

Join Webelo Walter for



**ATTENTION PALOMAR ZONE WEBELOS I AND II
DO YOU ENJOY SHOOTING SPORTS AND ARCHERY?
WOULD YOU LIKE TO FIND OUT WHAT
SCOUTS BSA TROOPS DO?
THEN REGISTER TODAY FOR THE
PALOMAR WEBELOS DAY AT MATAGUAY
ON OCTOBER 23, 2021**

Please complete and return no later than **October 1, 2021**.

Pack No: _____

Scout Name: _____

Parent/ Guardian Name: _____ Phone No.: _____

Parent/ Guardian Email: _____

Rank: Webelos I Webelos II

Please bring a lunch and water bottle and lots of Scout Spirit!

Please email completed forms to Cub Director Valerie Babbe at vababbe@gmail.com, by October 1, 2021. Limited to **48** Webelos.

Medical form Part A and shooting form must be returned with registration form. \$5.00 per scout to be paid day of event.

A parent or den leader must be present during the event.



Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults **NOT** Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Parental Firearm Permission Form
Consent for Minor to Use Firearms & Live Ammunition
San Diego-Imperial Council

The State of California has enacted legislation that prohibits any person from furnishing, loaning, or otherwise providing a minor any firearm or live ammunition without the express permission of his or her parent or legal guardian. **Your son/daughter will not be allowed on any shooting range without this signed release. It is necessary for you to give consent for your child to participate in the shooting sports activities.** This permission includes archery where applicable at the event or camp.

By signing this consent form I do hereby give the minor named below permission as required by California Penal Code Sections 12552, 12070, 12072, 12078, et. Seq. to the San Diego-Imperial Council, Boy Scouts of America, and to instructors established by the Boy Scouts of America (National), to furnish a firearm, BB Gun/air rifle, .22 rifle, shotgun, Muzzleloading rifle, Muzzleloading Shotgun, Muzzleloading Pistol or handgun (Venture and Sea Scout only), bow, and ammunition and/or arrows to said minor for the purposes of instructing him/her in the safe handling of firearms, safe shooting, and marksmanship. Approved Instructors include Certified Instructors and Range Safety Officers of the National Rifle Association, National Archery Association Level 1 Certification or better. Instructors are meant to also include BSA certified archery instructors and adults Certified as BB Gun/air rifle Rangemasters. Firearms authorized for Venture/Sea Scouts are specified in the Guide to Safe Scouting. All guidelines of the Guide to Safe Scouting will be followed.

I do further agree to indemnify and hold harmless the San Diego-Imperial Council, Boy Scouts of America, and all officers, members, employees, and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or omission of the above named minor occurring during the course of said instruction.

Participant's printed name _____ Unit # _____

Participant's Age: _____

Date(s) of camp/event: _____

Parent/Guardian's Printed Name: _____ Date: ____/____/____

Signature: _____

Relationship: _____

Primary Phone # (____) ____ - _____

Alternate Phone # (____) ____ - _____