SHOTGUN

RANGE
STANDARD
OPERATING
PROCEDURES
(RSOP)

30 March 2020
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

Table of Contents

Chapter 1 Overview
   Preamble.
   Purpose of the Range

Chapter 2 Organizational Information.
   Constitution.
   Range Location.
   Range Address and Contact Information.

Chapter 3 Organization Officers

Chapter 4 Schematic Layout of the Shotgun Range

Chapter 5 Range Operations
   General.
   Facilities to Use.
   Range Limitations and Safety Requirements.
   Authorized and Prohibited Guns and Ammunition.
   Range Closure
   Authorized Personnel.
   Personnel Responsibilities.
   Hours of Operation and Scheduling
   Alcoholic Beverages and Drugs
   Emergency Support

Chapter 6 Emergency Procedures
   Emergency Response Checklist
   Injury Report Form
   Emergency Report Form
   Weather
   Incidents
   Unruly Persons

Appendix A Shotgun Range Inspection Checklist

Appendix B Range Safety Briefing --Shotgun

Appendix C Range Safety Officer (RSO) Qualification Procedure

Appendix D Hold Harmless Agreement (BSA #680-673)

Appendix E Tour and Activity Plan (BSA #680-014)

Appendix F Emergency Response Checklist

Appendix G Injury Report Form
   Tab A Witness Statement
Chapter 1
Overview

Preamble. The preamble normally provides information as to the origin of the organization and range, organization's purpose and brief description of the range.

Purpose of the Range. The organization's ranges provide opportunities for recreational and competitive shooting for its members, guests and invited public. It also provides specialized shooting events as directed by the board of directors. Safety is the governing consideration at all times.

Chapter 2
Organizational Information

Constitution. The organization's constitution is provided in this paragraph.

Range Location and Contact Information.
Name of Range
Street Address
City State ZIP Website
________________________________________________ e-mail
________________________________________________
Phone
________________________________________________

Chapter 3
Organization Officers

President
Phone e-mail

Range Manager
Phone e-mail

Chief Range Safety Officer
Phone e-mail
Chapter 4
Schematic Layout of Range
The Schematic shows and labels range layout, trap houses, firing line, range limits, parking lot, ready area, lodge, entrance and roads from main highway. Provide distance scale. (sketch schematic layout below)
1. **General.** Live firing conducted at the ______________________
   Range Complex is designed to provide authorized personnel access to a facility to become proficient with privately-owned guns.

2. **Facilities for Use.** Range availability is at the discretion of the Range Manager (RM) and according to the schedule.

3. **Range Limitations and Safety Requirements.**
   Live-fire shooters will:
   a. Fire only on ranges that have a Range Safety Officer (RSO) present.
   b. Fire only authorized guns and ammunition.
   c. Fire only at authorized targets only--clay pigeons.
   d. Fire only after completing "Hold Harmless" agreement.
   e. Ensure all projectiles impact in the established range safety limits.
   f. Call "Cease Fire" and make all guns safe before a shooter moves forward of the firing line or during an unsafe condition.
   g. Ensure range flags are displayed on the firing line at shotgun range.
   h. Call "Cease Fire" if firing line becomes staggered anywhere on range complex.
   i. Wear appropriate ear protection.
   j. Wear appropriate eye protection.
   k. Notify the RSO of any safety infractions.
   l. Police all hulls, paper, brass and other debris from range. Dispose of them in containers provided.
   m. When shooters are members of Boy Scout units, one NRA-certified Range Safety Officer is required per 6 shooters and one NRA-certified Shotgun Instructor is required per shooter.
   n. When shooters are members of Boy Scout units, the 30 minute range safety briefing is mandatory.
4. **Authorized and Prohibited Guns and Ammunition.** Only shotguns may be used on the shotgun range. Normally #7 1/2 shot is used. No slugs are permitted.

5. **Range Closure.** The range will be closed to shooters if determined unsafe by range manager, CRSO or board of directors. It may be closed to shooters during special events authorized by board of directors.

6. **Authorized Personnel.** The following persons are allowed to fire:
   a. Current members of the shooting club.
   b. Invited guests of the above, provided the authorized person is present and assumes full responsibility for conduct of invited guests.
   c. Persons approved by the club officers, RM or CRSO on a case-by-case basis.

