



TOPA TOPA LODGE

Order of the Arrow
www.topatopa.org



Order of the Arrow Winter Fellowship Games and Video Permission Slip

Special Requirements: Permission must be given for scout to participate in viewing and or playing video games and movies.

Parental Permission Slip

Scouts Name: _____ DOB: _____

Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

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

This authorization will remain effective while the above minor is enroute to and from the 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: _____

(Please 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 form the tour leader)

My scout may play 'E' rated games only	My Scout may play 'T' rated games only	My Scout may play 'M' rated games only	My Scout may play 'Halo' or other games	My Scout can watch G, PG, PG-13 Movies

Please answer Yes or No, You may enter the level and or other games in the boxes above.