

Scout's Name: _____



School/Grade: _____ / _____

PACK★SIX
ATLANTA

Parent/Guardian #1

Name: _____

Cell Phone: _____

E-Mail Address: _____

This parent completed "Adult Member Form"

Parent/Guardian #2

Name: _____

Cell Phone: _____

E-Mail Address: _____

This parent completed "Adult Member Form"



PERMISSION TO PARTICIPATE 2023-2024

This Permission Slip shall serve as your general permission for your Scout to participate in Pack 6 activities during this Scout Year. While specific information will be provided you regarding each trip or activity, this will be the only Permission Slip distributed for the activities. This Permission Slip will be kept with the Pack records and will serve as

our source for the information set forth below. *Your Scout will not be permitted to accompany the Pack or Den in its activities unless a signed copy of this Permission Slip is with the Pack's records.* If any information regarding your Scout changes during the year, please let your den leader know so that an updated Permission Slip can be prepared.

Activity Permissions and Waiver of Claims

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son/ward on and during the activities, I: (1) agree to his participation in Pack 6 activities, including preliminary training and travel, as applicable; (2) 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 or clinic furnishing medical services in the event of illness or injury to my son during a trip or activity; and, (3) waive all claims against the leaders of each trip or activity, the leaders of Pack 6, the officers, agents and representatives of the Boy Scouts of America and its local councils, and of the Pack 6 sponsor, Glenn Memorial United Methodist Church, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the Scout, or to his property, in connection with or incidental to the trips and activities including any preliminary training and travel.

Parent/Guardian/Authorized Signature

Date:

_____ | ____/____/____

Home Address: _____