7. **Personnel Responsibilities.**
   a. **Range Manager (RM).**
      (1) Maintain range facility.
      (2) Ensures CRSO receives written range schedules as assigned. Schedules will include matches, recreational fires and any special instructions.
      (3) Conduct CRSO, RSO and firearm instructor training as needed using NRA resources.
   b. **Chief Range Safety Officer (CRSO).**
      (1) Report for duty 1 hour prior to first scheduled live fire for the day.
      (2) Ensure each RSO understands and executes live-fire procedures.
      (3) Ensure that RSO checks in prior to going downrange.
      (4) Ensure RSO has valid shooting club identification and that names of all RSO's are listed in CRSO binder.
      (5) Ensures RSO signs out: 1 radio, appropriate keys, required range flags, SOP binder, 1st aid kit.
      (6) Inspects range with RSO at end of shooting day. Notes repairs and maintenance to be done.
      (7) Assist the RM in conducting Range Safety Officer training for club members.
   c. **Range Safety Officer (RSO).** The club/organization president must approve anyone desiring to become an RSO. RSO status is attained by completing the RSO course conducted by the CRSO, performing duties under mentorship of CRSO and rated RSO's. The CRSO will grant RSO rating when individual demonstrates all skills required.
      A "Hold Harmless" agreement will be completed by each RSO annually and provided to the RM in January.
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

(1) Check-in with CRSO 1/2 hour prior to first scheduled live fire.
(2) Present shooting club identification.
(3) Obtain following: radio, 1st aid kit, range flags, keys and any special instructions.
(4) Test the radio and ensure it works properly.
(5) Conduct range inspection using Shotgun Range Checklist.
(6) Check that all shooters have current club cards or valid guests and have completed "Hold Harmless" agreements.
(7) Conduct Range Safety Briefing using Appendix 4 or BSA Range Safety Briefing if shooters are Boy Scouts.
(8) Request to conduct live fire from CRSO.
(9) Conduct live fire. Failure of shooters to abide by the procedures listed in chapter 6 may result in eviction from range. Report all incidents to CRSO.
(10) Notify CRSO by radio when live fire is finished and inspect range.
(11) Turn in all equipment to CRSO/range manager.

d. Members and Guests.
(1) All shooters must check-in with the RSO on the scheduled range.
(2) All members must complete 'Hold Harmless" agreements annually and must be on file. Guests must complete 'Hold Harmless" agreements before shooting.
(3) Shooters and spectators will conduct themselves in an orderly manner at all times and are responsible for conduct of guests they invite.
(4) All shooters are responsible for their guns and ammunition.
(5) Guns that are out of the case and not being fired must be benched--with actions open, chambers empty, safety ON, and muzzle pointing up.
(6) Only load guns on the firing line after the RSO has given command to load.
(7) Do not point guns at anything other than authorized targets.
(8) Give the command "Cease Fire" if an unsafe condition exists.
(9) Follow all instructions from the RSO.
(10) Assist in policing the area of hulls and other debris.
(11) No pets are allowed on the range complex.
(12) No food, drinking, texting, phoning or smoking on the firing line.

8. Hours of Operation and Scheduling. The RM develops live fire schedule based on requests received and posts it. All other range requests will be approved based on range availability. Information on range availability and scheduling is accessible by calling the range at ________________________.
9. **Alcoholic Beverages and Drugs.** Shooters may not consume alcoholic beverages or drugs (including prescription and over-the-counter medications) before or during live firing. The CRSO or RSO will deny range access to anyone in violation. There is no area at the range complex where alcoholic beverages are permitted.

9. **Emergency Support.** In the event of a medical emergency, call 911 and notify the CRSO immediately. Follow Emergency Response Checklist at Appendix F of SOP and prepare Injury Report form at Appendix G if there is an injury or illness.
Chapter 6
Emergency Procedures

Emergency Response Checklist. Found at Appendix F of this SOP. The RSO will carry this report while on duty at the range. Check off each step as completed. Place the date of emergency as the effective date.

Injury Report Form. Found at Appendix G of this SOP. The RSO will designate a responsible adult to the report during an emergency. Fill in every box. DATE and TIME should be shown at "Date of Injury and "Time of Injury" boxes of form.

Identify witnesses and provide with "Witness Statement" and ask they fill out with as much information as possible. Collect statements and attach to form.

Witness Statement forms are at Tab A to Appendix G of the SOP.

Weather. In the event of severe weather that could endanger shooters and spectators, the RSO will close down the range and evacuate area if required.

Incidents.

Minor Incidents - Cuts, sprains, dislocations, etc.
Administer 1st aid, "Cease Fire" only if affects range firing.

Major Incidents - Heart attack, choking, gunshot wound, etc.
1. Range Safety Officer (RSO)--Call "Cease Fire" and close range.
2. RSO and shooters-Follow Emergency Response Checklist (Located at Appendix F of this SOP).
3. If gunshot wound: Notify sheriff or police.
4. Notify CRSO and Range Manager.
Unruly Persons.

