

BSA Troop 90

Kendall Park, New Jersey
Permission Slip

Troop 90 BSA of Kendall Park, NJ is participating in the following activity: Swim Test at John Witherspoon Middle School, 217 Walnut Lane, Princeton, NJ from 7:45pm to 9:00pm on Monday, May 20th The pool entrance is via the doors to the large two story brick building on Guyot Street.

____ Swim Test for Aqua (if you went to summer camp, your summer camp test is still valid)

____ Second Class Water Rescue Requirement

____ First Class Water Rescue Requirement

____ Attending as Instructor or Lifeguard

Equipment: Bring a towel, your \$5, and this form. Please wear your swim trunks under your street clothes to facilitate speed of the test. A locker room is available to change into street clothes after the test. Note: street shoes are NOT allowed on the pool deck. (If you are acting ONLY as an instructor and not going in the water, no payment is necessary).

Activity Coordinator: Liz Lien 609-658-7340 or lizlien98@yahoo.com.

Our son _____ has our permission to participate with Troop 90 BSA of Kendall Park, New Jersey to attend the Swim Test at John Witherspoon Middle School on Monday, May 20th from 7:30 to 9:00.

In case of emergency, we can be reached at the following # (_____) _____ - _____ If no answer, please call _____ @ (_____) _____ - _____

Special Medical Needs or Comments:

Parent or Guardian Signature*: _____ Date: ____/____/____

IMPORTANT INFORMATION:

I authorize the adult leaders of Troop 90 Boy Scouts of America, to obtain such emergency medical treatment as may be required should my son suffer from any sudden illness or accident. I also give my consent for my son to receive blood transfusions should it be deemed necessary to sustain his life and/or well-being. I further agree that I will accept financial responsibility for any medical treatment provided. In consideration of benefits to be derived and in view of the fact the Boy Scouts of America is an educational institution, which is voluntary, and having full confidence that every precaution will be taken to insure safety and well-being of my son, I hereby agree to my son's participation and waive all claims against the leaders of this activity and officers, agents and representatives of Troop 90 and the Boy Scouts of America.

Is Scout covered by medical insurance? Yes _____ No _____ Policy #: _____

Insurance Carrier: _____ Parent's/Guardian's Initials: _____