Special considerations or restrictions: \_\_\_\_\_

## Hold Harmless Agreement

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.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

\_\_\_\_\_  
Area code and telephone number (best contact and emergency contact)

\_\_\_\_\_  
E-mail

### Transportation

- \_\_\_ Travel with Troop  
\_\_\_ Driving separately

### Help drive?

\_\_\_ Yes, I can help drive

### If you can help drive

- \_\_\_ Seats in vehicle  
\_\_\_ **Open** seats available for others