**Instruction: Please fill in the information needed below and fax to Kristi @ 363-4849 and Russ Mower @ 735-2996 and return original to Committee Chairperson. Be sure to fill in your sons name and sign and print your name at bottom.**

## SEAS BSA Troop 129 Boys Name: _____

Has your child recently been exposed to a contagious disease or conditions such as mumps, measles, chickenpox, etc? If so, data and disease or condition: _____

You should be aware of these special medial conditions of my child: _____

_____

_____

_____

Multiple Activities Schedule

| Date | Activity | Location | Depart/Return | Mode of Transportation |
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**Signature:_____Date:_____**

**Print name:_____**

**The Multiple Activities Schedule may be used for a sport that involves multiple trips during a season, such as: Football, Basketball, etc.**