

**Please Select the appropriate Camping Program**

Cub Scout Day Camp

Webelos Resident Camp

Boy Scout Resident Camp

**Shooting Sports Waiver**

**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 \_\_\_\_\_ 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 a FID instructor)

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

\_\_\_\_\_  
**Parent/Guardian Signature** Date: \_\_\_\_\_

This form is information for our shooting sports staff

Week #

Pack/Troop#

DOB:

Full Name of Scout:

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**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. Check all that are authorized:

Benadryl/antihistamine

Decongestant

Antacid

Pepto Bismol

Tylenol/Acetaminophen

Motrin/Ibuprofen

Sun Block

Sun Burn Cream  
(aloe)

Eye Drops

Swimmers ear solution

Anti-Diarrhea

Antibiotic Ointment

Calamine lotion

Bug Spray

After Bite

Parent/Guardian Signature: \_\_\_\_\_

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

This form is additional information for our Health Officer

Full Name of Scout: \_\_\_\_\_ Pack/Troop# \_\_\_\_\_ DOB: \_\_\_\_\_ Week # \_\_\_\_\_

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**Parental Authorization Form**  
**(Signature required twice)**

The following individuals have authorization to transport my child from camp if needed  
 (Please include parent, spouses and unit leaders).

1. \_\_\_\_\_ Relationship: **Scoutmaster**  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
5. \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ Phone : \_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_ I hereby give permission to the Mohegan Council to use any **PHOTOS** taken of my child  
 while participating in summer programs at Treasure Valley to be used for promotional  
 purposes.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Guardian Signature

Although this information is on the BSA medical form we are asking for it again so  
 we can keep it at the camp office in case it is needed. Medical forms are kept privately  
 at the health office.

Full Name of Scout: \_\_\_\_\_ Pack/Troop# \_\_\_\_\_ Week # \_\_\_\_\_ DOB: \_\_\_\_\_