



White Stag Leadership Development Venturing Crew 122



Authorization and Consent Form

This Form Must Be Completed for All Participants Under The Age of 18

Name of Minor: _____

Please initial each section below, then sign, date and provide all information asked for at the bottom.

Participation, registration with GYC:

I/we, the Parent(s) and/or Legal Guardian(s) of the above named minor, hereby give my/our consent for the above named minor to participate in co-educational overnight camping sessions conducted by Venturing Crew 122 and the White Stag Association. I/we also give consent for the minor to be registered in the age-appropriate chartered unit of the Greater Yosemite Council BSA. I/we understand that this is in addition to, not a transfer from, any other current BSA registration. I/we understand there is no additional cost for this registration. [\(More info available online\)](#)

_____ (Initial)

Transportation

I hereby consent to having the above named minor transported by vehicle off of and back to the Scout Camp property during the White Stag encampment. [\(More info available online\)](#)

_____ (Initial)

Photography

I understand that photos taken during White Stag events may be used in White Stag publications or media, including print and electronic. I understand that no identifying information will ever be included with any images of minors.

[\(More info available online\)](#)

YES, I hereby grant permission to White Stag to use images of the above named minor. _____ (Initial here)

NO, do not use images of the above named minor. _____ (*or* initial here)

Medical Treatment

I, the Parent(s) or Legal Guardian(s) of the above named minor hereby authorize the Crew Advisor or such substitute as he/she may designate, to act as agent for me to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above-named minor, which is deemed advisable by and to be rendered under the general or specific supervision of any Physician or Dentist, at a Hospital, Scout Camp, or elsewhere.

[\(More info available online\)](#)

My above consent and authorization shall remain in effect while the above-named minor is en route to or from or participating in any event sponsored by Venturing Crew 122 or the White Stag Association.

Signature of Parent/Legal Guardian

Date

Printed Name of Mother/Father/Legal Guardian (circle one)

Address/City/State/ZIP: _____

Residence Phone # _____ Business/Cell Phone # _____

Medical Insurance Plan Name: _____

Policy Number: _____

Dental Insurance Plan Name: _____

Dental Policy Number: _____