

Each Troop Leader **MUST HAVE** a completed and signed permission slip for each scout and Adult Chaperone participating in the Scouting Retreat. In. addition, each Troop Leader **MUST BRING** these permission slips with them to the retreat

**DIOCESE OF MANCHESTER – PERMISSION SLIP**

**40<sup>th</sup> ANNUAL HIGH ADVENTURE SCOUT RETREAT!!!**

**At Camp Fatima, 32 Fatima Rd., Gilmanton Iron Works NH 03837**

**Our Websites: [www.catholicnh.org](http://www.catholicnh.org) and [www.facebook.com/nhscoutretreat](http://www.facebook.com/nhscoutretreat)**

**For Information: [nhcatholicscouting@gmail.com](mailto:nhcatholicscouting@gmail.com)**

**ACTIVITY:** Retreat includes High Ropes Challenge and a Climbing Wall as well as camping, scouting and religious activities

**DATE OF ACTIVITY AT CAMP FATIMA:**

**Arrival time: Friday September 17, 2021, 6-8pm**

**Departure Time: Sunday, September 19, 2021, 11:30am**

**DEPARTURE TIME: \_\_\_\_\_ PLANNED RETURN TIME: \_\_\_\_\_**

**TRANSPORTATION BY: \_\_\_\_\_ BUS \_\_\_\_\_ PERSONAL CAR (Employee/Volunteer Driver)**

**NAME OF MINOR CHILD/WARD: \_\_\_\_\_**

**Please allow my child/ward to participate in the activity listed above. My child/ward is physically fit and capable of taking part in this activity.**

**I agree to have my child transported via ambulance and/or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child/ward's participation in this program.**

**On the lines below I have listed any medical condition, physical disability, allergy to medicine, etc. which is relevant to rendering medical care to my child if s/he needs emergency medical care:**

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**I understand that photographs of my child may be taken & used for publicity, newspaper articles, and/or on the Catholic Scouting section of the Diocese of Manchester website and social media pages.**

**During this activity, I can be reached at this phone number(s): \_\_\_\_\_**

**Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2021.**

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian (Signature)

**For Adult Chaperones**

**I voluntarily agree to assist in the above activity. I give permission to be transported via ambulance if a medical emergency should arise. I accept full responsibility for all medical/dental expenses that may be incurred as a result of my participation in this program.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date