

# Troop 629 High Adventure Commitment

for a High Adventure Trip (location \_\_\_\_\_ dates \_\_\_\_\_)

## Participant

I fully understand the guidelines and procedures outlined in the Troop 629 High Adventure Policy and hereby agree to:

Abide by the High Adventure Policy from this day forward until the completion of the High Adventure Trip.

To submit my initial non-refundable deposit of \$100.00 to the designated trip leader concurrently with this signed contract

To make subsequent monetary deposits according to the schedule of payments published by the designated trip leader

To submit to the designated trip leader a Boy Scouts of America Class 3 medical form completed within 12 months prior to the end of the trip by a licensed physician.

Submit a copy of a valid passport as required for the activity before the established due date.

To submit to the designated trip leader a completed Troop 629 Permission Form and other applicable forms by the established due dates, and

To forfeit the opportunity to participate if any element of this contract has been unfulfilled.

Participant \_\_\_\_\_

Parent or Guardian of Scout \_\_\_\_\_

Date \_\_\_\_\_

## TROOP 629, BSA PERMISSION FOR ACTIVITY

**TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.**

My son \_\_\_\_\_ has my permission to participate in (fill in activity) \_\_\_\_\_. He is in good physical condition and has not had any serious illness or operation since his last health (physical) exam, except as noted below: Special conditions to monitor \_\_\_\_\_ and medications \_\_\_\_\_.

During this activity, I may be reached by: phone \_\_\_\_\_, e-mail \_\_\_\_\_, or cell phone \_\_\_\_\_. If I cannot be reached in the event of an emergency, the adult Scout Leader in charge is authorized to act on my behalf to hospitalize, secure proper anesthesia, or to order any injection(s) for my son.

*In order to expedite, in the event of any unforeseen emergency the Troop must have the following information (to be kept confidential),*

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_

POLICY OR GROUP NUMBER: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ AND PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_. WILL PICK UP MY SON FOLLOWING ACTIVITY.

My son also has my permission to be transported to and from this activity by car, van or Mount Pisgah Church vans. I understand the driver of the vehicle will be licensed, insured, and will do all driving in accordance to the law, and will abide by the Boy Scouts of America transportation rules and regulations. My son knows the importance of a safe trip and therefore he will wear a seatbelt, sit still at all times, listen to the driver, and refrain from any unruly behavior, loud noise, unsafe objects (laser pointers, throwing objects, opening his scout knife, etc.). I also understand that my son might be eating a bag supper in the vehicle and that he will be responsible for the contents in the bag, before, during and after the trip. I understand that sometimes trips may be delayed either in departing or arriving, and I will help in any way we can to assure a positive attitude in sons and ourselves. In turn, I can expect to be informed via phone tree or car phone from our son's vehicle of any major delays or emergencies. The Scout Oath and Law are our way of life. Every Scout's behavior while on our activity is expected to reflect the Oath and Law in all ways.

Scout signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_