

Cub Scout Pack 1081

Permission Slip

Valid 9/08/2009-9/30/2010

Cub Scout's Full Name: _____ **Date of Birth** _____
Address _____ City _____, MD Zip: _____
Home Telephone(s) _____
Home Email: _____ Home FAX: _____
School: _____ Age: _____ Grade: _____

Custody Concerns: ___ Yes ___ No If marked "yes" please inform your Den Leader or Cubmaster, Mrs. Sandra Kimball in confidence

Father /Guardian

Name: _____
Home address if different from Cub: _____
Home Telephone Number if different from Cub: _____
Work Telephone Number(s): _____ Cell Telephone Number: _____
Email Address: _____

Mother/Guardian

Name: _____
Home Telephone Number if different from Cub: _____
Work Telephone Number(s): _____ Cell Telephone Number: _____
Email Address: _____

Emergency Contact(s)

Name(s): _____
Telephone Number(s): _____
Physician Names(s): _____
Telephone Number(s) _____

Medical concern(s) :

Sibling(s) Non-Cub Scouts who may participate in some Cub Scout Activities:

Names(s) _____
Home Address: If different from Cub: _____
Home Telephone Number if different from Cub: _____
Medical concern(s): _____

The above named child(ren) wish(es) to participate in Cub Scout Pack 1081 of Rockville and Silver Spring, MD during the school year and summer period of September 08,2009 to September 30,2010. As a parent or legal guardian of this child, I understand that all Pack and Den officials have been or are in the process of being registered, investigated, and approved by the Boy Scouts of America.

I also understand that certain risks and dangers may be present with regard to participating in Cub Scout activities including but not limited to the hazards of traveling, accidents, illness, and the forces of nature. In the consideration for the privilege of allowing my child to participate in the activities of the Cub Scouts Pack 1081 and its affiliated Dens, I do hereby assume the above-mentioned risks and responsibilities and do further release and hold harmless Pack 1081, its leaders, officers, and associated volunteers, from any claims for injuries, physical or psychological, and for the loss of any person or property which may arise out of my child's participation in such activities.

To avoid having permission slips for each and every event, including family campouts, by signing this form, I give my parental or guardian consent to the above mentioned child, to participate in any or all events sponsored by Pack 1081 and its affiliated Dens, until such time as I withhold my permission by written revocation. I also grant permission for my child to receive medical attention in the event that it becomes immediately necessary, at my expense and I have supplied the name of our family physician above.

Signature of Parent or Legal Guardian Date

Original to Pack Committee/Copy to Den Leader