



**CIRCLE TEN COUNCIL
VENTURE NRA FIRST STEPS PISTOL ORIENTATION**

DATE: December 3, 2011

NRA First Steps Pistol is designed to provide a hands-on introduction to the safe handling and proper orientation to one specific pistol action type for classes of four or fewer students.

This course is at least three hours long and includes classroom and range time learning to shoot a specific pistol action type. Venture Scouts will learn the NRA's rules for safe gun handling; the particular pistol model parts and operation; ammunition; shooting fundamentals; cleaning the pistol; and continued opportunities for skill development.

Venture Scouts will receive the Basics of Pistol Shooting handbook, NRA Gun Safety Rules brochure, Winchester/NRA Marksmanship Qualification booklet, FIRST Steps Course completion certificate.

Who: Only currently registered Venturers can attend this course. The course requires a minimum of 3 and maximum of 6 participants per session. There will be two sessions if there is enough interest.

When: Dec. 3, 2011 – Session 1 will be start at 8:30 a.m. and end at Noon. Session 2 will start at 1:30 p.m. and end at about 5:00. **Note:** Lunch will not be provided.

Where: Meet at the Headquarters Training Room at Camp Wisdom. Shooting will be at the Camp Wisdom Rifle Range.

Registration: Venture Scouts wishing to attend the First Steps Pistol Course must fill out the Pre-Registration Form either e-mail it to jogarcia44@verizon.net or mail it to Jose Garcia 3802 Pendleton Ct, Irving, TX 75062. You will receive an acceptance email from Mr. Garcia. **Deadline: NOV. 16, 2011 to register.**

Cost: The cost is \$20.00 per participant –Checks should be made out to BSA Circle Ten.

ALL FIREARMS AND AMMO WILL BE SUPPLIED. DO NOT BRING PERSONAL FIREARMS OR AMMUNITION. No prior experience required. All Training will be under the leadership of experienced BSA and NRA instructors.



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REGISTRATION FORM

To: Jose Garcia
3802 Pendleton Ct.
Irving, TX 75062
jogarcia44@verizon.net

Venturer's Name: _____ Crew Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____ (evening): _____

E-Mail _____

___ Morning Session (8:30-12:00) ___ Afternoon Session (1:30 – 5:00) ___ Either Session



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ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Venture Scout Name: _____ Crew Number: _____

Address: _____ Birth date (month/day/year) ____ / ____ / ____

Age during activity _____ City: _____ State: _____ Zip: _____

Phone (day): _____ (evening): _____

E-Mail _____

Has approval to participate in VENTURE NRA FIRST STEPS PISTOL ORIENTATION on TBD, 2011

Without restrictions

Special considerations or restrictions: _____

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.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact)

Email (for use in sharing more details about activity)