



Minor Activity Release Form

For youth under 18 years old.

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

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

Scout's name _____ Troop # _____ Date of birth _____

Please Note: While not required, 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. This consent expires automatically on August 2, 2020.

_____ Archery _____ Rifle (.22 caliber) _____ Shotgun _____ Black powder

The above-named minor may participate in the normal activities of the camp program including, but not limited to, swimming, boating, games, and hiking. 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