

Jim Freund, Scoutmaster



Dave DeFeo, Committee Chairman

(This must be returned to the Scoutmaster or Assistant Scoutmaster prior to the activity date.)

PERMISSION SLIP

I give permission for my son, _____, to participate in the Troop 1607

_____ from _____ to _____ .
(type of activity) (Dates associated)

(EXAMPLE: camp out, February # to February #, 2006)

In consideration of the benefits to be derived by my child's participation in this activity, any and all claims against the Boy Scouts of America or its local councils; the United States of America, or any of the officers, employees, agents or other representatives of any of them; or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to or incurred or suffered by my child or to his property, in connection with the subject activity, including preliminary training and travel, are hereby expressly waived.

Parent Signature: _____

Any health concerns/medications?: _____

Parent/Guardian Emergency contact numbers: (include cell phone #'s)
Home: _____ Cell phone: _____

ف I can provide transportation for ____ boys (including my own) to _____
(Location of activity, e.g., Camp Mattatuck)

ف I can provide transportation for ____ boys (including my own) from) _____
(Location of activity, e.g., Camp Mattatuck)

Parent Driver: _____ Signature

_____ Driver's License Number and State of Issue

PAID