For the purposes of this SOP, an unruly person is anyone who refuses to follow commands of the RSO, CRSO or Range Manager, poses threat to self or others or is obviously under influence of alcohol or drugs.

The phases of discipline are as follows:
1--Ask the person to follow rules and stop unruly behavior.
   IF NOT OBEYED
2--Order the person off the range and report name to CRSO.
   IF NOT OBEYED
3--Close range, evacuate the area and notify the sheriff/police and request assistance. Watch individual and if departs, note vehicle type and license number.
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

APPENDIX A
SHOTGUN RANGE INSPECTION CHECKLIST

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlled Access/Fencing/Gates closed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flags or signs Displayed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left and Right Range Limits Displayed</td>
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<td></td>
</tr>
<tr>
<td>Backstop/Impact Area Inspected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trap machine filled &amp; Inspected</td>
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</tr>
<tr>
<td>Cable Connected &amp; Inspected</td>
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<td></td>
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<tr>
<td>Firing Stations Marked &amp; Clean</td>
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<tr>
<td>Ready Line/Area Marked</td>
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</tr>
<tr>
<td>Spectator Area Designated</td>
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<td></td>
</tr>
<tr>
<td>Scoring Area Designated</td>
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</tr>
<tr>
<td>Supplies Available</td>
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<tr>
<td>RSO Control Area Centralized</td>
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</tr>
<tr>
<td>Emergency Communications Working</td>
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<tr>
<td>1st Aid Kit filled/accessible</td>
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</tr>
<tr>
<td>PA system /bullhorn working</td>
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</tr>
<tr>
<td>Range Rules posted</td>
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<tr>
<td>Bulletin Board hung</td>
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<td></td>
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<tr>
<td>Gun Racks available</td>
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<tr>
<td>Empty Trash Receptacles Available</td>
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<td>Hull/Dud buckets labeled</td>
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</tr>
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<td>Wash Area Identified</td>
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<tr>
<td>Lockable storage</td>
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<td></td>
</tr>
<tr>
<td>Lights</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: __________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
FOLLOW this outline when the conducting Range Safety Briefing.

CONDUCT the briefing on the range immediately prior to shooting and STAND next to posted rules and where demonstration and explanations of range equipment can be included.

INVOLVE range users by asking questions to ensure they understand information and rules. If guns are used during the briefing, RSO must follow NRA Gun Safety Rules.

1. PURPOSE OF THE SHOOTING EVENT.
   - State the purpose of the event.
   - State total number of rounds and time available.
   - Provide overview of how the range firing is to be conducted.
   - Introduce range personnel, their roles, where they will be located and how they can be identified (hats, etc.)

2. RANGE LAYOUT AND LIMITS. Do the orientation on the range.
   Point out each of the following and describe actions done there.
   - Spectator Area-Behind the Ready Area where visitors observe.
   - Ready Area-Behind Firing Line where shooters store and prepare.
   - Shootings Stations-Shooters occupy positions on the Firing Line when told to do so. Stations are numbered. Shooters may only dry fire at the Shooting Stations.
   - Left and Right Range Limits-Range Limits are marked and guns may not be shot or traversed beyond those limits.
   - Direct Fire Zone-Guns must be kept pointed within this zone at all times. It is located between left and right range limits.
   - Skeet High and Low Houses-These house the clay throwers and are positioned to the left and right of the range.
   - Trap House-It houses the clay thrower and is to the direct front of the range.
   - Impact Area-Located beyond Direct Fire Zone and where the shot and clays fall on the range.

3. DEMONSTRATE. Demonstrate shooting positions as follows.
   - Stance-Position of shooter's body and gun relationship to expected target breaking area.
   - Gun Ready Position-Position in which gun is placed immediately before calling for target.
   - Swing to Target-On seeing target, shooter moves the shotgun and body together as a single unit toward the target, raising the shotgun into the correct firing position.
   - Trigger Pull-When the barrel touches the target, and while maintaining the swing, immediately pull the trigger.
   - Follow-Through-Continue the same smooth movement of the gun & body unit after firing.
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

The Trap Operator demonstrates operation of the trap machine at the trap house.

The RSO demonstrates carrying of shotguns to/from Shooting Position and handling of guns of shooters waiting to shoot at their positions.

Instructor or RSO checks eye dominance of shooters.

