

**CONSENT FORM FOR CREW 55 EVENTS
APPROVAL BY PARENTS OR GUARDIANS**

First name of BSA Venture Crew member _____

Last name _____

Address _____

Birth date (month/day/year) _____

City _____

State _____

Zip _____

(_____) _____
Area code and telephone no. (parent's business no.)

(_____) _____
Area code & telephone no. (home)

(_____) _____
Phone # I can be reached at during activity

Name of activity, orientation flight, outing, trip, etc.

ON: _____
(Date(s))

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company _____
Policy No. _____
Group No. _____
Physician _____
Telephone No. (____) _____
(Physician)

Waiver of Claims

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against the Boy Scouts of America, Crew 55 and Second Presbyterian Church (our chartered organization), or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the Crew member named above or to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicants family or guardians.

Crew 55 Leadership

Boys Scouts of America requires that one or more adult advisors attending any crew activity be trained in Youth Protection, CPR, and be a registered member of the Boy Scouts of America. A permit is filed with the scout office for any overnight activities. If female youth are present, a female advisor will attend.

PARENTS OR GUARDIANS

(Please read all the statements on this page before giving approval for participation in the activity listed above.) I hereby approve and agree to all of the terms, conditions, and waiver of claims of this consent form and certify to its correctness. Further, I agree that my child meets the health and physical fitness requirements of the trip or activity.

Parental Signature _____ **Date** _____