

**Troop 111 Activity Parental Permission/Release Form  
Fourth Annual NCAC Orienteering Meet**

Event: **Fourth Annual NCAC Orienteering Meet**  
Date/time: **Saturday March 21, 2009 from 7:15 am to between 5:00 pm and 6:00 pm**  
Place: **Little Bennett Regional Park, Clarksburg, MD**  
Event Coordinator: **John Foley**

1. My son/ward \_\_\_\_\_ has my permission to participate in all activities associated with the Troop 111 one-day orienteering trip to Fourth Annual NCAC Orienteering Meet at Little Bennett Regional Park, Clarksburg, MD on March 21, 2009. In the case of injury or illness, the adult advisors of Troop 111 are authorized to render emergency first aid and/or seek all necessary medical attention. In such cases, I understand that I will be notified as soon as possible. I agree to hold harmless and blameless the leadership of Troop 111 (including any additional adults participating in or providing assistance to any activity associated with the orienteering day trip), St. Agnes Church, and the BSA/National Capital Area Council from any injury or illness resulting from my son/ward's participation in the orienteering day trip. I waive all rights to any civil action against the above-mentioned parties. I have noted any medical or other special considerations on the Troop 111 Emergency Medical Treatment Form; if my son/ward has had any serious illness, injury, or medical treatment over approximately the last 6 weeks of which the Troop should be aware, I have provided the details on the upper half of the back of this permission slip (check here if applicable: \_\_\_\_\_). I understand that a medical clearance or doctor's note may be required prior to participation.

2. Please provide an emergency telephone number and name of contact person:

3. Please remember that the Troop needs/expects ASMs and parents to support events to ensure adequate transportation and supervision. Please complete the following:

- (A) \_\_\_\_\_ (name of adult) will attend this event (departure time 7:15 a.m.)
- (B) \_\_\_\_\_ (name of adult) will attend this event and I can drive.
- (C) \_\_\_\_\_ we cannot attend or drive for this event.

If driving, I will drive a \_\_\_\_\_ (type of car) with \_\_\_\_ (number) seatbelts (including driver).

4. Estimated cost is \$30 per attendee (Scouts and Adults).

\_\_\_\_\_  
**(Signature of Parent or Guardian)** \_\_\_\_\_  
**(Date)**

Permission slips and payment may be turned in at a Scout meeting or delivered to John Foley (see Troop Roster for contact information).

-----  
*Detach here for important information below -- Please read!!*

**Fourth Annual NCAC Orienteering Meet at Little Bennett Regional Park, Clarksburg, MD on March 21, 2009 from 11:45 am to between 4:00 pm and 5:00 pm**

**IMPORTANT:** We will leave for the Orienteering Meet from St. Agnes at 7:15 am sharp and return between 5 pm and 6 pm. Scouts should dress in long sleeve shirts and long pants suitable for walking in the bush. Scouts should eat breakfast before arriving at St. Agnes and bring water and a snack. Lunch will be provided.