Troop 109 Activity Sign up sheet and Parental Permission Slip Trip Leader: _____

Activity: _____ Estimated Total Cost: _____

Location: _____ Non-refundable portion of the above cost, if applicable: _____

Departure Date: _____ Return Date: _____

Departure Time: _____ Anticipated Return Time: _____

Scout or Parent: To signify that a Scout will be attending this trip or activity, put an ☒ in the box to the left of the Scout's name below.

Leaders and Parents: To signify that you will be attending this trip or activity, put an ☒ in the box to the left of an empty adult line below and sign your name on the line next to the box.

Authorization/Acknowledgement Statement: As the parent or legal guardian of the scout(s) named below, my signature next to a Scout's name authorizes and/or acknowledges the following:

1. My son(s) have permission to participate in the above activity.
2. Commitment is made to attend the activity, and to pay the established cost, (unless I have made alternative arrangements with the trip leader in advance that alters the total cost.) This also applies to me if I have signed below to attend.
3. All fees for the activity must be made prior to departure or an individualized payment plan must be arranged with the Troop Treasurer prior to departure.
4. If my son(s) do(es) not attend and we have not notified the trip leader of this decision prior to departure, then I will be held responsible for the total cost of the activity. This also applies to me if I have signed below to attend.
5. If my son(s) do(es) not attend, I will still be held responsible for payment of any non-refundable portion of the trip, as cited above, even if we give advance notice of a decision not to attend. This also applies to me if I have signed below to attend.
6. The trip leader(s) have my permission to render first aid to my son(s) should the need arise.
7. In the event of an emergency, a physician, selected by the trip leader, has my permission to hospitalize, secure proper anesthesia, order injections, or secure other medical treatment, to my son(s) as needed.
8. I agree to hold Troop 109, its leaders and the charter organization blameless for any accidents that might occur during this outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Parent: IF YOUR SON(s) TAKE(S) ANY MEDICATION, OR HAS CURRENT HEALTH ISSUES THAT THE LEADERS SHOULD KNOW ABOUT, CHECK THE HEALTH BOX AND SEND ALONG WRITTEN INSTRUCTIONS ABOUT THESE MATTERS.

Scout	Parent Signature	Paid	Health	#
☐ Barnes		☐	☐	1
☐ Berkelhammer, G		☐	☐	2
☐ Berkelhammer, N		☐	☐	3
☐ Brogden		☐	☐	4
☐ Cassell		☐	☐	5
☐ Crawford		☐	☐	6
☐ Dennis		☐	☐	7
☐ Enuol		☐	☐	8
☐ Ford		☐	☐	9
☐ Godat		☐	☐	10
☐ Hoppe		☐	☐	11
☐ Jameson		☐	☐	12
☐ Kabadi		☐	☐	13
☐ Kennedy		☐	☐	14
☐ Lee		☐	☐	15
☐ Long		☐	☐	16
☐ McLauchlin		☐	☐	17
☐ Miller		☐	☐	18
☐ Mills		☐	☐	19
☐ Morgan		☐	☐	20
☐ Oakes		☐	☐	21
☐ Philpott, Stuart		☐	☐	22
☐ Philpott, Trent		☐	☐	23
☐ Poe, Austin		☐	☐	24
☐ Poe, Blake		☐	☐	25
☐ Quillen		☐	☐	26
☐ Reinhold, E.		☐	☐	27
☐ Reinhold, R.		☐	☐	28

Scout	Parent Signature	Paid	Health	#
☐ Shepherd		☐	☐	29
☐ Spain		☐	☐	30
☐ Stallings		☐	☐	31
☐ Zimmerschied		☐	☐	32

Adults

☐		☐	☐	1
☐		☐	☐	2
☐		☐	☐	3
☐		☐	☐	4
☐		☐	☐	5
☐		☐	☐	6
☐		☐	☐	7
☐		☐	☐	8
☐		☐	☐	9
☐		☐	☐	10
☐		☐	☐	11
☐		☐	☐	12
☐		☐	☐	13
☐		☐	☐	14