



**Guardian Angels**  
 Boy Scouts of America  
 Troop 1094  
 Clawson, MI 48017



Parent Consent Form  
**Rock Climbing / Lifetime Fitness**  
 Tuesday, February 23, 2010

By signing below, Scout \_\_\_\_\_ has permission to attend the Rock Climbing Activity at Lifetime Fitness on Tuesday, February 23. The activity will begin at 7:00 pm. Please arrive at LTF between 6:45-6:55pm. We will meet / wait in the front lounge (TV area just past front desk). The fee for this activity is \$12 per climber. A Lifetime Waiver is REQUIRED as well as the Troop Permission Slip.

**\*\*\* Class B shirt is required (1st yr excluded) \*\*\***

**\*\*\* NO HORSEPLAY WILL BE ALLOWED! \*\*\***

**Leaders**

Mr. Cox

**Contact**

(248) 840-4550

**Lifetime Fitness**

4700 Investment Drive  
 Troy, MI 48098  
 248-267-1000  
 West of Crooks / South of Long Lake

-----DETACH HERE AND RETURN LOWER PORTION TO SCOUT LEADER-----

**Rock Climbing / Lifetime Fitness**  
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Scout Name: \_\_\_\_\_

Any condition requiring regular medication? \_\_\_\_\_ No \_\_\_\_\_ Yes (attach Parent - Medication Control Permission Form)  
 Any restriction due to medical condition? Explain:

\_\_\_\_\_

**\*\*\* IT IS REQUIRED THAT EACH SCOUT HAVE A MEDICAL FORM ON FILE \*\*\***

This health history on the BSA Medical Forms is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

If traveling by a private car, a seat belt will be made available for each boy; its proper use is MANDATORY. Inability to comply with this rule will be cause for dismissal from this event. In consideration of the benefits derived, we expressly waive all claims against the Troop, Local Council or their representatives, on the account of any accident, injury, illness or other damage that may occur in connection with, or incident to, this trip and activity.

Parent Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

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

(Parent or Guardian)

Insurance Information \_\_\_\_\_

Alternate Contacts –

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_