

**SIWINIS LODGE 252**  
**Los Angeles Area Council - Boy Scouts of America**  
**Lodge Fellowship**  
**August 22, 2009**

This form must be completed for each youth attending the event. (17 yrs and under)

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

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

Date of Birth: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

**1. Permission to Attend and Photo Release** **Parent Initial:** \_\_\_\_\_

**Note: Participant may not attend the event if this section is not approved.**

The above is authorized to attend the event listed above. I approve of the unit leaders who will be in charge of the care and supervision of my child. I also certify to the best of my knowledge the above is physically fit to engage in this activity. Listed below are conditions requiring special needs or care. Authorization is hereby given that any pictures taken of the above may be released and used for official use by the Boy Scouts of America.

Special Needs (if applicable): \_\_\_\_\_

~~**2. Permission to Participate in Shooting Sports Activities** **Parent Initial:** \_\_\_\_\_~~

~~The above does hereby have permission as required by California Penal Code Section 12522 to the 'BSA', and to the certified instructors meeting the requirements for instructors established by the Boy Scouts of America (National) to furnish a firearm, BB Gun, Shotgun, 22 Rifle, Black Powder Rifle, Air Rifle, Pellet Gun, CO2 Gun, Ammunition or Archery related equipment to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting, and marksmanship.~~

~~**3. Permission to Participate in Climbing Wall Activity** **Parent Initial:** \_\_\_\_\_~~

~~The above does hereby have permission to participate in the Climbing Wall program offered through the 'BSA'. I understand that participation involves a certain degree of risk that could result in injury or death. This is my consent to participate, and waive all claims I may have against 'BSA', it's climbing instructors and program.~~

**4- Permission for Medical Treatment** **Parent Initial:** \_\_\_\_\_

**Note: Participant may attend this event if this section is not approved; however, in case of emergency the youth will be transported to an emergency medical facility and the parent/guardian notified; parent/guardian then will deal directly with medical facility. Treatment will be limited until parent/guardian authorization is received.**

Pursuant to California Civil Code, Section 25.8 the undersigned does/do hereby authorize the adult leaders of my child's Scouting unit, medical personnel or staff or such substitutes as they may delegate as agent for the undersigned to consent to an x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at the hospital, Scout Camp; or elsewhere. This authorization will remain effective while the above minor is enroute to or from or participating in any Boy Scout program or activity unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

**Medical Insurance Information:**

Company/Provider: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

**Signatures of Parent or Legal Guardian Primary:**

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

**Secondary: If Required)**

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