

**BOY SCOUTS OF AMERICA  
TROOP 574**

**PARENTAL CONSENT FORM**

In consideration of and recognizing the educational benefits to be derived through this activity and through involvement in the Boy Scouts of America, I consent to the participation of my son(s) in the activity described below, agree to pay the associated fees, and waive any claims I may have against the leaders of this activity.

Description of activity: **BIKING / COOKING**

The location is being determined at this time. It is expected to be within a one hour drive of the church.

Activity dates: **May 16 – 18**

Fees: **\$25 Due with form by May 12<sup>th</sup>**

\$\_\_\_\_\_ Scout Account

\$\_\_\_\_\_ Cash

\$\_\_\_\_\_ Check #\_\_\_\_\_

Recv\_\_\_\_\_

Departure date and time: **Friday, May 16<sup>th</sup> @ 5:30pm**

from HCUMC

Return:

**Sunday, May 18<sup>th</sup> @ ~Noon**

to HCUMC

**Bring a sack dinner or eat before you leave on Friday evening.**

Parent Name (print): \_\_\_\_\_

Scout name(s) (print): \_\_\_\_\_

Telephone(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Transportation for the Activity**

I plan to attend this event.

I CAN / CANNOT provide transportation for this event.

If providing transportation, number of seats available for non-family members: \_\_\_\_\_