

Cub Scout Release Authorization

(Note, some camps are using electronic forms for parents who register online.)

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 and/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: _____