

Permission slip for: Indoor Archery

Scout to return by: **Tuesday March 20**

Cost: **\$26**

Activities: **Indoor Archery**

Event Date(s): **Sunday March 25**

Departure Date: **Meet at Chicago Archery in Elmhurst at 4 pm**

Return Date: **Pickup at Chicago Archery in Elmhurst at 5:45 pm**

Special Instructions: **Turn in signed release from Chicago Archery. Limited number of spots. MEET at the archery location at 124 W Diversey Elmhurst**

All scouts will depart from and return to the Immanuel Lutheran Church parking lot, unless otherwise notified.

Parent(s) will be responsible for picking up their son at the event location or any transportation costs incurred in sending their son home if there is a discipline problem or any other problem that cannot be resolved on the outing. In case of an emergency, parent(s) will be notified as soon as reasonably possible at the telephone number listed below.

My son and I understand that if Troop 82 does not have a minimum ratio of one (1) leader per four (4) scouts, the Troop has the right to cancel the event due to possible safety concerns.

(Cut along dotted line. Keep upper portion. Return lower portion by deadline.)

Indoor Archery

My son _____ has my permission to attend and participate in any Boy Scout activities that Troop 82 has at Indoor Archery on Sunday March 25. He may take part in any scout activities except for :

(please indicate if restrictions are continued on back of sheet ...)

List any Food Allergies: _____

I know of no reason(s), other than the information indicated on this form, why my child should not participate in prescribed activities except as noted. In case of emergency, I give permission for the First Aider(s) to administer medication, and/or First Aid and give permission to an attending physician to hospitalize or secure proper treatment/surgery for my child. I give permission to transport my child to the nearest emergency facility for treatment.

Parent/Guardian Printed Name: _____

Parent/Guardian signature: _____ Date _____

Parent/Guardian Email: _____

Emergency phones: Home: (_____) _____ Cell: (_____) _____

___ Check enclosed for \$ _____ (Make payable to "Troop 82" – in memo write scout's name and Indoor Archery)

___ Take out of my son's Scout Account, if available, for \$ _____

___ Completed Release attached for the Company providing the activity (if applicable)

Return this slip by: Tuesday March 20