



TROOP 423 OUTING INFORMATION AND PERMISSION SLIP

“The Place To Be”

Troop 423 Summer Camp Registration Form

Event: Cascade Pacific Council Boy Scout Summer Camp July 24th – 30th, 2011

Event Location: Camp Baldwin

Time and Location of Departure: Sunday July 24th, 2011 – Tigard High School – 7:00am

Time and Location of Return: Saturday July 30th, 2011 – TCC 1:00pm

Fees for 2011 Summer Camp, 2011 at Camp Baldwin are \$250.00, broken down into two (2) installments **payable to Troop 423** at the time the Troop is obligated to submit payments to the council.

Payment due Date	Amount
Payment #1 due March 14, 2011	\$100.00
Payment #2 due May 9, 2011	\$150.00

There may be additional monies due to the camp depending on what activities and Merit Badges your scout signs up for. Payments can be made from a Scout's account. See unit Treasurer for details and availability.

Cancellation Policy: All cancelations must be made prior to May 9, 2011 to receive a refund. Cancelations between May 9th and two weeks prior to camp – a refund of all fees paid, less \$60.00 per Scout is made. Within two weeks of camp - no refunds are made.

By submitting this form, I agree to pay the costs of this event, as described above.

Name of Participant (Scout / Adult) _____ of the _____ Patrol,
has my permission to participate in Summer Camp with Troop 423 from July 24th to July 30th, 2011.

- Without restrictions
- Special considerations or restrictions _____

HOLD HARMELSS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involvement and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, Cascade Pacific Council, Tigard Christian Church, the activity coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure, at my expense, proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for the purposes of medical evaluation of the participant, follow up and communication with the participant's parents or guardian, and/or determination of the participants ability to continue in the program activities.

In case of emergency, I can be reached by phone at _____ or _____

If I cannot be reached, please contact _____ at _____

Signature of Parent or Guardian _____ Date _____

Troop use only

1st payment received. Amount _____ date _____ Check Cash Scout account

Final payment received. Amount _____ date _____ Check Cash Scout account

Medical Form Current

Youth Protection Current

Information Drive Packet Received

Code of Conduct Form Current

Scouts Dues are Current