

Passenger Authorization Form
Northeast Georgia Council BSA

Name: _____

Please return this formed signed and dated upon arrival at Camp. **DO NOT MAIL** this form to the Scout Office.

1. Staff night out is a privilege, NOT a right. You must earn it by maintaining a good performance and disciplinary standing with your department and the camp.
2. Staff members will have the evening off after a short general staff meeting when all camp duties are complete. All staff members must checkout in the HQ before leaving camp. Staff members must check-in at the HQ promptly upon returning, no later than 12:00 midnight.
3. All parties traveling out of camp must abide by the Guide to Safe Scouting. This means an all male party must have at least one 21 year old and one other adult over the age of 18. Any parties with females in attendance must have at least two 21 year olds, one of each gender. No staff member under the age of 18 will be permitted to leave camp property with any non-staff member or in the vehicle of a non-staff member without the expressed written consent of a parent or legal guardian. No one under the age of 18 may drive any other minor staff member under 18.
4. All staff members under the age of 18 must notify their respective **Department Director** before any departure from camp property. This includes departures with parents.
5. Through the duration of camp operations, while on or off camp property, all employees will conduct themselves as representatives of the Boy Scouts of America, the Northeast Georgia Council, and CRM by setting a good example, being mindful of others, being courteous and polite, and following the Scout Law and Scout Oath.

My son/daughter (under 18) is authorized to ride in a passenger vehicle (check one) (18 y.o. and older do **not** need to check one of the boxes below):

Any staff member at least 18 years old with a valid driver's license.

Any staff member at least 21 years old with a valid driver's license.

Other – Please explain: _____

Staff Member's Signature: _____

Parent's Name: _____

Parent's Signature: _____

Phone: (home) _____ (work) _____ (cell) _____