

**Parental Commitment to Transport**

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*To be completed and submitted to camp upon arrival*

**This form is not required if the Scout is licensed and has driven their vehicle to camp.**

I understand that any time during my child's stay at any Capitol Area Council or District Event ~~Camp Property~~ I may be called on to transport my camper (youth or adult) from camp for medical reasons.

I commit to being available for the duration of the session by phone should I need to be contacted by the camp management team.

Furthermore, upon consultation with the camp management team I agree to pick up my participant within eight (8) hours of being contacted, **but no later than by the scheduled end of the event.**

I will also provide a second level contact to be prepared for unforeseen circumstances.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Unit Type & Number

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Mobile Phone #

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Contact Name During Event

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
Secondary Contact Name During Event

\_\_\_\_\_  
Mobile Phone #