4. GUN SAFETY RULES.

3 Fundamental NRA Rules for Safe Gun Handling

Ask: What is the 1st rule of safe gun handling?
• Always keep gun pointed in safe direction.

Ask: What does a "safe direction" mean?
• The gun is pointed so that even if it were to go off, it would not cause injury or damage.

Ask: What is the 2d rule for safe gun handling?
• Always keep your finger off the trigger until ready to shoot.

Ask: Unless shooting, where should the shooter's finger rest?
• The finger should rest alongside the gun--on the frame.

Ask: What is the 3d rule for safe gun handling?
• Always keep the gun unloaded until ready to use.

Rules for Safe Use.
• Know the target and what is beyond.

Ask: What is meant by "know your target and what is beyond?"
• The shooter must be sure the projects will safely impact into the backstop or impact area.
• Be sure the gun is safe to operate.
• Know how to use the gun properly.

Ask: What is meant by "know how to use the gun properly?"
• Shooters need to know how the gun operates, basic parts, how to safely open and close the action and to remove ammunition.
• Use only the correct ammunition for your gun.

Ask: What is meant by "use only the correct ammunition?"
• Only ammunition designed for a particular gun can be safely used in that gun. Shooters must ensure that the calibre/gauge marked on the barrel, ammo box and cartridge match.
• Wear eye and ear protection as appropriate.

Ask: Why should range users wear both eye and ear protection?
• Many guns are loud and noise can cause hearing damage. Guns can also emit debris, hot gas and cartridge cases that could cause eye injuries. Users of air gun ranges, including spectators, need eye protection to prevent injuries from ricochets.
• Never use alcohol or drugs before or while shooting.

Ask: What type of substance is implied?
Any substance that may impair normal mental or physical functions—such as prescription and over-the-counter drugs.

Anyone taking any medication or substance that may impair normal mental or physical functions is not allowed on the range.

**General Safety Rules.** Ask shooters to read rules as you point to range posters.

- Know and obey all range commands.
- Know where others are at all times.
- Shoot only at authorized targets.
- Do not handle gun or stand at the firing line where guns are present while others are downrange.
- Stop shooting immediately upon command of "Cease Firing."

**Ask:** What actions do shooters take during a cease fire?

- Stop shooting immediately.
- Await further instructions from the RSO.
- Stoppages. Explain there are 3 common ammunitions stoppages:
  - **Misfire:** A shotshell does not fire after primer has been struck by the firing pin.
  - **Hangfire:** When there is a perceptible delay in ignition of the shotshell after the primer has been struck.
  - Procedure for handling misfires and hangfires is:
    - Keep gun pointed down range (safe direction).
    - Wait at least 30 seconds in case it is a hangfire.
  - **Squib load:** There is less than normal pressure after ignition of the shotshell. The pellets and wad may or may not exit the barrel. Squib loads are identified by difference in noise and recoil.
  - Procedure for handling squib loads is:
    - Keep gun pointed downrange.
    - Unload the gun—make sure chamber is empty.
    - Insert cleaning rod/dowel down the barrel from the chamber end (if possible) to make sure the wad and pellets are not lodged in barrel.

**Range Specific Rules.**

Ask shooter to read range posters as you point them out.

- Rifles and pistols are not allowed on the range.
- Slugs are not permitted.
- Notify the RSO if there is a stoppage, malfunction or unsafe practices on range.
- Dry firing is permitted only at the firing line.
- All guns must remain unloaded with action open except when on the firing line and authorized to be loaded.
- When guns are in gun racks, actions must be open and ejection ports visible.
- Ammunition is not permitted in cleaning area.
- Do not pick up dropped ammunition from the ground while at firing line.
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

Ask: Why are shooters required ammunition to leave dropped on ground until firing is completed?
• This rule prevents shooters from unintentionally pointing gun at other users while picking up dropped ammunition or moving in front of the firing line.

Administrative Range Rules.
• At the end of shooting period, pick up hulls and other debris and put in designated containers.
• Record name and time at register before shooting.

Hygiene Rules.
• Refrain from eating, drinking, smoking, or otherwise placing hands near mouth or nose while on range or cleaning the gun.
• Wash your hands and face with cold water after leaving the range or cleaning area before eating and drinking.
• Change and wash clothing after shooting or gun cleaning.

