YOUTH PERMISSION FORM

The Following signatures are required for Scouts to fully participate. One form per youth required. MINOR'S NAME: _____ Unit#____ **PERMISSION TO TREAT** In case of emergency. I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed healthcare practitioner in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Signature of parent/guardian: ______ Date: _____ PARENTAL FIREARMS PERMISSION AND RELEASE U.S. Federal law prohibits any person from furnishing, loaning or otherwise providing a minor any firearm or live ammunition without the express permission of their parent or guardian. Your son/daughter will not be allowed on the shooting range without the following signed release. If you do not wish your son/daughter to participate in shooting activities please write "NO PERMISSION". MINOR'S NAME (Please print): the parent/legal guardian of the above-named I (please print) minor do hereby give permission as required by Federal Code 18 U.S.C. Chapter 44, et. Seq. to the Boy Scouts of America, Gamehaven Council, and to instructors certified by the Gamehaven Council meeting the requirements for instructors established by the Boy Scouts of American (National), to furnish a 20- gauge shotgun, 12-gauge shotgun (Scouts BSA only), and ammunition to said minor for the purpose of instructing him/her in the safe handling of firearms, safe shooting, and marksmanship. I do further agree to indemnify and hold harmless the Boy Scouts of America, Gamehaven Council and all the 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. Date permission granted: From _______ to _____ Signed: ______The Parent/Legal guardian



Print full name: _____ Date: ____