



Cub Scout Shooting Sports Range Operator Certification



BB-Gun programs are not permitted at den and pack activities. However, leaders can help parents understand the importance of training and encourage attendance of boys at Cub Scout camps that offer this program.

Many Cub Scouts have BB guns or air rifles at home and will be exposed to some type of firearm while growing up. Parents should understand that safety is as necessary with BB guns and air rifles as it is in any other aspect of shooting. Training is essential in learning how to shoot well, and safe shooting habits developed early help provide the atmosphere for learning these skills.

Trained instructors are the best way to pass on this knowledge to our Cub Scouts. The more trained instructors that are certified, the more opportunities we have to expose the Scouts to this program. Help us pass this this knowledge on to our Cubs. It makes for a FUN and SAFE program.

Cost: There is no charge for this training, however, you must commit to help run shooting ranges at district and/or council events for 2 years (usually about 3 or 4 events)

Mail with payment to: Blue Grass Council Cub Shooting Sports, 3445 Richmond Rd., Lexington, KY 40509
or email to susanann.stone@scouting.org or fax with credit card information to 859-252-3785

Choose a date and location

Thursday, August 21
6:00—9:00 PM
Council Service Center
Lexington

Thursday, August 28
6:00—9:00 PM
Council Service Center
Lexington

Saturday, September 6
9:00 AM—1:00 PM
Shooting Range, Camp McKee
Park in the lot close to Admin Bldg.

Name _____

Address _____

City _____ State _____ ZIP _____

E-mail _____

Preferred Phone: Cell Home Work Number: _____

Pack Number _____

District: Elkhorn Lake Cumberland Lonesome Pine Mt. Laurel Palisades Shawnee

Current registered position _____

I will be paying: By Check (enclosed) Credit Card (circle one) MasterCard Visa AmExp Discover

Card # _____ Exp. Date _____ CVV _____



DO NOT WRITE IN BOX—COUNCIL USE ONLY

Total Paid _____ Invoice # _____ Date _____ Entered in database _____ Initial _____

Blue Grass Council Standard Release Form
(*REQUIRED FOR PARTICIPATION IN EVENTS AND ACTIVITIES*)

Youth Participant Name(s) _____

Adult Participant Name(s) _____

HOLD HARMLESS

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the Blue Grass Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Without Restrictions

With special consideration or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the Blue Grass Council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the Blue Grass Council, the activity coordinators and all employees, volunteers, related parties or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes

No

EMERGENCY CONTACT INFORMATION

Primary: Name _____ Phone (_____) _____

Relationship to participants _____

Second Name _____ Phone (_____) _____

Relationship to participants _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Parent/Guardian/Participant Printed Name _____

Signed _____ Date _____