

**PARENTAL PERMISSION TO PARTICIPATE**

\_\_\_\_\_ (NAME OF SCOUT) WISHES TO PARTICIPATE IN THE EXTRA CURRICULAR ACTIVITY OF GARLAND SCOUT RANCH, NAMELY WATER SKIING WHICH TAKES PLACE OFF THE CAMP AND IS CONSIDERED TO BE OF UNCERTAIN RISK TO THE PARTICIPANT.

SIGNED \_\_\_\_\_

NAME \_\_\_\_\_

CONTACT PHONE # \_\_\_\_\_

HEALTH INSURANCE CARRIER: \_\_\_\_\_

POLICY # \_\_\_\_\_

PERSONAL DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**THIS FORM WILL ACCOMPANY THE YOUTH TO THE ACTIVITY AND IS REQUIRED IN ADDITION TO THE PERSONAL HEALTH AND MEDICAL RECORD THAT WILL REMAIN ON CAMP.**