



## TROOP 260 Permission Slip

Permission slips are due to your patrol leader **two weeks prior** to the trip. Permission slips turned in after that date must be approved by the Scoutmaster and Adult-in-Charge. Scouts should complete this form and return it to their patrol leader by **Monday, 10/9/2017, 8:15 PM.** **Please complete front and back side of the form.**

Activity: Mt. Umunhum Service Project and Rifle/Shotgun Range  
 Where: Mt. Umunhum Santa Clara County  
 Leaving: Christ the Good Shepherd Church  
 Friday 10/20/2017, evening OR Saturday, 10/21/2017, morning (DAY/TIME TBD)  
 Returning: Christ the Good Shepherd Church  
 Sunday, 10/22/2017, late afternoon  
 Uniform: Class B is required for travel to and from Mt. Umunhum.  
 Food: Scouts will eat as patrols. Cost should be \$12 payable to their patrol leader.  
 Gear Notes:
 

1. We will be doing service projects on Saturday. Scouts should bring gloves, pruning shears and bow saws if they have them. A couple of shovels, picks and a broom are in order too.
2. Scouts should bring ammunition for rifle and shotgun merit badges. Bring one box of 500 rounds .22 LR (long rifle) and 100 rounds of 20 gauge (for younger scouts) or 12 gauge (for older scouts) if they would like to try skeet shooting. Walmart or Big 5 should have them.
3. Label all ammunition boxes with scout's name.

 Info:
 

1. Mt Umunhum is a restricted area. We must go in as a group and leave as a group. No late arrivals or early departures.
2. Firearms and ammo are not to be transported by the Scouts. If a parent is not attending, firearms and ammo should be given to Nic Matulich or other Assistant Scoutmaster for transport. Firearm cases must be labeled and secured with a lock or zip tie.

 Trip Leaders: Scoutmaster and Nic Matulich (Assistant Scoutmaster)

Scout's Name:

\_\_\_\_\_

First Name

Middle Initial

Last Name

Parent/Guardian's Name:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Emergency Contact:

\_\_\_\_\_

Telephone:

\_\_\_\_\_

Scout will attend activity

Others will attend the activity

	Name	Relationship to Scout
Adults:		
Minors:		

# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

## FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant / Nombre del participante \_\_\_\_\_ Middle initial / Inicial del segundo nombre \_\_\_\_\_ Last name / Apellido \_\_\_\_\_

Birth date (month/day/year) / Fecha de nacimiento (mes/día/año) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age during activity / Edad al momento de realizar la actividad \_\_\_\_\_

Address / Domicilio \_\_\_\_\_  
 City / Ciudad \_\_\_\_\_ State / Estado \_\_\_\_\_ Zip / Código postal \_\_\_\_\_

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) / Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.) \_\_\_\_\_ From / De \_\_\_\_\_ (Date) / (fecha) \_\_\_\_\_ to / a \_\_\_\_\_ (Date) / (fecha) \_\_\_\_\_

### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

### CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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 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.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

**With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.**

**Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.**

**NOTE: 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. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.**

**NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.**

List participant restrictions, if any: \_\_\_\_\_  
 None

Restricciones del participante, si existen: \_\_\_\_\_  
 Ninguna

Participant's signature / Firma del participante \_\_\_\_\_ Date / Fecha \_\_\_\_\_

Parent/guardian printed name / Nombre con letra de molde del padre de familia/tutor \_\_\_\_\_ Parent/guardian signature / Firma del padre de familia/tutor \_\_\_\_\_ Date / Fecha \_\_\_\_\_

Area code and telephone number (best contact and emergency contact) / Código de área y número telefónico (primer contacto y contacto de emergencia) \_\_\_\_\_ Email (for use in sharing more details about the trip or activity) / Correo electrónico (para informar más detalles sobre el viaje o actividad) \_\_\_\_\_

Contact the adult leader with any questions: / Póngase en contacto con el líder adulto si es que tiene preguntas:

Name / Nombre \_\_\_\_\_ Phone / Teléfono \_\_\_\_\_ Email / Correo electrónico \_\_\_\_\_



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CALIFORNIA RIFLE AND SHOTGUN PARENTAL/LEGAL GUARDIAN PERMISSION FORM

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_,  
(Print Name of Parent or Legal Guardian) (Print Name of Child)

hereby give my child express permission and consent to be loaned and possess firearms (handguns and long guns) and ammunition to engage in lawful, recreational sport, including target practice, and/or a course of instruction in the safe and lawful use of a handgun. (Cal. Penal Code §§ 27945, 29610, 29615, 29650, 29655; 18 U.S.C § 922(x)). As used in this form, "firearms" include any handguns, long guns, or shotguns that may lawfully loaned to and possessed by a minor under state and federal law.

I also give my child express permission and consent to possess, and for a person to loan to my child, a "BB device" as defined in Cal. Penal Code \* 16250. (Cal. Penal Code § 19915).

This consent is valid, absent my express revocation thereof, for the calendar year of \_\_\_\_\_.  
(Calendar Year)

A photocopy or facsimile of this written consent will serve as an original.

I represent that I am (1) the parent or legal guardian of the minor named above and (2) not prohibited by Federal, state, or local law from possessing a firearm. I agree to indemnify and hold harmless the Boy Scouts of America, and any local Council and all officers, members, employees, and volunteers thereof, from all losses, damages, causes of action, cost and expenses, arising from any false statements or representations made by me herein.

**Please bring at least four (4) copies of this form to camp with your child. One (1) copy must remain in your child's possession at all times while he or she possesses any firearms or ammunition, and one (1) copy should be provided to the owner of the firearm.**

Unit #:

Last Name:

First Name:

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

\_\_\_\_\_  
Date