

Cub Scout Day Camp Activity Permissions Form

___ Foxbrook ___ Menomonee ___ Minooka ___ Mukwonago ___ Muskego

While at Camp, Scouts will participate in Waterfront activities and other activities. In order to participate in these areas we require the parents to complete the permission slips below. **Scouts who do not turn in permission slips WILL NOT be allowed to participate in these activities.** By signing the sections below you understand that reasonable measures will be taken to safeguard the health and safety of your child and that you will be notified as soon as possible in the event of an emergency. I will not hold responsible, Potawatomi Area Council of the Boy Scouts of America, the County of Waukesha and all of its officials, officers, employees, department and boards, the Day Camp Administration, lifeguards on duty, range operators or the adult leaders in charge, for accidents or sickness incurred. In case of illness or accident, I authorize that the onsite medical officer, on-call paramedics, a doctor's office, clinic or hospital give my child the proper medical treatment required.

Scouts Name: _____ Pack No: _____

Parent/Guardian Signature: _____ Date: _____

Archery

Archery is conducted under a Boy Scouts of America certified Range Operator. All policies found in the Guide to Safe Scouting will be followed. Scouts must follow all directions given by the Range Operator.

My son is allowed to participate in archery: YES / NO initials _____

Swimming/Waterfront Activities

At locations offering swimming and other waterfront activities as one of their activities, a signed consent form is required. **NO SCOUT WILL BE ALLOWED IN THE WATER WITHOUT PARENTAL CONSENT.** Trained lifeguards are on duty and the child will be required to take a swim test to determine swimming ability. A canoeing experience may be available at some camps. Only Scouts who pass the BSA Swimmer test will be permitted to use canoes. Camp Staff may be able to take some other Scouts out for a brief experience.

My son is allowed to participate in swimming: YES / NO initials _____

My son is allowed to participate in canoeing: YES / NO initials _____

Talent Release

I hereby assign and grant to the Boy Scouts of America, the right and permission to use and publish, photographs/film/video tapes/electronic representation and/or sound recordings, made of my child at Cub Scout Day Camp, by the BSA from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast; electronic storage and/or distribution of said photographs/film/video tapes/ electronic representations and/or sound recordings without limitation at the discretion of the BSA. I specifically waive the right to any compensation I may have for any of the aforementioned.

My son is allowed to be photographed: YES / NO initials _____

Name: _____

Pack: _____

Den: _____