

Troop 787 Adult Permission Slip

Activity: Orlando Watersports Complex Aquapark, 8615 Florida Rock Rd Orlando, FL 32824

Date: Saturday, August 21, 2021, from 1:00 PM to 3:00 PM

Event POCs: Lui Cuadrado (407)288-3712 and Mike Kochmann (407)247-0742

Adult Name: _____ Patrol: _____

An occasion could arise that you will need to be contacted while the Scouts are involved in the above described activity. In case of injury, sickness, violation of BSA policy, etc., the adult leaders and Patrol Leaders' Council of the Troop require that phone numbers where you can be reached during the duration of this activity be included below.

Phone 1: _____ Phone 2: _____

Email: _____

In consideration of the benefits to be derived, and in the view of the fact that Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my everyone involved in this activity, I hereby agree to his participation and waive all claims against the leaders of the troop and officers, agents, and representatives of the Boy Scouts of America. In Case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medications for my child.

Signed: _____ Date: _____

Printed name: _____

Adult event fee: \$ 25.00

Scout Account _____ Check # _____ Cash _____