

**Scouts Archery Permission Slip**

Dear Parents:

 The church will be having an archery trip to Jersey City Archery. The trip will be on Sunday, September 1,2018. We will be meeting at church 2:00 PM, and fill return around 5:00 PM, the kids will call you on our way back. The parent or specified guardian must drop off and pick up their kids at the appointed place and times for the trip. The cost is $10 which will cover transportation, and the activity. This signed permission slip must be returned to any scout servant by August 26,2018, BY THE PARENT. No one will be allowed to attend without this signed permission slip. If there are any questions, please contact Kirles Girgis

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 trip to Jersey City Archery. 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.

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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