



**Permission to Participate in Target and Range Activities for  
all Cub Scouts, Scouts BSA, Venturers, Sea Scouts,  
Explorers and Other Youth and Adults**

This permission form must be completed by the participant's parent or legal guardian prior to any Target and Range activity.

Name of Participant: \_\_\_\_\_

I, \_\_\_\_\_ (print Parent/Legal Guardian Name)  
grant my consent to Central Minnesota Council and to its  
representatives including Range Officers and Instructors and  
others serving in these positions to furnish my child with  
archery equipment, firearms and ammunition and provide  
instruction as to their safe and proper use. I further certify that  
I am the parent with full parental rights or the legal guardian of  
this child. I understand that this document will be kept and  
maintained by the Central Minnesota Council or its  
representatives including Range Officers and Instructors. I  
further understand that any modification of this form will  
result in its not being accepted by Central Minnesota Council,  
Range Officers and Instructors.

Signature of Parent or Legal Guardian: \_\_\_\_\_

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

Email: \_\_\_\_\_

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