



SCOUT COWBOY ACTION SHOOTING PROGRAM

PARTICIPATION AND HOLD HARMLESS AGREEMENT

Camp Sinoquipe (Shenandoah Area Council) will be conducting a Scout Cowboy Action shooting program. In this program, scouts will shoot a rifle, pistol, and shotgun under the supervision of an NRA Range Safety Officer and NRA certified instructors. Scouts will be required to wear eye protection and hearing protection at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s). I, the undersigned, give my child, _____, permission to participate in this program.

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local 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. For safety, my child and I agree that he/she will do the following or he/she will be removed from the program. I understand that any additional cost associated with participation in this program will not be refunded if my child is removed for not following the rules below.

- 1. Complete a range safety briefing.
- 2. Wear all safety gear at all times while on the range.
- 3. Follow all the safety rules provided in the briefing.
- 4. Follow the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).
- 5. Do not handle the firearms until instructed to do so by the instructor(s).
- 6. Is 14 years of age, or 13 and has completed the eighth grade, as of the start of the class and will be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

Participant signature _____

Date: _____

Parent/guardian signature _____

Date: _____

Parent/guardian printed name _____

Date: _____

Home phone _____

Cell phone _____

Email address _____

PADI Discover Scuba® Diving Participant Statement

Read the following paragraphs carefully.

This statement, which includes a Medical Questionnaire, a Liability Release and Assumption of Risk Agreement (Statement of Risks and Liability), Non-Agency Disclosure and Acknowledgment and the Discover Scuba Diving Knowledge and Safety Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. If you are a minor, your parent or guardian must read this Guide and sign on the back panel.

You will also need to learn important safety rules regarding breathing and equalization while scuba diving from the PADI Professional. Scuba diving and the use of scuba equipment without proper supervision or instruction can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor.

PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- ☐ Do you currently have an ear infection?
- ☐ Do you have a history of ear disease, hearing loss or problems with balance?
- ☐ Do you have a history of ear or sinus surgery?
- ☐ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- ☐ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?
- ☐ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- ☐ Do you have active asthma or history of emphysema or tuberculosis?
- ☐ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- ☐ Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- ☐ Are you or could you be pregnant?
- ☐ Do you have a history of colostomy?
- ☐ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- ☐ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- ☐ Are you over 45 and have a family history of heart attack or stroke?
- ☐ Do you have a history of bleeding or other blood disorders?
- ☐ Do you have a history of diabetes?
- ☐ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- ☐ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- ☐ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?



Scout's Name: _____

Troop/Pack: _____

GUIDELINES:

1. No Scout will be given any prescribed or over-the-counter (OTC) medication without prior, expressed written approval and specific instructions from the custodial parent/guardian.
2. No medication will be administered unless it is in the original container. All OTC medication that a Scout brings to camp **MUST** be marked with the Scout's name on the label; all prescription medications **MUST** have the Scout's name clearly printed on the label, as prescribed for the Scout by a medical doctor.
3. All medications, with the exception of physician-identified emergency medications (example: bronchial inhaler, Epi-Pen, Nitroglycerin, etc.) must be placed in a sealed plastic zip-lock bag and will be taken from the Scout's possession at the beginning of the week and will remain in the possession of the adult leader in charge of the unit. Medications will be returned to the Scout at the end of the week.
4. Participants may keep over-the-counter insect repellent (non-aerosol), sunscreen, and anti-itch lotion/ointment that they bring to camp in their possession. All other OTC medications must be secured with the adult unit leader.

CAMP-SUPPLIED MEDICATIONS:

A limited supply of certain medications will be available for use, however permission to use any of the below listed medications must be approved by custodial parent/guardian. Please check the appropriate box to the left of each medication/application in order for the camp health staff to administer any of these to your Scout indicating your **permission to administer** or **NOT administer** each medication. Remember to include your Scout's personal dosage instructions should it differ from the recommended dosage on the label.

Permission to Administer Camp-Supplied Medication/Ointments, etc.			
May Administer	Do Not Administer	Medication	Directions: (If differs from recommended dosage on label) for dose, how often and/or application.
		Acetaminophen (Tylenol) – 500mg	
		Ibuprofen (Advil / Motrin) – 200mg	
		Naproxen Sodium (Aleve) – 220mg	
		Aspirin – 325mg	
		Cetirizine Hydrochloride (Zyrtec) – 10mg	
		Bismuth Subsalicylate (Pepto Bismal) – 262mg	
		Calcium Carbonate (Tums) – 1000mg	
		Diphenhydramine Hydrochloride (Benadryl) – 25mg	
		Cough Syrup (Robitussin)	
		Sore Throat Spray (Chloraseptic)	
		Hydrocortisone Anti-itch Cream - 1%	
		Aloe Vera Gel	
		Triple Antibiotic Ointment	
		Loperamide (Imodium AD) - 2 mg	
		Antifungal Cream (Tolnaftate) - 1%	
		Burn Cream – contains Lidocaine	
		Diphenhydramine HCL Gel (anti-itch ointment)- 2%	
		Magnesium hydroxide(Milk of Magnesia) - 1200 mg	
		Mydol Complete	

PARENT/GUARDIAN AGREEMENT:

I have read and understand the above guidelines regarding the dispensing of medications to my child. I have initialed all camp-supplied medications/ointments that have my approval along with any additional dosage instructions.

Further, my Scout has (please check): _____ No Known Allergies _____ The following allergies (medications or other): _____

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Street Address

City, State, Zip

E-Mail Address

Home Phone

Work Phone

Mobile Phone