

# PERMISSION SLIP

**Activity: Shooting Sports and Shooting Merit Badges**

**Location: Port Malabar Rifle and Pistol Club**

**610 Hurley Blvd, Palm Bay, FL 32908**

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Scout Name: \_\_\_\_\_

Troop: **373/4373**

District: **Riverside**

Council: **Central Florida**

An occasion could arise that you will need to be contacted while the Scouts/Participants are involved in the above-described activity. In case of injury, sickness, violation of policy, etc., the adult leaders and Coaches are require that phone numbers where you can be reached during the duration of this activity be included below.

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America, SCTP and Port Malabar Rifle & Pistol Club is an educational institution, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and wellbeing of my child/ward on this activity, I hereby agree to his participation and waive all claims against the leaders and officers, agents and representatives of the Boy Scouts of America, SCTP and Port Malabar Rifle & Pistol Club. In case of emergency I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child.

Signed: \_\_\_\_\_  
(Parent or Guardian) Date

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