

**B. S. A. TROOP 23, MOUNT PROSPECT ILLINOIS  
PERMISSION SLIP and EMERGENCY MEDICAL FORM**

**Sugar River State Trail Bike Outing  
Sept. 10,11,12, 2010**

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Scout's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

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Parent/Guardian Name \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cell (or alternate) Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

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Emergency Contact Name \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cell Number \_\_\_\_\_ Relationship \_\_\_\_\_

My son, \_\_\_\_\_, has my permission to attend the above described activity. I am familiar with the details of the described activity. Before permitting my son to participate, I will ensure that my son is in good physical condition and good health, and I will not permit him to attend if he is not in good physical condition and good health.

I further understand and agree that any serious infraction(s) of camp or troop rules by my son could result in his dismissal from the aforementioned activity. I understand that return transportation from the aforementioned activity under such circumstances will be my responsibility.

In consideration of the services donated by others, I will hold Boy Scout Troop #23, Mount Prospect, Illinois, their sponsors, Boy Scouts of America, and any and all adult leaders or volunteers present at the aforementioned activity, free from any and all claims and liability, whether known or unknown, for death, personal injury or property damage, arising from accident, illness, injury, damage or other harm or loss and harm to/or incurred or suffered by \_\_\_\_\_ or to his property, in connection with or incidental to the trip or activity, including preliminary training or travel, including claims and liability arising out of negligence or carelessness of the aforementioned persons or organizations. I further agree to indemnify, hold harmless and agree to defend such persons as to any claim, suit or damages they may be called upon to pay or defend in connection therewith.

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**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

