

Parent Permission Form
2008 Troop 61 High Adventure Trip

From June 13th – June 28th, 2008 Troop 61 will participate in a high adventure trip that will include activities such as, but not limited to - backpacking, bicycling, camping, hiking, horseback riding, site seeing, swimming, white water rafting, and wilderness exploration. The trip will take us through the western portion of the United States including the states of Wisconsin, Minnesota, North Dakota, South Dakota, Wyoming, Montana and Idaho. The trip will also take us to the western portion of Canada including the Provinces of Ontario, Saskatchewan, Alberta, British Columbia, and Manitoba.

For your son's and our protection, we ask that you read the following form, fill in the requested information (retain a copy for your information) and return the original notarized form to the event leaders by **May 9th, 2008**. In the event of an emergency, you may contact us via Brian Moscicki (414)491-7424 or Paul Roback (414) 587-5790. Please include your name and your son's name with any messages.

In consideration of the benefits to be derived, and in view of the fact that The Boy Scouts of America is an educational institution of which membership is voluntary, and having full confidence that every precaution will be taken to assure the safety and well being of my Scout son/ward, namely:

(Please Print Your Son's Name)

on the activity named above, (2008 Troop 61 High Adventure Trip June 13th – June 28th, 2008). I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America and the Troop Sponsor.

In the event of an emergency, the troop unit leaders of the activity named above have my permission to obtain medical treatment for this Scout at the nearest hospital or medical facility, at my expense, and as restricted by the Medical Information Sheet (Class 3 Medical Health Form) on file with the unit.

I give permission for the troop leaders to take my son outside of the United States to portions of Canada described above and provide for his return.

(Signature of Parent/Guardian #1 and Date)

(Signature of Parent/Guardian #2 and Date)

(Signature of Notary Public and Date)

During the above activity I can be contacted at the following Phones:

H _____ W _____ C _____

Contact the following individual in the event I cannot be reached:

Name: _____ Telephone Number: _____

(Use reverse side for any special instructions for unit leaders)

Notary Seal Here

Please leave any special instructions for unit leaders here: