

**Activity Authorization Form for Wheaton Troop 374 Outing
White Water Rafting on the Peshtigo River in Wisconsin**

I, the parent or legal guardian of _____, acknowledge that I have been informed that he will travel by automobile, SUV and/or passenger van to the Peshtigo River near Lakewood, Wisconsin on April 10, 2010 and will return the April 11, 2010.

The cost for this campout is \$65.00. (Check payable to Wheaton Troop 374, due 3/26/2010 to Mrs. Becker or Mr. Morissette) includes the cost of the rafting, wetsuit rental, camping and food. Please also bring additional funds for lunch on Saturday and Sunday (fast food while traveling to and from camping site). The troop will depart from Sandburg School at 9 AM on Saturday April 10, 2010, and return to Sandburg school Sunday late afternoon or early evening.

I hereby give my full consent and permission for this trip and to engage in all prescribed Boy Scouts activities for this Troop 374 outing. I understand the activities may be rigorous and that they may involve risk of serious injury. My son is in good physical condition and is fully able to participate in all prescribed activities. I have carefully considered the risks involved and agree to hold the Boy Scouts of America, Inc, Three Fires Council, BSA, BSA volunteers, and their respective officers, leader, agents representatives and employees harmless from all personal injury and illness arising out of, or resulting from, participation in such activities, including travel to and from such activities. The health history of my son, set forth in the Boy Scout Personal Health History (Class 1 & 2), is accurate unless any modifications are indicated at the base of this page. . I also grant permission for photos of my son to be published on www.wheatontroop374.org, as well as on the local and national Boy Scouts Council websites.

In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as the judgment of Scout leaders, volunteers and medical personnel dictate.

Signature of Parent/Legal Guardian _____ Date _____

Your Phone numbers: _____

◆ Alternate person #1: _____
Name Relationship

Phone Numbers: _____

◆ Alternate person #2: _____
Name Relationship

Phone Numbers: _____