

**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 **NEW SCOUT / PARENT CAMPOUT** .

THIS IS A CAMPOUT FOR BOTH THE NEW SCOUT AND ONE OR BOTH PARENTS. THERE WILL BE AN ORIENTATION FOR ALL NEW PARENTS AND THIS IS A GREAT TIME TO OBSERVE HOW A SCOUT LEAD TROOP FUNCTIONS.

Activity dates: May 15th, 16th, 17th

Fees: \$20.00 per scout
\$20.00 per adult

Depart and Return from HCUMC

Departure Date: Troop leadership/Venture Crew - 5:30pm Friday
Remaining Troop/ New Scouts - 7:00am Sat.

Return Date: Sunday 11:00am - 12 noon

Be ready to get a call from your scout for an accurate Pickup time.

Please return this form to Mr. Thomas by May 11th.. Check / Cash / Scout Acct.

Parent Name: _____

Scout name(s): _____

Telephone: _____

Signature: _____ Date: _____

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: _____