

**Troop 111 Permission slip for:  
Arrow Rock  
April 16, 17, 18, 2010**

Date: April 16, 17, 18, 2010

Location: Arrow Rock.

Time and Place of Departure: Friday, Apr. 18 @ 5:30 PM, Saint Sabina Gym

Time and Place of Return: Sunday, Apr. 18 @ 12:00 PM, Saint Sabina Church

We will be camping at Arrow Rock. The campout will focus on Hiking, Cooking and Touring Arrow Rock. Please provide your son with a number so he or the leaders can contact you in case of emergency or change of plans.

Activity:

Hiking, Cooking and Touring Arrow Rock

Contact:

Mr. Hines (816) 916-8813

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As the parent or legal guardian of \_\_\_\_\_, I give my permission for him to attend a Boy Scout campout at Arrow Rock and to participate in Hiking, Cooking and Touring Arrow Rock with Belton Troop 111.

I give permission to the leaders of the Troop 111 to render First Aid, should the need arise. In the event of an emergency, I also give permission of the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection or secure other medical treatment as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or 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)

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