



# 2012 Cub Scout Cup

## PARTICIPATION CONSENT & RELEASE FORM

**ALL FORMS MUST BE FILLED OUT IN FULL AND RECEIVED WITH TEAM REGISTRATION - EACH SCOUT MUST HAVE THEIR OWN FORM**

### PHYSICAL ACTIVITY RELEASE

I understand that my scout will be participating in outdoor physical activity throughout the day and acknowledge that the scout is in good health and is able to participate in all the activities. Please list your scout's allergies, and/or medications below.

Parent/Guardian Name: \_\_\_\_\_

Scout's Name: \_\_\_\_\_

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

Allergies and Medications: \_\_\_\_\_

### PHOTO RELEASE

I understand that my son's picture or that of my family or myself may be taken during this event. I realize that that these photos may be used in future publicity for Cub Scouts programs including but not limited to Council, District and Event websites, printed programs and promotional materials. I agree that our picture(s) may be used.

Parent/Guardian Name: \_\_\_\_\_

Scout's Name: \_\_\_\_\_

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

**Completed forms must be mailed or scanned and emailed to:**

Dean Yerem: [dean.yerem@gmail.com](mailto:dean.yerem@gmail.com)

Or mail to: 28935 Rue Daniel Santa Clarita, CA 91387