Boy Scouts of America Troop 28
Lakeview District, Longhorn Council, Colleyville, Texas

2011 MEDICAL/LIABILITY RELEASE

Scout/Scouter NAME:____
Last First Middle

ADDRESS:____
Street City State Zip

PHONE:______________________ BIRTHDATE:_____________________

IN CASE OF EMERGENCY:
NAME:____Relationship: _________________________________
CELL PHONE:_______________________
HOME PHONE:______________________ WORK PHONE: _____________________

IN CASE OF EMERGENCY:
NAME:____Relationship: _________________________________
CELL PHONE:_______________________
HOME PHONE:______________________ WORK PHONE: _____________________

IN CASE OF EMERGENCY:
NAME:____Relationship: _________________________________
CELL PHONE:_______________________
HOME PHONE:______________________ WORK PHONE: _____________________

FAMILY PHYSICIAN INFORMATION:

CLINIC/GROUP:_____________________________ DOCTOR'S NAME:____

ADDRESS:____________________________________PHONE NUMBER:__________________________________

MEDICAL INSURANCE INFORMATION OR PROVIDE COPY OF CURRENT INSURANCE CARD:

POLICY HOLDER'S NAME & GROUP:____

INSURANCE COMPANY:_____________________________ MED ID # : ______________________________________

POLICY NUMBER:___________________________________ CLAIM PHONE NUMBER:_________________________

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an education institution (membership in which is voluntary), and having full confidence that every precaution will be taken to ensure the safety and well-being of the above named Scout or Scouter on Scout activities during the 2011 calendar year, I agree to his participation and waive all claims against the leaders, officers, agents, and representatives of the Boy Scouts of America.
In the event of an emergency, the Troop unit leader has my permission to obtain medical treatment for this Scout or Scouter in the nearest hospital or doctor's office, if our own doctor is not readily available.

____ Date:_________________________
Signature of Parent/Guardian/Self if over 18 years of age

____
Printed Name of Parent/Guardian/Self if over 18 years of age

____
Notary Public Signature Notary Public Printed name Date
The above signed, personally appeared before me and being first duly sworn declared that he/she signed this application in the capacity designated if any further states that he/she/they have read the above application and the statements therein contained are true. Subscribed and sworn to before me on the date above.

Chartered by First United Methodist Church of Colleyville
5601 Pleasant Run Road, Colleyville, TX 76034