# Cub Scout Release Authorization 2022

(Note, some camps are using electronic forms for parents who register online.)

**Camp Location:**_____

My child,_____Pack #_____
(Name) Please Print

may be released to_____
(Name) Please Print

Relationship to youth_____

Other information regarding releasing my child: _____
_____

I give permission for my child to participate in the "BB/Slingshot Marksmanship Program"(may not be available at all locations)

☐ Yes ☐No

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I give permission for my child to participate in the "Archery Sessions"
(may not be available at all locations)

☐ Yes ☐ No

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I give permission for my child to participate in the "Horseback Riding Program"
(may not be available at all locations)

☐ Yes ☐ No

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I give permission for my child to participate in the "Swimming Program"
(may not be available at all locations)

☐ Yes ☐ No

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I authorize use of any photos, taken of myself and/or my child, during day camp activities to be utilized for National Capital Area Council, BSA promotional materials/website usage as well as local newspaper usage.

☐ Yes ☐ No

Authorization: _____
Signature Print last name

Phone Number:_____ Date: _____