

Keep this side for your information

Permission Slip and Activity Information

TROOP 292 is going to:

Spooktacular Day Trip
at Camp Carpenter - Fort Friendship

On: Oct. 24th, 2026

Cost: n/a **Due on:** Oct. 14th

Time Arriving: Sat. 8:00 AM **Time Departing:** Sat. 9:00pm

Drop off / Pick up: Camp Carpenter
(at the Fort)

Transportation: Individual / Carpool

Special Instructions:

Scouts should bring a bag lunch, water bottle and snacks.

Uniforms are **not** required, costumes **are** encouraged.

Halloween decorations needed! Ecent theme is "Ghosts"!

Be prepared for a SPOOKY time! Dress appropriate for the weather forecast.

If you need to contact your Scout and only in case of an emergency call:

Mr. Scott Phone: (603) 848-2086
Mrs. Pinard Phone: (603) 867-1405

Please note that it may be extremely difficult to make contact at camp.

Please detach and retain this section and return the right side of form
by Oct. 14th. Thank you.

Return this side with payment

Waiver of Responsibility and Permission Slip

TROOP 292 of The Boy Scouts of America is sponsored by The Hooksett Lion's Club.

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Name of Participant: (please print) _____

Signature: _____ Date: _____
(Parent/Guardian if under 18; Participant if over 18)

TROOP 292 is going on its: **Spooktacular Day Trip**
Oct. 24th, 2026

EMERGENCY INFORMATION: (Fill in if different from information on file)

During the activity I can be reached at: _____

Scout is allergic or sensitive to: _____

Medication Scout is on: _____

Medication Instructions: _____

Do you want unit leader to carry medicine: _____

Medical Insurance information: _____

(Use the back of this form for additional information.)