

Cub Scout Release Authorization 2019

Camp Location: _____

My child, _____ Pack # _____
(Name) Please Print

may be released to _____
(Name) Please Print

Relationship to youth _____

Other information regarding releasing my child: _____

I give permission for my child to participate in the “BB/Slingshot
Marksmanship Program”

(may not be available at all locations)

Yes No

***** I give permission for

my child to participate in the “Archery Sessions”

(may not be available at all locations)

Yes No

***** I give permission for my child

to participate in the “Horseback Riding Program”

(may not be available at all locations)

Yes No

I give permission for my child to participate in the “Swimming Program”

(may not be available at all locations)

Yes No

I authorize use of any photos, taken of myself or my child, during day
camp activities to be utilized for National Capital Area Council, BSA
promotional materials/website usage as well as local newspaper usage.

Yes No

Authorization: _____

Signature (print last name)

Phone Number: _____ Date: _____