



Unit Roster

- Cub Scout Pack
 Scouts BSA Male Scouts BSA Female
 Crew/Ship

UNIT #

District

- High Desert MT Rubidoux Old Baldy Sunrise
 Temescal Tahquitz Grey Arrow
 Other Council _____

Unit Leader (Onsite)	Name	Cell #
Unit Leader (Onsite)	Name	Cell #

Do they have a guide to safe scouting?
 YES NO

Organized Check in Score (1-100)

SCOUTS

Please DO NOT WRITE IN SHADED AREAS

First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	1 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	3 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	4 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	5 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	6 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	7 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	8 <input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form

SCOUTS

Please DO NOT WRITE IN SHADED AREAS

First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	9	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	10	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	11	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	12	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	13	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	14	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	15	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	16	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	17	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	18	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form
First Name	Last Name	<input type="checkbox"/> Cub Lion <input type="checkbox"/> Cub Tiger, <input type="checkbox"/> Cub Wolf, <input type="checkbox"/> Cub Bear, <input type="checkbox"/> Cub WEB, <input type="checkbox"/> Cub AOL <input type="checkbox"/> Scouts BSA F <input type="checkbox"/> Scouts BSA M <input type="checkbox"/> Crew /Ship	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	19	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form <input type="checkbox"/> Shooting Sport Form

ADULTS

UNIT #

First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	1	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	2	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	3	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	4	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	5	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	6	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	7	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	8	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	9	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	10	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	11	<input type="checkbox"/> MED AB
First Name	Last Name	<input type="checkbox"/> Registered Adult Leader <input type="checkbox"/> Adult	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	12	<input type="checkbox"/> MED AB

NON-SCOUT YOUTH

UNIT #

First Name	Last Name	→ Non-Scout Youth AGE_____	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	1	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form
First Name	Last Name	→ Non-Scout Youth AGE_____	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	2	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form
First Name	Last Name	→ Non-Scout Youth AGE_____	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	3	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form
First Name	Last Name	→ Non-Scout Youth AGE_____	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	4	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form
First Name	Last Name	→ Non-Scout Youth AGE_____	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	5	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form
First Name	Last Name	→ Non-Scout Youth AGE_____	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	6	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form
First Name	Last Name	→ Non-Scout Youth AGE_____	Camping <input type="checkbox"/> Yes <input type="checkbox"/> No	7	<input type="checkbox"/> MED AB <input type="checkbox"/> Climbing Form

↓ STAFF USE ONLY ↓

CAMPERS	Total Scouts	Total Adults	Total Non-Scout Youth
DAY ONLY	Total Scouts	Total Adults	Total Non-Scout Youth

SHOOTING SPORTS AUTHORIZATION

Supplements BSA Annual Health and Medical Record "Part A: Informed Consent, Release Agreement, and Authorization" (BSA Doc # 680-001*)

The California Inland Empire Council adheres to Scouts BSA's longstanding policy of teaching its youth and adult members the safe, responsible, intelligent handling, care, and use of firearms, air rifles, BB guns, and archery equipment in planned, carefully managed, and supervised programs. Planned shooting sports activities are conducted under the supervision of currently certified BSA National Shooting Sports Directors or National Rifle Association Firearms Instructors, or USAA Archery Instructors, California law requires express parental permission for participation by minors in certain shooting sports activities and programs.

Minor Participant's Name: _____ Age: _____

As the parent or guardian of the minor participant listed above, I hereby give my express consent and permission to the California Inland Empire Council BSA and its Shooting Sports Staff for the participant to engage in the following lawful, recreational shooting sports, including instruction in the safe handling of the devices listed below and related activities. In the case of activities involving firearms, I hereby additionally consent to the participant being furnished and possessing live ammunition for use during such activities. These permissions are intended to comply with any applicable provisions for parental consent found in California Penal Code SS 19915, 27505, 9615, and 29655, or similar provisions.

(Please mark each applicable category of permission granted and initial each entry)

Cub Scouts		
	Archery, bow and arrow	Initial
	BB Devices (BB gun)	Initial
	Wrist Rockets	Initial
Scouts BSA/Venturing/Explorer/Sea Scout:		
	Archery, bow and arrow	Initial
	BB Devices (BB gun)	Initial
	Tomahawk Throwing	Initial

Informed Consent, Release Agreement, and Authorization: I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and standards of conduct. I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable 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 from this participation.

Parent or Guardian Name (print): _____

Signature: _____

Date: _____

<input type="checkbox"/> Pack <input type="checkbox"/> Boy Troop <input type="checkbox"/> Girl Troop <input type="checkbox"/> Crew/Ship	Unit #
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Adventure
Weekend 2024
Parking Pass



Adventure
Weekend 2024
Parking Pass

NAME

NAME

CELL #

CELL #

Pack

#

Troop

Pack

#

Troop