

**Troop 210 Activity Form: May 28, 2011**

*We're off to the West Orange Trail for a morning of biking and fun! Friends and family are welcome to attend.*

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**Place:** West Orange Trail – **meet in the United Methodist Church parking lot.**

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**Time:**

**Saturday 5/28/11: Meet at FUMCWG @ 9:00 am.** If you are on time, you are late! Eat breakfast before coming to the Church. Expect to return to FUMCWG @ 11:00 am. Bring money if you want to go with the group to lunch in downtown Winter Garden, returning to the church @ 12 noon.

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**Equipment: Bicycle and helmet (no helmet, no ride)!** Bring water.

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**Bring this completed form when you come Saturday morning.**

Scout(s) \_\_\_\_\_ has (have) permission to attend bike riding on 5/28/11.

It is understood that my son(s) will be under the supervision of the Troop 210 leader or his authorized representatives.

I also give permission to the officers, leaders or agents of the Boy Scouts of America, Central Florida Council, to obtain and administer such medical aid or assistance as might be required for the care of our boy in the event such help becomes necessary.

It is further understood that such permission will include the administration of such medicines, or the treatment as might be ordered or administered by a duly licensed physician of the State of Florida.

In no event will the Boy Scouts of America, Central Florida Council, its official leaders or agents be held liable for any first aid rendered or treatment with drugs and medicines or surgical procedures performed pursuant to this consent with the understanding that the troop is covered by the BSA insurance policy.

Name of Adult(s) participating \_\_\_\_\_

Name of Friends/Family participating \_\_\_\_\_

\_\_\_\_\_  
Date Parent or Guardian (Signature)

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**(Include a number where an adult can be reached at ALL times)**

**Be sure applicable medicines are brought to an adult the day of event.**