ACTIVITY CONTROL FORM & WAIVER

To be filled out by the Scout's parent or guardian. Please print in ink.

All participants in the following activities must have a completed & signed form.



Scout's Name		Date of birth		
Troop Number				
Name of parent(s) or	guardian(s)			
Telephone (Day)		(Evening)		
Potentially Hazardou	as Activities: (please check those	you consent for your minor child t	o participate in)	
-	All Activities	Shotgun	Skateboarding	
-	Archery	Climbing Tower	BMX	
-	Waterfront	Rifle	Water Slide	
WAIVER OF CLAI	MS			
Tuscarora, any and a of them, or any other illness, injury, damagin connection with or	Il claims against the Boy Scouts of persons working under their dire ge, or other loss or harm to/or inc	ection or engaged in the conduct of urred or suffered by the participan mp Tuscarora, including prelimina	s, agents, or other representatives of any their affairs, arising out of any accident t named above or to his or her property,	
This is to certify that provided above,	I, as parent/guardian with legal r	esponsibility for this participant, d	o consent and agree to his release as	
PARENT/GUARDIA	AN SIGNATURE:		_DATE:	
ELBOW & KNEE P	AD WAIVER FOR EXPERIENC	CED YOUTH		
elbow protection. I u		wear safety gear could lead to serio	oard and/or ride BMX without knee and ous injury and I hold the Boy Scouts of	
PARENT/GUARDIA	AN SIGNATURE:			
WITNESS SIGNAT	URE:	DATE	SIGNED:	