

## Crew 242 2017 Super Activity

<b>WHEN:</b>	Saturday, July 15th- Sunday, July 23rd, 2017
<b>WHERE:</b>	Minnesota
<b>COST:</b>	\$50 deposit, final price TBD (based on number of people who come)
<b>MEETING PLACE:</b>	OPC Church, Time TBD
<b>SPECIAL INSTRUCTIONS</b>	Needs Part A, B, and C of med form- Crystal and Kayli have your information
<b>PICKUP PLACE:</b>	OPC Church, Time TBD

**ADDITIONAL ITEMS TO BRING** (*Beside the Usual Items*):

Comprehensive list to be distributed closer to date, most major items will be covered by Crew.

Permission slip due January 29th with nonrefundable \$50 deposit!

**IMPORTANT FOR ALL CAMPOUTS:** No open-toed shoes of any kind will be allowed on outings.

*Please remember that our Crew has a No Tolerance policy for misbehavior.  
If your son/daughter has to be disciplined,  
you or your contact will be called and told to come pick them up immediately.*

**Contact the adult tour leader with any questions:**

**Name Chris Vavrinek at 630-386-1364 – [chris@vavrinek.com](mailto:chris@vavrinek.com) -or-  
Crystal Vavrinek at 630-670-5366 – [tink1791@me.com](mailto:tink1791@me.com)**

Paid Amount: \$ \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Initials: \_\_\_\_\_

**Return This Portion With Your Money to Crystal Vavrinek  
All Money & This Form Must be Turned in No Later than **January 29**– NO Exceptions**

I give permission for \_\_\_\_\_, to participate in the Crew 242 Event on **Saturday, July 15th through Sunday, July 23rd** and Has approval to participate at **Crew 242 2017 Super Activity**

Without restrictions

Special considerations or restrictions:

\_\_\_\_\_

**Hold Harmless Agreement**

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 myself or 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 Boy Scouts of America, the local council, 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.

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.

\_\_\_\_\_  
Participant's signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian printed name (if participant is under 18)

\_\_\_\_\_  
Parent/guardian signature (if participant is under 18)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

In Case of an Emergency, Please Provide **Two** Contacts in Case one is Not Available:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Paid Amount: \$ \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Initials: \_\_\_\_\_