

**Scouts Permission Slip to Join**

Dear Parents:

 The church will be having an organized group of scouts. **The scouts meet every third Saturday of each month.** Then day will start with liturgy and we will be finishing at 2:00 P.M. The parent or specified guardian must drop off and pick up their kids at the appointed places and times of the meetings. This signed permission slip must be returned to any scout servant by December 15th, BY THE PARENT. No one will be allowed to attend without this signed permission slip. If there are any questions please contact Basant Tawfik, Mark Estafanous, Mina Hanna, Veronica Sorial, , Marina Bastawross, Abanoub Kerolos or Kirles Girgis (201) 884-0839.

If your kid has any allergies, asthma, or any past or present injuries that may prevent him from doing physical activity please explain it here:

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Absolutely No Exceptions Will Be Made.

Permission Slip

I, the parent and/or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree and allow my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in activities planned by the church and its servants during this summer scout program. I also agree that I must pick them up and drop them off at the appointed place and times and that the servants are not responsible after hours. It is understood that the church and servants are indemnified and held harmless for any injury or accident that may be sustained by my child while participating. I also give the physician/hospital selected by the program supervisor permission to secure proper treatment for my child, should it be necessary. I also assume responsibility of all medical expenses incurred.

(Parent’s name)

(Child’s name)

**CHILD’S GRADE (the grade he/she is currently attending in Sunday school): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s PHONE NUMBER where I can be reached during activity: (\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_**

**Parent’s Email for Updates throughout the summer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_**