



CUB SCOUT PARENTAL SHOOTING SPORTS PERMISSION SLIP

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

Name of Participant: _____

Pack _____ Town _____

I hereby grant my consent to Twin Valley Council and to its representatives including Range Officers and Instructors and others serving in these positions to furnish my child with archery equipment, BB Guns 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 Twin Valley 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 Twin Valley Council, Range Officers and Instructors.

Signature of Parent or Legal Guardian: _____

Date: _____