

Parish _____

Troop # _____

ANNUAL BOY SCOUT RETREAT

DATE _____

1. PERMISSION

It is requested that (please print) _____ be permitted to attend the Annual Catholic Boy Scout Retreat. I agree not to hold the Diocese of San Diego or The Boy Scouts of America liable in the event an injury might be incurred during this activity. Should injury occur, I hereby grant permission for treatment to be administered by a physician selected by the Retreat Committee.

2. CONTRACT FOR PARENTS

I will be available or one of the following listed emergency contact people will be prepared to pick up my son at any time - day or night - from 7:00 p.m. on Friday, until 10 AM, on Sunday the week end of the retreat...

I understand that my son is expected to follow all rules and regulations set forth by the Retreat Committee and to follow the instructions of any adult leader. If my son fails to comply, I will be contacted to pick him up at once...

Please Print

Parents Name _____

Address _____

Phone _____

Emergency contact Persons

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Family Physician _____ Phone _____

Any Medical Problems _____

By signing this permission slip and/or participating in this event, I grant permission to San Diego Catholic Committee on Scouting to publish photographs taken on this event on all publications/media that SDCCS submits photos and articles to. No compensation for published photos will be made.

Parent's Signature _____ Date _____