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# BSA TROOP 7 - Information Sheet

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

Scout Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

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## Participation Permission/waiver

Parent/Guardian Init: \_\_\_\_\_

I understand that my participation and my son's participation in Scouting events are voluntary and many Scout activities and events, including but not limited to camping, climbing, canoeing, hiking, cycling, meetings, field trips, Order of the Arrow, related Scouting activities and meetings, etc., may involve a certain degree of risk. I have carefully considered the risks and have given members of my family, as well as any others entrusted to my care, permission to participate in those activities. I agree to hold blameless leaders, committee members, and members of Boy Scout Troop 7, the Charter Organization: Schweitzer United Methodist Church and its members/leaders, District, Council and National event staff, the Boy Scouts of America, landowners and operators of any facilities used during such activities for any accident or injury that may occur during or in transportation to and from. I acknowledge that I am ultimately responsible for the well-being of my family members and my guests during such activities. If my son or guest does not want to participate in an activity, is acting inappropriately, or is a threat to the safety or wellbeing of those on an outing, I (parent/guardian) will provide transportation from an activity. I understand that my son(s) are solely responsible for any prescriptions they must take during scouting events. However, I will keep the Scoutmaster informed of each prescription and its directions for use.

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## Photo Release / Permission to Use

Parent/Guardian Init: \_\_\_\_\_

I hereby grant permission to Troop 7 for photographs of my son, me, and or my family taken in conjunction with a Scouting event to be used by Troop 7 for its purposes. This use shall include but not be limited to newsletters, emails, publishing on the Troop 7 website and Troop's historical picture archive website.

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## Troop Expectations

Parent/Guardian Init: \_\_\_\_\_

I understand that Troop 7 intends to operate as a boy-led troop and that expectations for membership and the parents of youth members are published in a Parents Handbook which is available on the troop's website and in paper form from the Scoutmaster or Committee Chair. I am familiar with these expectations and hereby acknowledge that I have read and understand them and am willing to be held accountable to them.

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## Signature

I have read and initialed each of the Participation Permission / Waiver; Photo Release / Permission to use; Troop Expectations. I am authorized to represent both parents or guardianship of the scout(s) listed above and will notify the other parent or guardian of the is document.

Parent / Guardian:

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Scout Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Scout Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_