

AUTHORIZATION AND CONSENT TO MINOR

Pursuant of California Civil Code Section 25.8
Pursuant to California Penal Code Sections 12078, 12101 and 12552

ACTIVITY RELEASE FORM

Cub Scout, Boy Scouts, Explorers or Venturers only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the Archery Range Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish a bow and arrows to the above minor for engaging in lawful, recreational archery shooting sports including instruction in the safe handling and shooting of bow and arrows, target and competition shooting, and related activities.

Parent or Guardian Signature: _____

Witness Signature: _____

Boy Scouts, Explorers or Venturers only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the Rifle Range Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish a rifle, shotgun, or BB device (including BB rifle or pellet rifle), and live ammunition to the above minor for engaging in the lawful, recreation shooting sports including instruction in the safe handling and shooting of firearms, target and competition shooting, and related activities.

Parent or Guardian Signature: _____

Witness Signature: _____

Cub Scouts Only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the Rifle Range Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish a BB device (BB rifle) to the above minor for engaging in lawful, recreational shooting sports including instruction in the safe handling and shooting of firearms, target and competition shooting, and related activities.

Parent or Guardian Signature: _____

Witness Signature: _____

Boy Scouts, Explorers, or Venturers Only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the C.O.P.E. or Climbing Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish Climbing Equipment for the purpose of instruction and activity in the Project C.O.P.E. or Climbing Program.

Parent or Guardian Signature: _____

Witness Signature: _____

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MEDICAL RELEASE FORM

Name of Minor: _____ Date: _____

Pack# _____ Troop # _____ Exploring Post# _____ Venturing # _____ Ship# _____

The undersigned do hereby authorize (Name of Leader) _____ Or any such substitute as may be designated as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provisions of medical Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.

Please print all information: _____

Parent or Guardian: _____

Witness: _____

Address _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work / Home Fax: _____

Home Phone: _____ Cellular Phone: _____

Primary Carrier: _____ Policy #: _____

Secondary Carrier: _____ Policy #: _____

Parent or Guardian *Signature*: _____

Witness *Signature*: _____

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