

TROOP 170
ST. CLARE'S R.C.
PAULDING AVE, BRONX, NY
EASTERN DISTRICT
BRONX COUNCIL
GREATER NEW YORK COUNCILS, BSA

COMMITTEE CHAIRMAN: JOSEPH TOSTO
SCOUTMASTER: ANDREW PROTO

PARENTAL PERMISSION SLIP

Type of activity _____

Dates _____

Place _____

Estimated return time _____

Emergency Contact Phone _____

I understand that Scouting is a collection of outdoor Sports and has certain inherent risks. The troop adult leaders will ensure that all safety precautions will be in force to the fullest extent throughout the trip or activity.

I further understand that, unless some other arrangements are made or announced, my son will be dropped off directly at home at the completion of the activity.

My son and I understand that the Scout Oath and Law are the codes of conduct for this and all Scout trips.

SCOUTS NAME & ADDRESS

DATE

SIGNATURE OF PARENT OR GUARDIAN