5. FIRING LINE COMMANDS. State and explain standard range commands that will be used.

• You May Load-Coaches may give a live round to the shooters who will load their guns and close the action.
• Is the Firing Line Ready?-Allows shooters who are having a problem to raise their hand and ask for assistance.
• The Firing Line is not Ready-There is a problem at one or more firing points.
• Pull-Commanded by the shooter to call for a target.
• Misfire-A shooter has had a misfire and needs assistance.
• Cease Firing-Immediately cease firing, unload and show clear.
• Unload-Shooters unload guns.
• Show Clear-The shooter shows the RSO that the gun is clear of all ammunition. The shooter unloads the gun and opens the action for inspection by RSO.
• Police your Firing Point-Shooters pick up hulls, unfired ammunition and debris and dispose per SOP.

Ask: What 2 commands may be used by shooters?
• "Cease Fire" and "Misfire."

Ask: What does "Misfire" mean?
• That the gun failed to fire and hazardous condition exists. The misfire could actually be a hangfire.

Ask: What actions are taken during a misfire?
• As there may be a hangfire, the shooter keeps the gun pointed downrange and waits at least 30 seconds before correcting malfunction.

Ask: Where and when may shooters dry fire?
• Only at their firing points and only when allowed.

6. EMERGENCY PROCEDURES.
   • Call "Cease Fire" immediately and command, "Unload" and "Show Clear" and rack all guns.
   • RSO follows Emergency Response Checklist (located at Appendix F of SOP). Complete checklist as action done.
   • RSO takes charge of the situation--Determine seriousness of injury and assign duties.
   • RSO or responsible person renders aid--Get 1st Aid kit.
   • Assign responsible person to call 911 by cell-phone. If injury involves a gun shot, Sheriff's office must be notified.
   • Assign responsible person to secure injured person's gear.
   • Assign range personnel or responsible person to be at gate to direct/guide emergency personnel to range.

Assign responsible adult to complete Injury Report form at Appendix G in Range SOP and obtain witness statements.
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

APPENDIX C
RANGE SAFETY OFFICER QUALIFICATION PROCEDURE

1. **Opportunities and Selection.** Organization members who are experienced shooters and desire to be Range Safety Officers (RSO) may notify the Chief Range Safety Officer (CRSO) or Range Manager. They in turn will contact the executive committee. The committee will decide and make a conditional appointment which will be announced by the president.

2. **State Criminal Background Check.** The candidate must complete and submit a State criminal background check. Once the check is complete and approved, the training process begins.

3. **NRA Range Safety Officer Certification.** The candidate must complete and be certified as an NRA Range Safety Officer. This course can be done at a formal course or by self-study.

4. **Specific Range Qualification.** Concurrent with or following the NRA certification, the candidate must qualify on specific ranges. To be qualified to supervise each range, the candidate must be mentored by a qualified RSO for that range and rated by the CRSO.

   The training will consist of at least 10 hours including the following:
   - Range inspection and equipment maintenance (trap machine, targets, etc)
   - Open and close the range
   - Familiarity with the range SOP
   - Conduct Range Safety Briefing
   - Serve as Assistant RSO 3 times
   - Serve twice as RSO (under supervision of CRSO or qualified RSO)

5. **Qualification.** Once the requirements in paragraph 4 are met, the CRSO provides conditional qualification for 3 months. If the candidate performs duties safely and professionally during that period, full qualification for that range is granted. To gain qualification for other ranges, the requirements at paragraph 4 must be accomplished for each type range.

6. **Revocation of privilege.** RSO qualification may be revoked by the organization executive committee on recommendation of the RSO for following reasons--failure to follow organization policies and procedures (to include range rules); negligence; conviction of a felony; performing duties under the influence of alcohol or drugs; malfeasance. Should the RSO may resign by notifying the executive committee in writing.
ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN
FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE
DE LOS PADRES DE FAMILIA O TUTORES

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the Guide to Safe Scouting are available for download from Scouting Safely at www.scouting.org/forms.

First name of participant ___________________________ Last name ___________________________
Nombre del participante ___________________________________________

Date of birth (month/day/year) ________/____/____ Age during activity ______
Fecha de nacimiento (día/mes/año) ________/____/____ Edad al momento de realizar la actividad ______

Has approval to participate in (Name of activity, orientation flight, outing trip, etc.)
Tiene la aprobación para participar en (Nombre de la actividad, vuelo de orientación, excursión, etc.)

