

**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: Webelo Woods

Activity dates: April 16th – 17th

Fees: **\$25** / Scout
\$25 / Adult

Departure: April 16th. - 7:00am from HCUMC

Return: April 17th. Approx 10:30am

Be ready to get a call from your scout once we have departed the campsite.

Please return this form to Mr. Thomas by April 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 (do not count driver): _____