



**SAN GABRIEL VALLEY COUNCIL
BOY SCOUTS OF AMERICA**

At the council's camps, the children have the opportunity to participate in the activities listed below. However, to participate, they must have the consent of their parent or guardian. Please indicate with a check mark, those activities which will apply to your child and the camp he/she is attending, sign and date the form and send it to camp with your child.

I give consent for _____, who is my son/daughter or ward, to use
the following equipment: Troop #: _____

Offered at camp:

- Archery
- B.B. Guns
- .22 Rifles
- Horseback riding
- Mountain biking
- Climbing/Rappelling

At

- Camp Holcomb Valley Scout Reservation

Parent/Guardian

Date

Photo Release

I hereby give my permission for the San Gabriel Valley Council to use pictures taken of me and /or my son for the promotion of the Scouting program in the San Gabriel Valley Council.

Full Name of Participant: _____ Address: _____

Signature of Participant: _____ Date: _____

Or

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____