



# Minor Activity Release Form

For youth under 18 years old.

This specific form must be used at Camp Marin Sierra summer camp. No other form will be accepted. Scouts without this form will not be able to participate in the listed activities. This form should be fully completed and brought with the troop to camp to be submitted with health forms.

Week (check one):  July 5–11  July 12–18  July 19–25  July 26–Aug. 1  Aug. 2–Aug. 8

Scout's name \_\_\_\_\_ Troop # \_\_\_\_\_ Date of birth \_\_\_\_\_

Please Note: If possible, the Marin Council prefers the signatures of both parents/guardians and, for any selection that is chosen, the initials of both.

The undersigned consent that the rifle, shotgun, or archery instructor of the Marin Council Boy Scouts may furnish a BSA approved firearm or archery equipment along with ammunition, to the above-named minor for the purpose of instruction in the safe handling and shooting of firearms or archery equipment and related activities. Please initial each box below where permission is granted for the minor to participate.

\_\_\_\_\_ Archery \_\_\_\_\_ Rifle (.22 caliber) \_\_\_\_\_ Shotgun \_\_\_\_\_ Black powder

And, that the above-named minor may participate in the activities of the camp program including, but not limited to swimming, boating, games, and hiking, etc. In addition to these, permission is granted to participate in the following special activities listed below if they are available at camp, some of which may be off site. Please initial those for which permission is granted for the minor to participate.

\_\_\_\_\_ COPE (with Scoutmaster approval) \_\_\_\_\_ Rock climbing (with Scoutmaster approval)

\_\_\_\_\_ Mountain biking (if offered)

\_\_\_\_\_ I/we do not give the above-named minor permission to participate in (be specific): \_\_\_\_\_

Please circle whether parent or guardian.

Parent/Guardian #1 signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Work  Cell Alt. phone \_\_\_\_\_  Home  Work  Cell

Parent/Guardian #2 signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_  Home  Work  Cell Alt. phone \_\_\_\_\_  Home  Work  Cell