

**Boy Scouts of America
Troop 657- Cypress, CA
Permission Slip**

DESTINATION: _____

MEETING PLACE: default is Holy Cross Lutheran Church (*check trip specifics*)

DEPARTURE TIME: default is 5:30 p.m. (*check trip specifics*)

Leave at _5:45_____ Sharp! Return: Between 10-11 a.m.

TRANSPORTATION: Private Vehicles

COSTS: (*check trip specifics*) Make checks out to Troop 657

My son(s) _____ has (have) permission to participate in the above referenced trip. I/we hereby voluntarily waive claim against drivers who furnish transportation, leaders of the Troop 657, its charter organization, and the local & national council for any and all occurrences, which might arise. No liability whatsoever is assumed or will be exercised by the undersigned. If I cannot be reached in case of an emergency, I also give my permission for the adult leader in charge to secure medical treatment as necessary.

In case of emergency, I can be reached at _____ or contact
_____ (name) at _____ (phone).

Signature: _____ Date: _____

Printed Name: _____

I will not attend. _____ I will attend. _____ I will drive*. _____ My car will seat _____ boys with seat belts.

All Drivers: BSA requires that ALL vehicles MUST be covered with liability insurance. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$100,000 combined single limit.) Any vehicle carrying ten or more passengers is required to have limits of \$500,000 single limit. Your vehicle(s) must be registered with the Troop in order for you to drive scouts other than your son(s). You need to register only once (unless your vehicle or insurance coverage changes).

| Year, Make & Model | Plate Number | Insurance | Policy # | Expires | # Seat Belt |
|--------------------|--------------|-----------|----------|---------|-------------|
| | | | | | |

BSA also requires that all drivers have a valid license and be at least 21 years old (unless transporting siblings).

| Name: | D/L Number | Type / Class | Expires |
|-------|------------|--------------|---------|
| | | | |

Date

Signature