

Order of the Arrow-Permission Slip

Activity: *Order of the Arrow Winter Fellowship*
Departure Time: *Friday, January 15, 2016 at 5 p.m.*
Return Time: *Sunday, January 17, 2016 at 9:30a.m.*
Tour Leader: *Kevin Smart*

Special Requirements: *Must give permission for levels of games and movies that scout can play/watch.*

Parental Permission Slip

Scout: _____ DOB: _____
 Address: _____ Home Phone: _____
 _____ Cell Phone: _____

has my permission to view movies and play video games up to and including the level indicated on this form.

This authorization will remain effective while the above minor is enroute to or from or involved or participating in any Boy Scout program or activity of the Ventura County Council, Boy Scouts of America, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date: _____ **Signed:** _____ **Relationship:** _____
 (Print Name:) _____

In Case of Emergency: Name: _____ **Phone:** (____) _____
(The above named person may be contacted at the above phone and Will accept collect telephone charges from the tour leader). Alternate Phone: (____) _____

My Scout can play 'E' rated games only	My Scout can play 'T' rated games	My Scout can play 'M' rated games	My Scout can play 'Halo' or some other game (please write in space)	My Scout can watch (G, PG, PG13, Other) movies. Please mark choice(s) below.