



APPROVAL OF PARENTS OR GUARDIANS
(For members and guests under 18 years of age participating in a crew activity)

Participant's first name and middle initial _____ Last Name _____

Address _____ Birth date (month/day/year) _____

() _____ () _____

Area Code and telephone no. (home) _____ Area code and telephone no. (parent's business or cell) _____

Name of alternate emergency contact _____ relationship _____ () _____
Area code and telephone no. for alternate _____

_____ Date and description of activity _____

Parents or guardians must read this statement, before approving application

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this member of The Crew or guest can meet the health and physical fitness requirements of the crew trip or activity.

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 in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the BSA, the local council, St. Justin Martyr parish, 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.

I hereby assign and grant to The Crew the right and permission to use and publish the photographs of me or my child at this event, and I hereby release The Crew, from any and all liability from such use and publications. Names will not be published with pictures.

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.

Printed name of parent/guardian _____

Signature of parent/guardian _____

Date: _____