

Permission Slip

As the parent or legal guardian of _____, I hereby give my permission for this child to participate in an outing with Troop 103.

Activity:	Diocesan Catholic Retreat	Location	Camp Bashore
Departure Time:	5:00 pm	Date:	09/19/08 St. Joseph Parking Lot (Grandview)
Return Time:	1:00 pm	Date:	09/21/08 St. Joseph Parking Lot (Grandview)

I understand that participation in the above activity offered through Boy Scout Troop 103, YAAC Council of the Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate in the above event during the above-stated dates and times.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

In consideration for my son/daughter's participation in this activity, and for other good and valuable consideration, I release and agree to hold harmless Boy Scout Troop 103, its leaders, and the St. Joseph Holy Name Society for any accidents that might occur during this outing except for acts of gross negligence and non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at _____ or _____.

If I cannot be reached, please contact _____ at _____.

Signed: _____ Date: _____
(Parent or Guardian)