

FRC Venturing Officer's Association

Aeronautics

September 14th-16th at Camp Brule, Forksville, PA



2018 VENTURING OFFICER'S ASSOCIATION

FALL EVENT REGISTRATION

September 14th-16th at Camp Brulé, Forksville, PA

Legibly Print Information Requested and Return Form with Fees to the address below or Register and Pay On-line at:

www.fiverivers.org



THIS EVENT IS ONLY FOR VENTURING YOUTH, THEIR PARENTS, AND CREW LEADERS!

Individual Registration Crew: _____ Out of Council - Name: _____

Unit Registration District: _____

I/We will arrive Fri. evening to take the REQUIRED Firearms & Range Safety Orientation!

I/We understand a current BSA Medical is required to be in the possession of the individual or unit upon arrival!

Name / Unit Contact Person: _____ Unit Position: _____

Address/City/State/Zip: _____

Home Phone: () Work Phone: () Cell Phone: ()

Email Address: _____

Unit Registration:

List names of all youth and adults.

List Additional Names on Reverse Side or Use Extra Sheet

Note: Two (2) adults minimum. - One (1) registered in the Unit! If female youth not yet 21, one adult must be female!

Table with 5 columns: Name, Y/A, Age, Gender, Dietary Allergies or Restrictions - (Peanuts, Gluten, Etc.) *

*We will try to accommodate dietary restrictions for medical & religious restrictions only!

All Participants Shooting MUST have completed the Firearms & Range Safety Orientation or HIGHER Training - NO EXCEPTIONS! Option to complete this on Friday Evening! ANY youth under 18 years old, a parent shooting sports permission form MUST be returned with this registration form or provided at check in time - NO EXCEPTIONS!

Fees:

By Tuesday 9/11 # Youth + # Adult x \$50 = Total

After 9/11/18: # \$ Youth + # Adult x \$65 = Total

Payment:

Check Enclosed Charge Unit Account - Five Rivers Council only

Credit Card Charge: # - - - - Exp. Date: /

Mail Form & Fees to: FRC Fall VOA Event, 3300 Chambers Rd., Suite 5190, Horseheads, NY 14845

Questions:

Dan Jackson - VP of Venturing 607-936-3549 djackson12@stny.rr.com
Jim Griffin - Shooting Sports Cmte. Chr. 607-292-3227 jgriff1@roadrunner.com
Katrina Teeter -VOA Advisor 607-857-6046 teeterkm11@gmail.com



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FIREARM AUTHORIZATION

September 14th-16th at Camp Brulé, Forksville, PA

Parental/Legal Guardian Firearm Authorization Form

(For ALL Youth 14 years old by September 14th and not yet 18 years old)



Youth Name: _____ Date: _____

Address/City/Zip: _____

Parent Phone Number: (_____) Alt Phone Number: (_____)

As the Parent of, or Legal Guardian of, the above name Youth, I hereby give my written consent and permission for said Youth, while he/she is attending the 2018 Venturing Fall Event on Friday, Saturday & Sunday, September 14th, 15th, & 16th, 2018 and under the supervision of the Crew Advisor, Host Crew Advisor, Event Director, NRA Instructor(s), Range Safety Officer(s), and/or Consultant(s) to use firearms including, but not limited to:

- Rifles, Shotguns, Pistols, Archery

Including those provided by the Event Director, NRA Instructor(s), Range Safety Officer(s), and /or Consultant(s); and to possess live ammunition.

I further agree that the above-named Youth is to comply with the following rules concerning check in procedures and check out procedures, while at such shooting activities.

- 1. No individual firearms or ammunition are allowed. Both are supplied.
2. Participants must comply with all range rules, given by Range Safety Officer(s).
3. Participants must comply with all safety instructions
4. Participants must attend a 3 hour "NRA First Steps" course before being allowed to participant.
5. No food will be allowed on the ranges.

Parent/Legal Guardian Signature

Youth Signature

Printed Name

Printed Name

Date Signed

Date Signed

This form must be returned: A. With Event Fees or B. During Check in



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PHOTO OPT OUT

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Instructions: Please complete all sections of this Opt-Out Form and turn in during check-in at the event.

Participant photographs, videos, and/or sound recordings opt-out.

A participant may withhold permission to have a Scout photographed, videotaped, and/or audiotaped during activities, learning experiences, and/or media events.

I understand that if I opt-out, I will not be included in pictures taken by event staff, including commercial photographers and the media, nor will my picture be part of any medium.

Note: This does not include videotaping by security cameras.

If you do not want to be photographed, videotaped and/or audiotaped, check the box below and sign:

DO NOT allow me to be photographed, videotaped and/or audio taped during this event.

Participants Name _____

Parent Signature _____ Date _____

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