From ______________ to ______________
Desde _____________________________ a _____________________________

Without restrictions
Sin restricciones

Special considerations or restrictions:
Consideraciones o restricciones especiales:

HOLD HARMLESS AGREEMENT

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 out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es totalmente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquier y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

______________________________  ________________________________  ____________________________
Parent/guardian printed name  Parent/guardian signature  Date
Nombre con letra de molde del padre de familia/tutor  Firma del padre de familia/tutor  Fecha

Area code and telephone number (best contact and emergency contact)
Número y código de área telefónico (contacto principal y de emergencia)

Contact the adult tour leader with any questions:
Póngase en contacto con el líder adulto de la escursión si tiene alguna pregunta:

Participant’s signature  Date
Firma del participante  Fecha

______________________________  ________________________________  ____________________________
Email (for use in sharing more details about the trip or activity)  Email (para uso en compartir detalles sobre el viaje o actividad)
Correo electrónico (para más detalles sobre el viaje o actividad)  Fecha

CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

G[code of area and number teléfono (primero contacto y contacto de emergencia)]

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es totalmente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquier y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

______________________________  ________________________________  ____________________________
Parent/guardian printed name  Parent/guardian signature  Date
Nombre con letra de molde del padre de familia/tutor  Firma del padre de familia/tutor  Fecha

______________________________  ________________________________  ____________________________
Email (for use in sharing more details about the trip or activity)  Email (para uso en compartir detalles sobre el viaje o actividad)
Correo electrónico (para más detalles sobre el viaje o actividad)  Fecha
TOUR PLANNING WORKSHEET

For office use

Tour plan No. __________________________ Date received ______________ Date reviewed ______________

Date ________________

☐ Pack ☐ Troop/team ☐ Crew ☐ Contingent unit/crew Unit No. ______ Chartered organization ___________________________

Council name/No. __________________________________________ District _________________

Purpose of this trip is _____________________________________________________________________________________________________

From (city and state) __________________________ to __________________________

Mileage round trip __________________ Dates __________________________ to __________________________

Total days ___________

Itinerary: It is required that the following information be provided for each day of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

<table>
<thead>
<tr>
<th>Date</th>
<th>Travel From</th>
<th>To</th>
<th>Mileage</th>
<th>Overnight stopping place (Check if reservations are cleared.)</th>
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Type of trip: 

☐ Day trip ☐ Short-term camp (less than 72 hours) ☐ Other (OA Weekend, etc.) __________________________

☐ Long-term camp (longer than 72 hours) ☐ High-adventure activities

Party will consist of (number):

___ Cub Scouts ___ Boy Scouts___ Venturers—male ___ Venturers—female ___ Varsity Scouts

___ Adults—male ___ Adults—female ___

___ 0 Total

Party will travel by (check all that apply):

☐ Car ☐ Bus ☐ Train ☐ Plane

☐ Canoe ☐ Van ☐ Boat ☐ Foot

☐ Bicycle ☐ Other ____________________________

Leadership and Youth Protection Training: Boy Scouts of America policy requires at least two adult leaders on all BSA activities. Coed Venturing crews must have both male and female leaders older than 21 for overnight activities. All registered adults must have completed BSA Youth Protection training. At least one registered adult who has completed BSA Youth Protection training must be present at all events and activities. Youth Protection training is valid for two years from the date completed.

Adult leader responsible for this group (must be at least 21 years old):

Name ____________________________________ Age _______ Scouting position _________________ Expiration date _________________

Address ____________________________________________________________________________________ Member No. _________________

City __________________________________________________________ State _______________ Zip code _________________

Phone ____________ E-mail ____________________________ Youth Protection training date ______________

Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews):

Name ____________________________________ Age _______ Scouting position _________________ Expiration date _________________

Address ____________________________________________________________________________________ Member No. _________________

City __________________________________________________________ State _______________ Zip code _________________

Phone ____________________________ E-mail ____________________________ Youth Protection training date ______________

Attach a list with additional names and information as outlined above.

☐ Our travel equipment will include a first-aid kit and a roadside emergency kit.

☐ The group will have in possession an Annual Health and Medical Record for every participant.
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

We certify that appropriate planning has been conducted using the Sweet 16 of BSA Safety, qualified and trained supervision is in place, permissions are secured, health records have been reviewed, and adult leaders have read and are in possession of a current copy of Guide to Safe Scouting and other appropriate resources.

Committee chair or chartered organization representative

Adult leader

Unit single point of contact (not on tour) name ____________________________________________ Telephone ___________________

BOY SCOUTS OF AMERICA

Tour involves: □ Swimming □ Boating □ Climbing □ Orientation flights (attach Flying Plan required) □ Wilderness or backcountry (must carry Wilderness Use Policy and follow principles of Leave No Trace)

□ Other (specify) ____________________________

Activity Standards: Where swimming or boating is included in the program, Safe Swim Defense and/or Safety Afloat are to be followed. If climbing/rappelling is included, then Climb On Safely must be followed. At least one person must be current in CPR/AED from any recognized agency to meet Safety Afloat and Climb On Safely guidelines. At least one adult on a pack overnighter must have completed Basic Adult Leader Outdoor Orientation (BALOO). At least one adult must have completed Planning and Preparing for Hazardous Weather training for all tours and activities. Basic First Aid is recommended for all tours, and Wilderness First Aid is recommended for all backcountry tours.

