



Polar Camporee

Baiting Hollow Scout Camp

DIRECTIONS: Baiting Hollow Scout Camp, Baiting Hollow, NY
Friday January 29th 7:00 pm – Sunday January 31st 12:00 pm
Tent Camping – Skills Competition and Sled Race

MEET: Birchwood Friday 7 pm

END: Sunday January 31st 12:00 pm

FEE: FREE for Scouts

PERMISSION SLIP DUE: ASAP

Scout and/or Adult Name: _____

ADDITIONAL INFORMATION: If Adults will participate you need to fill a form for them.

PARENTS: Please listen at openings for details and be sure to watch for and reply to any email regarding updates for your Scout.

EMERGENCY CONTACTS: Kurt Rosenhagen: 631-697-1514 kurtscout@houseroses.com

Frank Racaniello: 917-692-2519

PLEASE RETURN BOTTOM PORTION. KEEP TOP PORTION FOR YOUR RECORDS

Polar Camporee – JANUARY 29 - 31, 2016

Name of SCOUT/ADULT participating _____ Fee paid X

TRAVEL PLANS:

Scout will Depart with _____ or NEEDED Return with _____ or NEEDED

Parent Can Drive: YES / NO on Departure / Return / R-T has room for _____ additional scouts/adults

Trip adjustment information: _____

(List any needed adjustments to trip departure or return times or locations)

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____ Phone number: _____

For Parents/Guardians and Adult Participants - Hold Harmless Agreement

I understand that participation in scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, 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(s) 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(s) 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.

I give permission for my son _____ to participate in the
(Name of scout)

Polar Camporee at Baiting Hollow Scout Camp with SCC Boy Scout Troop 218

_____ Without Restriction or _____ Restriction (please list): _____

Parent/Guardian _____

(Print)

(Sign)

(Date)