

Boy Scouts of America Troop 156
2009-2010 Permission Slip/Auto Insurance Form

Participant's Name: _____

_____ My son/daughter, has my permission to participate in the various activities, including camping, canoeing, hiking and fire building, of Boy Scout Troop 156, including its Venturing Crew (the "Troop"). I understand that, while he/she will be under the supervision of adult leaders, he/she will be expected to adhere to all safety regulations required of him/her. I hereby agree to waive all claims against the officers, agents and representatives of the Troop and Boy Scouts of America and the Troop's chartered organization, the Glenview Community Church. In the event of an emergency involving my son/daughter, a representative of the Troop has my permission to render or obtain emergency medical care or treatment and/or to enter my son/daughter in a hospital or clinic and arrange for such medical attention as appears necessary. I understand that I am fully responsible for any expenses incurred in connection therewith. Finally, I have provided with this slip a complete medical form for my son/daughter indicating any medical conditions that might affect medical care relevant to my son/daughter.

_____ As an adult participant in the various activities, including camping, canoeing, hiking and fire building, of Boy Scout Troop 156, including its Venturing Crew (the "Troop"), I understand that I will be expected to adhere to all safety regulations required of me. I hereby agree to waive all claims against the officers, agents and representatives of the Troop and Boy Scouts of America and the Troop's chartered organization, the Glenview Community Church. In the event of an emergency involving me, a representative of the Troop has my permission to render or obtain emergency medical care or treatment and/or to enter me in a hospital or clinic and arrange for such medical attention as appears necessary. I understand that I am fully responsible for any expenses incurred in connection therewith. Finally, I have provided with this slip a complete medical form for me indicating any medical conditions that might affect medical care relevant to me.

_____ Date: _____
Name (please print) Signature

Following is information for my vehicles(s), which I understand may be used submitting tour permits with the Northeast Illinois Council, BSA.

Driver #1 Name: _____ Drivers License No: _____

Year, Make and Model of Car: _____ Passenger Capacity: _____

Driver #2 Name: _____ Drivers License No: _____

Year, Make and Model of Car: _____ Passenger Capacity: _____

Insurance Carrier: _____ Policy Number: _____

Public Liability Coverage (example 100,000/300,000/100,000)

Each Person: _____ Each Accident: _____ Property Damage: _____