



2026

YOLANO DISTRICT  
CUB SCOUT RANGE AND  
TARGET ACTIVITIES DAY



EVENT  
GUIDE



# WELCOME MESSAGE



## GREETINGS!

Our Yolano District BSA range masters and volunteers are looking forward to joining you and your Cub Scout for an exciting afternoon of safety training and practice at the ranges. Cub Scouts will get to work on their Target and Range advancements for each rank! Enjoy archery, BB guns, and slingshots! This experience can help build self-confidence, promote discipline, and develop new skills. Note Lion Cub Scouts can only participate in the archery and slingshot ranges.

These activities will be done based on the grade level of the Scout and based on the Guide to Safe Scouting. While these activities are just for fun, there will be a passport for you and your Scout to track the activities they have completed to help meet requirements for their rank range and target sport activity belt loops or pins.

Our Cub Scouts will have so much fun Sunday, March 29th! Your attitude about the experience will travel down to the Scouts. If you are up and enjoying yourself, they will too. If you are down or having problems, the Scouts see it and react to it.

If you have any questions contact District Director Tyler Bonino at 530.908.1879 or [tbonino@gecbsa.org](mailto:tbonino@gecbsa.org).

Yours in Scouting!

2026 Yolano District Range And Target Activities Day  
Team

## CONTENTS AT A GLANCE

- Event Flyer
- General Info
- Check In/Out
- General Information
- Location
- Arrival + Departure
- Program + Schedule
- Packing List
- GEC Range And Target Activities
- Permisson Slip
- BSA Health Forms



## Yolano District RATA Cub Day

Grasslands Regional Park  
30475 County Road 104  
(Mace Blvd. 3.5 miles south of Davis)

Sunday March 29, 2026

Session 1: 9 a.m. - 11:45 pm

Session 2: 12:30 p.m. - 3:15 p.m.



### CUB REGISTRATION

#### FEES:

☐ \$15 – per participant

**Provided:** Bottle of water and light snack

All youth must have a parent/guardian present on the ranges.

\*\*Lions are only able to participate in archery and slingshots\*\*

All Participants need:

- BSA Medical form A & B
- Cubs: Shooting Sport permission

**NO OPEN-TOED OR HEELED SHOES ARE ALLOWED IN CAMP! NO EXCEPTIONS!**  
**This rule is in effect for all Staff, Cubs & Visitors.**

**For more info, contact**

Sarah Martin (2016scoutmom@gmail.com)

Theresa Hernandez (momof6pets@gmail.com)

# GENERAL INFORMATION



## FOOD ALLERGIES/DIETARY NEEDS

Scouts will receive a water bottle and a light snack at this event. If you have any special dietary needs, email Sarah Martin, [2016scoutmom@gmail.com](mailto:2016scoutmom@gmail.com).

## LOST AND FOUND

All lost and found items will be taken back to the Golden Empire Council Service Center. Two weeks after the event, all items will be donated to a local charity.

## REFUND POLICY

There are no refunds for this event.

## CONTACT INFORMATION

Staff Advisor: Tyler Bonino

Email: [tbonino@gecbsa.org](mailto:tbonino@gecbsa.org)

## LOCATION

YOLO Bowmans at  
Yolo Grasslands Regional Park  
30475 Road 104  
Davis, California 95618



Yolo Grasslands Regional Park is located south of Davis. Coming from Sacramento, Exit at Mace Boulevard off Interstate 80 in Davis. Go south on Mace Boulevard for four (4) miles and the range will be on your left at the junction of Tremont Road.

# GENERAL INFORMATION CONTINUED



## ARRIVAL AND LEAVING

This is a half day event. We are asking families to stay for the duration of the event. Once you have arrived at the parking lot, your vehicle should stay parked in the parking area until you are ready to leave the event.

## ARRIVAL CHECK-IN

Check in for the morning session will start at 9 am. The afternoon session will start at 12:30 pm. Participants will meet at the picnic tables right off the parking lot.

Be prepared with:

- Current BSA Health & Medical Form Part A & B for each youth and adult
- GEC Permission and Release Form for Target Activities

## DEPARTURE

Cub Scout Range And Target Activities Day will end at 1145 am for the morning session and 315 pm for the afternoon session.

All participants need to be out of the parking lot by 3:45pm.

