**BSA TROOP 219 PERMISSION FORM**

**EVENT NAME / LOCATION Rocket Lock-In @ JLC/Rocket Launch at Big Lake AK**

**LEAVING (D/T) Apr 3, 7:00 PM-- departing for Big Lake 900: AM Apr 3**

**RETURNING (D/T) Apr 4, 5:00 PM**

**PLANNED ACTIVITIES:** **PLANNED ACTIVITIES:** The Troop will gather at Joy Lutheran Church in Eagle River AK on Friday evening (Apr 3, 2015) at 7:00 PM for a scouting event including rocket building, pizza, movies, camping out, and scout camaraderie. Scouts **will not** be allowed to leave the premises without parent’s specific intervention once doors are locked. At approximately 9:00 AM on Saturday Apr, 2015, the scouts and parents will reconvene at Joy Lutheran Church to caravan to Big Lake AK for a Troop barbeque and rocket launch event. The Troop will return to Joy Lutheran Church at approximately 5:00 PM, Saturday, April 4 2015. Saturday breakfast will be provided for the overnight Scouts and adults & Saturday lunch will be provided on the ice for the Scouting families.

**NOTE**: Scouts camping outdoors to earn freezer points the evening of April 3, in the Joy Lutheran Church back parking lot should bring improvised shelter gear and/or a tent and a winter sleep system. A sub-zero sleeping bag system such as the “Wiggy Sleep System” is recommended. 2-pads & a trap are sufficient. **Bring ice cleats (Yak tracks) for lake**

**Hold Harmless Agreement**

**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 my child to participate in the activity. I understand that participation 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 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.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is a voluntary educational organization, and having full confidence that every reasonable precaution will be taken to ensure the safety and well-being of my son's participation during this activity or trip, I give my son

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission to participate in this activity.

**SIGNATURE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                 (Parent/Grandparent/Guardian/Caregiver)

**CONTACT NUMBER(S)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_