

## Part D: Treasure Valley Scout Reservation Supplement

Required for all youth participants of all programs.

Scout/Child's name : \_\_\_\_\_ Unit/Group : \_\_\_\_\_

DOB: \_\_\_\_\_ Camp Program/Week Attending: \_\_\_\_\_

### Shooting Sports

#### Compliance to State Law : Authorized use of firearms by a minor.

The Mohegan Council adheres to all applicable laws and operates under the governance of BSA National Standards as well as MA State Health Code. As a part of the Boy Scout program the council operates several safe shooting sports ranges for scouts to participate in BB shooting (Cub Scouts), rifle shooting & shotgun (Boy Scouts), and archery (Cub Scouts and Boy Scouts). In order to meet the Mass General Laws Chapter 140 section 130 the Council requires parental permission to participate in such activities.

Mass General Laws Chapter 140, Section 130 stipulates the following:

Furnishing Child 15 or older with Rifle, Shotgun and Ammunition "Nothing in this section shall be construed to prohibit an instructor from furnishing rifles or shotguns or ammunition to pupils; provided however that said instructor has the consent of a parent or guardian of a pupil under the age of 18." The pupil must be under the direct supervision of a person (the range instructor) holding a valid Firearms Identification Card or a License to Carry Firearms.

I hereby AUTHORIZE my child, named above, to participate in all events during summer camp including (if age appropriate) use of the shooting sports program areas (for rifle and shotgun under supervision of an FID instructor).

I DO NOT AUTHORIZE my child, named above, to participate in shooting sports activities. However, my child is authorized to participate in all other events and activities of the camp.

### Over the Counter Medications

The following over the counter medications will be available through the health officer if a Scout becomes ill during camp.

Please check the medications your child may be given if needed. Medicine will be administered per package instructions. Please send your child's own supply of over the counter medicine (in the original container) if they are a normal routine or taken daily.

**NOTE: Failure to complete this section or to authorize any OTC Medication can result in a uncomfortable experience at camp. If you have any questions regarding administration of medications, please contact camp personnel.**

#### Check all that are authorized:

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Bug Spray	<input type="checkbox"/> Sun Burn Cream (Aloe)
<input type="checkbox"/> Ibuprofen (Motrin)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> After Bite	<input type="checkbox"/> Calamine Lotion
<input type="checkbox"/> Benadryl/Antihistamine	<input type="checkbox"/> Antacid	<input type="checkbox"/> Eye Drops	<input type="checkbox"/> Antibiotic Ointment
	<input type="checkbox"/> Anti-Diarrhea	<input type="checkbox"/> Swimmer's Ear	<input type="checkbox"/> Sun Block

### Informed Consent & Release

I consent that the prior provided information is accurate and true. I acknowledge that I am allowing my Scout/Child to participate at summer camp entirely upon my own initiative, risk and responsibility.

I further, in consideration of the permission extended to my child to attend summer camp, do hereby for myself, my spouse, my child, my heirs, executors, and administrators, remiss, release, and forever discharge the Camp Administration, staff, and volunteers of Treasure Valley Scout Reservation, as well as the Mohegan Council, the Boy Scouts of America, its officers, members, as well as all other participants and sponsors of said summer camp, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including death of my child or any injury to my child or loss or damage to property which may occur from any cause during summer camp.

Parent/Guardian of Scout/Child signature: \_\_\_\_\_ Date: \_\_\_\_\_

