**OUTING PERMISSION FORM**

**BOY SCOUTS OF AMERICA** **TROOP 533** **MUNSTER, IN**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has my permission to go on the following outing with Troop 533:

(Participants Name; One per form)

**OUTING: Golf Merit Badge**

**DATES: October 14th & also October 28th, 2018**

**LOCATION: Wicker Park Golf Course, 8554 Indianapolis Blvd., Highland, IN**

 **\*\*entrance at Ridge Road**

**COST:**  $12 per scout for Sunday, Oct. 14th game \_\_\_\_\_\_\_\_\_\_\_ **Due Oct. 7th**

 $12 per scout for Sunday Oct. 28th game \_\_\_\_\_\_\_\_\_\_\_ **Due Oct. 21st**

 Parents are welcome to watch & assist with instruction of teaching golf.

**During this outing Troop 533 expects to engage in the following activities:**

We will have putting green practice, some driving range use & then Scouts will play 9 holes of golf.

**During this outing Troop 533 may take the following side trips:**

None

**Hold Harmless Agreement**

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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 or activities. I approve of any and all equipment, tools, food and means of transportation used by Troop 533 during the course of this outing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian) (Print Name) (Date) (Contact Number)

**Transportation:** The Troop will not be providing transportation to this event. We will meet at the Wicker Park Golf Clubhouse (near East Entrance). Parents are welcome to stay and/or assist with instruction. Carts will not be used.

**Special equipment needed:** Bring golf clubs if you own them. No need to purchase clubs if you don’t own, as we will share. No uniforms needed; wear casual clothes & good walking shoes. Bring water bottle. Hat, sunglasses & sunscreen are recommended.