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<tr>
<th>Name</th>
<th>Age</th>
<th>Youth Protection</th>
<th>Planning and Preparing for Hazardous Weather</th>
<th>BALOO (no expiration)</th>
<th>Safe Swim Defense</th>
<th>Safety Afloat</th>
<th>Aquatics Supervision/ Paddlecraft Safety</th>
<th>Aquatics Supervision/ Swimming and Water Rescue</th>
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<tr>
<th>Name</th>
<th>Age</th>
<th>CPR Certification/Agency</th>
<th>CPR Expiration Date</th>
<th>First-Aid Certification/Agency</th>
<th>First Aid Expiration Date</th>
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<th>Name</th>
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<th>NRA Instructor and/or RSO</th>
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 Unauthorized and Restricted Activities: The BSA’s general liability policy provides coverage for bodily injury or property damage that is made and arises out of an official Scouting activity as defined by the Guide to Safe Scouting. Volunteers, units, chartered organizations, and local councils that engage in unauthorized activities are jeopardizing their insurance coverage. PLEASE DO NOT PUT YOURSELF AT RISK.

INSURANCE

All vehicles MUST be covered by a liability and property damage insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. It is recommended, however, that coverage limits are at least $50,000/$100,000/$50,000 or $100,000 combined single limit. Any vehicle designed to carry 10 or more passengers is required to have limits of $100,000/$500,000/$100,000 or $500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

KIND, YEAR, AND MAKE
OF VEHICLE

OWNER’S NAME

VALID DRIVER’S LICENSE
(Y or N)

All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.

LIABILITY INSURANCE COVERAGE

Each Person

Each Accident

PROPERTY DAMAGE

$ $ $

If the vehicle to be used is designed to carry more than 15 people (including the driver), the driver must have a valid commercial driver’s license (CDL). In some states (California, for example), this policy applies to drivers of vehicles designed to carry 10 or more people.

Name ______________________________ CDL expires __________________

Name ______________________________ CDL expires __________________

The local council may allow a list of the above information to be attached to or transmitted with the tour plan in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

680-014
2011 Printing

TOUR PLAN

Pack o Troop/team o Crew o Contingent unit/crew No.

Chartered organization _____________________________________________

Council name/No. ________________________________________________

Plan covers all travel between ______________________ and ______________________.

Dates of trip from ______________________ to ______________________.

Total youth ____________________ Total adults ________________________

Itinerary: It is required that the following information be provided for each day of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

Date

Travel

Mileage

Overnight stopping place (Check if reservations are cleared.)

Adult leader responsible for this group:
CROSSROADS OF THE WEST COUNCIL
SHOOTING SPORTS POLICY

Name ____________________________________ Age _______ Scouting position _______________ Expiration date _______________

Address __________________________________________________________________________________________ Member No. ________________

City ___________________________________________________________________________________________ State _______________ Zip code ________________

Phone _______________________________ E-mail _______________________________ Youth Protection training date _______________

Assistant adult leader:

Name ____________________________________ Age _______ Scouting position _______________ Expiration date _______________

Address __________________________________________________________________________________________ Member No. ________________

City ___________________________________________________________________________________________ State _______________ Zip code ________________

Phone _______________________________ E-mail _______________________________ Youth Protection training date _______________

Protection training date _______________

Unit single point of contact (not on tour) name ______________________________________________________ Telephone _______________________________

The tour plan is an important tool for conducting local, national, or international activities and is a checklist for best practices to be prepared for safe and fun adventure. Completing the tour plan may not address all possible challenges but can help to ensure that appropriate planning has been conducted, that qualified and trained leadership is in place, and that the right equipment is available for the adventure. In addition, the plan helps to organize safe and appropriate transportation to and from an event, and defines driver qualifications and minimum limits of insurance coverage for drivers and vehicles used to transport participants. Times when a tour plan must be submitted for council review include:

- sponsored event
- FWFOUT Aquatics activities (swimming, boating, floating, scuba, etc.)
- Climbing and rappelling
- Orientation flights (process flying plan)
- Shooting sports

Any activities involving motorized vehicles as part of the program (snowmobiles, boating, etc.)

