

Adventure Weekend 2022 Unit Roster

Unit Leader	Ph#
<input type="checkbox"/> Overnight <input type="checkbox"/> Day Only	Alt #
District	<input type="checkbox"/> Pack <input type="checkbox"/> Boy Troop <input type="checkbox"/> Girl Troop <input type="checkbox"/> Crew
Unit#	

Bring 2 Copies (PLEASE INCLUDE ALL ADULTS, SCOUTS & YOUTH)

#	ADULTS	#	YOUTH	Status
1		1		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
2		2		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
3		3		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
4		4		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
5		5		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
6		6		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
7		7		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
8		8		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
9		9		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
10		10		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
11		11		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
12		12		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
13		13		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
14		14		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling
15		15		<input type="checkbox"/> Cub Scout <input type="checkbox"/> Scout Boy <input type="checkbox"/> Scout Girl <input type="checkbox"/> Crew <input type="checkbox"/> Sibling

PARENTAL INFORMED CONSENT AGREEMENT FOR CLIMBING/RAPPELLING ACTIVITIES

I understand that participation in the climbing/rappelling activity offered through the California Inland Empire Council, BSA, on 09/23/2022-09/25/2022, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of. The fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter), I have given _____ (Name)(My son/daughter) my consent to participate in CLIMBING/RAPPELLING ACTIVITIES on 09/23/2022-09/25/2022

I certify that this participant can meet the health and physical fitness requirement of the trip or activity.

In the event of illness or injury occurring to my (son/daughter) while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made.

(This form must have the signatures of both parents/guardians.)

Signature	Signature
Telephone Number	Telephone Number
____ / ____ / ____ Date	____ / ____ / ____ Date

District	<input type="checkbox"/> Pack <input type="checkbox"/> Boy Troop <input type="checkbox"/> Girl Troop <input type="checkbox"/> Crew	Unit#
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SHOOTING SPORTS AUTHORIZATION

Supplements BSA Annual Health and Medical Record "Part A: Informed Consent, Release Agreement, and Authorization" (BSA Doc # 680-001*)

The California Inland Empire Council adheres to Scouts BSA 's longstanding policy of teaching its youth and adult members the safe, responsible, intelligent handling, care, and use of firearms, air rifles, BB guns, and archery equipment in planned, carefully managed, and supervised programs, Planned shooting sports activities are conducted under the supervision of currently certified BSA National Shooting Sports Directors or National Rifle Association Firearms Instructors, or USAA Archery Instructors,

California law requires express parental permission for participation by minors in certain shooting sports activities and programs.

Minor Participant's Name: _____ Age: _____

As the parent or guardian of the minor participant listed above, I hereby give my express consent and permission to the California Inland Empire Council BSA and its Shooting Sports Staff for the participant to engage in the following lawful, recreational shooting sports, including instruction in the safe handling of the devices listed below and related activities. In the case of activities involving firearms, I hereby additionally consent to the participant being furnished and possessing live ammunition for use during such activities. These permissions are intended to comply with any applicable provisions for parental consent found in California Penal Code SS 19915, 27505, 29615, and 29655, or similar provisions.

(Please mark each applicable category of permission granted, and initial each entry)

Cub Scouts		
<input type="checkbox"/>	Archery, bow and arrow	Initial
<input type="checkbox"/>	BB Devices (BB gun)	Initial
<input type="checkbox"/>	Wrist Rockets	Initial
<input type="checkbox"/>		
Scouts BSA/Venturing/Explorer/Sea Scout:		
<input type="checkbox"/>	Archery, bow and arrow	Initial
<input type="checkbox"/>	BB Devices (BB gun)	Initial
<input type="checkbox"/>	Tomahawk Throwing	Initial
<input type="checkbox"/>	BSA Airsoft	Initial

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. 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.

**I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

Parent or Guardian Name (print): _____

Signature: _____

Date: _____

Adventure Weekend 2022 Parking Pass		Adventure Weekend 2022 Parking Pass	
NAME		NAME	
CELL #		CELL #	
<input type="checkbox"/> Pack	#	<input type="checkbox"/> Pack	#
<input type="checkbox"/> Troop		<input type="checkbox"/> Troop	

Adventure Weekend 2022 Parking Pass		Adventure Weekend 2022 Parking Pass	
NAME		NAME	
CELL #		CELL #	
<input type="checkbox"/> Pack	#	<input type="checkbox"/> Pack	#
<input type="checkbox"/> Troop		<input type="checkbox"/> Troop	