# EVENT MAP



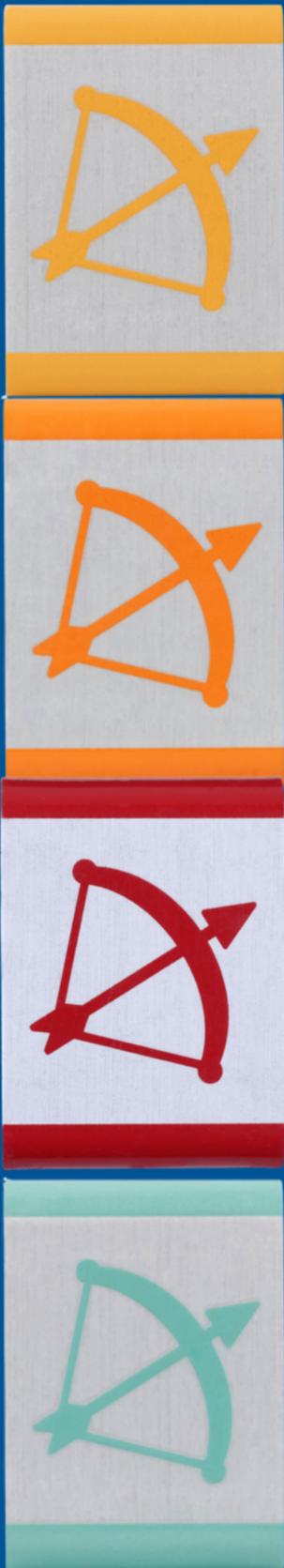
# PROGRAM

Range And Target Activities: Yolano District range masters will be running three ranges.

Cub Scouts will rotate through Archery, BB Guns, and Slingshot ranges.

Lion Scouts will be able to participate in the slingshot and archery ranges in accordance with the Guide to Safe Scouting. They will be able to make beaded bracelet during their BB Gun rotation.

The intent is for all scouts will leave the event with the requirements to complete their rank adventure for Archery, BB guns, and Slingshots.



Time		Archery	BB Guns	Wrist Rockets
9a-9:25a or 12:30p -12:55p	<b>Check In</b>			
5 min	<b>Travel Time</b>			
9:30-10:10a or 1:00p - 1:40p	Rotation 1	Red	Blue	Green
5 min	<b>Travel Time</b>			
10:15-10:55a or 1:45p - 2:25p	Rotation 2	Green	Red	Blue
15 min	<b>BATHROOM / SNACK / Hand Sanitizing</b>			
11:05-11:45a or 2:40p - 3:20p	Rotation 3	Blue	Green	Red
11:45a-12:30p	<b>Staff Break for Lunch</b>			
3:20-5:15p	<b>Clean Up</b>			



# PACKING LIST

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## REQUIRED

- Current BSA Health & Medical Form Part A & B for EACH person
- GEC Permission and Release Form for Target Activities
- Closed-toe and closed-heeled footwear for ALL attendees (CROCS are not allowed!)

## SUGGESTED

- Drinking Cup or Second Water Bottle
- Camp Chair (small/easy to carry) or small Ground Cloth/Tarp
- Sunscreen
- Bug Spray
- Personal First Aid Kit
- Jacket Warm + Rain Proof
- Hat (Scouts may need to remove for target activities)
- Camera

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### 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.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) 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.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:

None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.**

**In case of emergency, notify the person below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

### Please list any additional information about your medical history:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_





**Parental or Legal Guardian Permission and Release Form for a  
Minor to Use Firearms, Ammunition, BB Gun Devices, & Range &  
Target Activity Equipment.**

Child's Name \_\_\_\_\_ Unit Type & Unit # \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

I, the undersigned parent, or legal guardian of \_\_\_\_\_,  
CHILD'S NAME

a minor, do hereby give my child express permission and consent to be furnished and be in possession of a firearm(s) and ammunition provided by the Scouting America Golden Empire Council or by staff or members of the Scouting America Golden Empire Council, for the purpose of allowing my child to engage in lawful, recreational sports, including participation in instruction in the safe handling and shooting of firearms, target shooting, or in related firearms activities conducted under the supervision of the Scouting America Golden Empire Council Range & Target Activities Director or under the supervision of NRA-Certified Instructors & USA Archery Instructors and range staff retained by the Scouting America Golden Empire Council for purposes of providing such a program to my child in the Cub Scouts, Scouts, Venturing & Sea Scout youth Range & Target Activities programs. (Cal. Penal Code §§ 27945, 29615, 29650, & 29655; and 18 U.S.C. § 922(x)).

I understand that for the purposes of this consent, "firearms" includes any handguns, or long guns that may lawfully be possessed by a minor under state and federal law, based on the age-appropriate programs in the Scouting America Range & Target Activities Manual and Guide to Safe Scouting publications. I also give my child express permission and consent, pursuant to California Penal Code section 19915, to possess a "BB device" as defined in California Penal Code section 16250, based on the age-appropriate programs in the BSA Range & Target Activities Manual, and Guide to Safe Scouting. I also give my child express permission and consent to be furnished with Scouting America approved Range & Target Activity age-appropriate equipment such as firearms, ammunition, airsoft/pellet, archery, slingshots, tomahawks, knives, water rockets, catapults & rockets, during any Golden Empire Council event where said equipment is used as part of a program provided by Scouting America is otherwise valid.

This form must be signed for all minor youth, even if their parent or legal guardian is on the range with their scout. This consent will remain in effect for my child, during the dates of this event from \_\_\_\_\_ 20\_\_\_\_ and \_\_\_\_\_ 20\_\_\_\_.

I understand that I may revoke this consent at any time by notifying the Golden Empire Council in writing.

A photocopy or facsimile of this written consent will serve as an original. This written consent form will be in the possession at all times of the Golden Empire Council staff /instructors for safekeeping.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**