Please complete and submit this plan at least 21 days in advance to ensure your council has enough time to review the plan and assist you in updating the plan if it is found defective. When review is complete, the second half of the plan is returned to you to carry on your travels.

TRANSPORTATION GUIDELINES

1. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.

2. If by motor vehicle:
a. **Driver Qualifications:** All drivers must have a valid driver’s license and be at least 18 years of age. **Youth Member Exception:** When traveling to an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months’ driving experience as a licensed driver (time on a learner’s permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and riders.

b. If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver’s license (CDL). In some states (for example, California), this guideline applies to 10 or more people.

1. We will submit changes to notify the local council in the event our itinerary changes.

**OUR PLEDGE OF PERFORMANCE**

2. We will plan our activities by and adhere to the policies contained in the *Guide to Safe Scouting* and the *Sweet 16 of BSA Safety*.

3. We will use the *Safe Swim Defense* in any swimming activity, *Safety Afloat* in all craft activity on the water, and *Climb On Safely* for climbing activity.

4. We agree to enforce reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.

5. We will apply for a fire permit from local authorities in all areas where it is required.

6. We will be certain that fires are attended at all times.

7. We will at all times be a credit to the Boy Scouts of America and will not tolerate rowdysism or un-Scoutlike conduct, keeping a constant check on all members of our group.

8. We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, leaving it in a better condition than we found it.

9. We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a tote-litter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.

10. We will not deface natural or man-made objects.

11. We will respect the property of others and will not trespass.

12. We will not cut standing trees or shrubs without specific permission from the land owner or manager.

13. We will, in case of backcountry expedition, read and abide by the *Wilderness Use Policy* of the BSA.

14. We will notify, in case of emergency, our local council Scout executive, our parents, and our single point of contact.
Effective date ______________

**EMERGENCY COMMUNICATIONS**

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<tr>
<th>Contact</th>
<th>Pri Phone Number</th>
<th>Secondary Phone Number</th>
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**IMMEDIATE RESPONSE FOR INJURIES OR ILLNESS**

___ Call "Cease Fire" if the injured is near the firing line or downrange.
___ Ensure that all guns are unloaded and clear.
___ Designate person to coordinate edging or pulling of targets, if possible, and securing the scene & injured person's gear.
___ Designate person to notify EMS from nearest phone/radio located at ______________________________ and provide following info:

1. Specific location or address of incident with directions.
   - Location ________________________________________________
   - Address ________________________________________________
   - Directions _____________________________________________

2. Telephone number you are calling from ________________________________

3. Your Name _________________________________________________

4. What happened and possible hazards for rescuers __________________

5. Number of people ill or injured ________________________________

6. Condition of ill or injured ____________________________________
7. 1st Aid provided ______________________________________________________

Wait for EMS to hang up first. Return to the injured and continue care until EMS arrives.

If Injury or illness occurs--complete Injury Report Form at Appendix G.
INJURY REPORT FORM

Name ________________________________ Date of Injury __________________
Address ________________________________ Time of Injury __________________

Tel number (day): ___________________ Tel number (night) _______________

1. Describe nature and extent of injury (specify body parts) _______________________

2. Describe how injury occurred: ______________________ ______________________

3. Describe how 1st Aid given _____________________________________________

4. 1st Aid was provided by (give names, phone) ________________________________

5. Disposition (medical facility, phone, time of transport) _________________________

6. Notification of next of kin (time, person contacted and method) _________________

7. Location of incident and conditions of area _______________________________

8. Protective equipment worn _____________________________________________

9. Describe steps take to preserve scene (photos, equipment, guards, etc) __________
CROSSROADS OF THE WEST
SHOOTING SPORTS POLICY

10. Witness statements: Interview witness separately and attach statements shown at Tab A to this appendix.
   A. Witness name ______________________________
      Address _______________________________________
      Phone (day) __________________ Phone (night) _____________

   B. Witness name ______________________________
      Address _______________________________________
      Phone (day) __________________ Phone (night) _____________

   If more witnesses--add additional papers.

11. Complete Emergency Report form at Appendix F.

12. Notes and comments __________________________________________________________

13. Injury Report completed by:
    Name _______________________________ Title _________________
    Phone ___________________________ e-mail ______________________

    Signature __________________________________

14. Disposition and Follow-up _____________________________________________________

    Name _______________________________ Title _________________
    Date ________________________________

    Signature __________________________________
CROSSROADS OF THE WEST
SHOOTING SPORTS POLICY

TAB A TO APPENDIX G
WITNESS STATEMENT

Name of person making statement _________________________________

Address:

Phone: e-mail:

Signature ____________________________________________________

Statement: