

# Venturing Crew 2048 Yearly Permission Slip

## 2012 Events

Venturer Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

This form will grant permission for our Venturer to attend all the events conducted by Venturing Crew 2048 without restriction in the fore mentioned year. This form needs to be accompanied by an Annual Health and Medical Record as required. Your personal physician must examine the Venturer every 12 months, and sign and date Part B of the medical record. Appropriate forms can be obtained from the Crew and must be completely filled out and signed. If any of this information changes, it is the responsibility of the parent/guardian to make sure the Crew has up-to-date information.

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved 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, Gerald R. Ford Council, Lebanon Lutheran Church, Venturing Crew 2048, and all employees, volunteers, related parties, or 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 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 purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

We hereby approve and agree to all the terms and conditions of this application and certify to its correctness. Further, we certify that this Venturer can meet health and physical fitness requirements of the crew activities. Lastly, in the event that additional agreements or waivers need to be signed, we authorize the Leader in Charge to act on our behalf.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and agree to abide by the rules stated in the Venturing Crew 2048 Constitution.

Venturer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_