

**CAMP KERN PARENT/GUARDIAN CONSENT FOR RESIDENT CAMP
ACTIVITIES AND PERMISSION TO TREAT MINOR**

(Applies to all participants under the age of 18)

CONSENT TO ATTEND RESIDENT CAMP

Scout (Print Name): _____ Date of Birth: _____
Address: _____ Phone _____
Unit Number _____

has my permission to participate in Boy Scout Resident Summer Camp or High Adventure Base activities at Camp Kern, Camp Oljato or Camp Mirimichi located at Huntington Lake, California. I approve of the unit leaders who will be in charge of the care and supervision of my child. I also certify that to the best of my knowledge the Scout or Venturer is physically fit to engage in all camp activities. _____ (Initial)

AUTHORIZATION TO PARTICIPATE IN RESTRICTED ACTIVITIES

This authorization will remain in effect while the above minor is en route to or from, or involved in, or participating in, any Boy Scout program or activity of the Southern Sierra Council, BSA, unless revoked in writing by the undersigned, and delivered to the aforesaid agent. I understand that participation in activities offered at Camp Kern, Camp Oljato and Mirimichi involve a certain degree of risk that could result in injury or death. I waive all claims I may have against the Boy Scouts of America, activity and program coordinators, all employees, volunteers and/or sponsors associated with the above approved activities. Pursuant to California Penal Code, Section 12552 the undersigned do hereby authorize that the rifle range instructor of the Southern Sierra Council, BSA may furnish a firearm or archery bow to the above minor for the purpose of instruction in the safe handling and shooting of firearms and related activities only if approved by initials indicated below. In consideration of the benefits to be derived, and after careful review of the risks involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my child, I have given the above named permission to participate in the following:

Scouts may not participate in the following activities without written parental consent; please initial each section for approval to participate. If you do not give consent for that activity, please leave blank.

I authorize: _____ Archery _____ Firearms (Rifle/Shotgun)
_____ Rock Climbing _____ COPE (High Ropes Course) _____ Climbing Wall

AUTHORIZATION AND CONSENT TO TREAT A MINOR

Pursuant to California Civil Code Section 25.8, the undersigned does hereby authorize the adult leaders of my child's Scouting unit, medical personnel, and/or Camp Director of Camp Kern, or such substitute as he/she may designate, as agent for the undersigned to consent to any x-ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care to the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the medicine practice act or any dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout camp, or elsewhere. This authorization will remain in effect while the above minor is in route to or from or participating in any Boy Scout program or activity of the Southern Sierra Council, Boy Scouts of America, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date: _____ Signed Parent or Guardian: _____
Print Name: _____

In Case of Emergency Please Notify: _____ Phone: (H) _____
Address: _____ Phone: (W) _____

MEDICAL INSURANCE INFORMATION

Company or Provider: _____
Phone: _____ Policy/Group Number: _____

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