

OA YMCA Lockin

When: February 18-19, 2012
7PM- 7AM

Where: Belvidere YMCA (220 West Locust Street)

What: Swimming, Basketball,
Volleyball, Kickball, Videogames, Pizza

Cost: \$15 including Pizza

Please fill out the attached permission slip and bring it with you.



Kishwaukee Chapter Activity Consent Form and Approval

As the parent or legal guardian of _____, I hereby give
(Scout's Name, Please Print)
my permission for this child to participate in the following activity:

Event Name: Kishwaukee Chapter Lock-in

Event Date:
February 18-19, 2012

Event Location:
Belvidere Family YMCA

Event Time:
7:00 PM Saturday to 7:00 AM Sunday

Cost: \$15

Parent/guardian printed name _____

Home Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

This child can participate in the above activity (check one)

Without restriction

With the following special considerations or restrictions: _____

If I cannot be reached in an emergency, please contact:

_____ at _____ (phone number)

Hold Harmless Agreement

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 myself or 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, the Blackhawk Area 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 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.

Parent/guardian signature _____ Date _____

All participants under the age of 21 are required to provide this form fully filled out prior to participating in the event. If you have any questions, please contact Jeffrey Mawdsley, Kishwaukee Chapter Advisor, at 815-526-7965 or kishadvisor@wulapeju140.org.