NorWest Area Regatta 2014

Cascade Pacific Council, Boy Scouts of America

First name_____ Last name_____
Address_____
City: _____ State: _____ Zip: _____ Birthdate_____

Parent's business phone(_____)_____ cell 1: (_____)_____
Home phone (_____)_____ cell 2: (_____)_____
Emergency contact: _____ Phone: (_____)_____
Relationship to youth: _____

CRUISE Dates: _____to_____
Depart from _____on / / at: am/pm
Approximate Cruise plan:_____
_____
_____
Return to: on / / at: am/pm

APPROVAL OF PARENTS OR GUARDIANS:

My son or daughter named above has my permission to participate in the named trip or activity under the supervision of the adult leaders in charge. The adult leaders in charge have my permission to act in their best judgment on my behalf in all circumstances of health, welfare, morale, and discipline regarding my son/daughter.

Waiver of Claims:

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against the Boy Scouts of America or its local councils, Sea Scout ship, and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release:

In the event of illness or injury occurring to my son or daughter while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Parent/Guardian Signature_____ Date_____

Date: _____
City, County, State: _____