

TROOP ONE PERMISSION SLIP
Shaw JCC Overnight Lock In - January 12, 2013

Permission slips and money are due no later than Tuesday, January 8, 2013 if participating in SCUBA. Permission slips strongly encouraged for everyone else, pay Tuesday Night Or at the door.

EVENT: Join us for our annual overnight at the Shaw Jewish Community Center. There will be many different activities: swimming (including the 2013 Swim Test), food, movies, games, a talent show, more food, the gym, etc.. You are welcome to bring your sleeping gear... but more often than not, it goes unused.

All are invited to attend: all Scouts from Troop One, all Venturers from Crew 2001, and friends that might be interested in joining the Troop or the Crew (Recruiter patch, anyone?). Guests must be of appropriate age, 11-17 for Scouts and 14-20 for Venturers, and must be accompanied by a parent or adult leader from the Pack.

For those who are interested, a scuba program (**Try Scuba**) will also be offered. Try Scuba is your chance to get wet in the pool and experience what scuba diving is all about.

COST: **\$13** per person (youth and adults) if registering by **January 8** (EARLY BIRD)
\$15 per person (youth and adults) if registering after **January 8** or at the door
\$35 per person if participating in Try Scuba (**must register by January 8**)
\$7 for Webelos

WHEN: Drop off at the Shaw JCC at **7 PM on Saturday, January 12**
Pick up at the Shaw JCC at **7 AM on Sunday, January 13**

Parents should come in for both drop off and pick up. After check-in, youth will not be allowed to leave without a parent.

WHERE: **Shaw Jewish Community Center** 750 White Pond Drive Akron, OH 44320 (330) 835-0021
Scoutmaster Myers cell phone number: (330) 801-6034
Venturing Crew Advisor Poorman cell phone number: (330) 310-8918

GEAR: Scouts must wear their Class B uniform (Troop One t-shirt and Scout pants/shorts). Venturers must wear their Crew 2001 t-shirt and appropriate pants. All should bring a swimsuit and towel. Sleeping gear should also be brought, however unlikely it is to be used (sleeping pad, bag, and pillow). As always, a water bottle is a good idea.

FOOD: Pizza and ice cream will be provided. **Everyone please bring a snack to share (a bag or 2L bottle of soda)**. The Shaw JCC requests that guests not bring meat into the facility; we will abide by this policy and ask that you do the same.

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(complete and return this page)

Complete a separate page for each youth. A youth is under 18 for Scouting or under 21 for Venturing.

Youth

Youth's name _____

This person is a...

Boy Scout

Boy scout aged boy (11-17) and is a guest of which Scout _____

Venturer

Venturer aged youth (14-20) and is a guest of which Venturer _____

Webelos scout from pack _____ and is here with which adult _____

Webelos age scout as a guest of which adult _____

Adult

Adult's name _____ will be attending with the youth

Emergency Contact

In case of emergency, I can be reached by phone at (____) _____ - _____ or _____.

If I cannot be reached, please contact _____ at (____) _____.

Parent Authorization

My child or ward (full name) _____ has my permission to engage in a full range of scout activities on this trip, **except as noted by me on the back of this form**. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to treat, to hospitalize, secure proper anesthesia, and/or to order injection for my son. This permission extends to the choice of transportation to the care facility chosen by the adult leader in charge.

Signed (*parent or guardian*) _____ Date _____

Amount paid: \$_____, () cash, () check no. _____, or () from scout account

Special requirements - Listed on the back, including any instructions and written permission for any medication to be dispensed. All medicine must be in the original container.

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Try Scuba

(complete and return this page *only if* participating in Try Scuba)

This permission slip is accompanied by the forms for SCUBA. Please complete these including all of the parents signatures and return to us at the Tuesday night Troop meeting. **Although the SSI medical form has a section for a physician's examination and signature, this is not required for Try Scuba.**

Guest Policy

Guests (friends invited to the Lock In) will not be allowed to try SCUBA (for liability reasons).

TR1
SCUBA BSA:

Scuba Outlet, a certified dive shop, will be conducting the "Try Scuba" program. You will have an opportunity to try SCUBA for 20-30 minutes under their instruction. If you like it, you will be able to work towards full SCUBA Certification, SCUBA merit badge, or your Venturing SCUBA elective in the future. This will be a first come, first served opportunity.

In order to participate in the SCUBA BSA program, you must:

- Be 10 years of age or older
- Be a registered Boy Scout, Venturer, or registered adult
- You will need to have passed the BSA swimmer's test within the past 12 months to participate.
- Have a medical form on file with no restrictions that would rule out SCUBA
- Have ~~both of the attached forms~~ ^{the WAIVER} from SSI completed no later than **January 8** for review.

Emergency Contact

In case of emergency, I can be reached by phone at (____) _____ - _____ or _____.

If I cannot be reached, please contact _____ at (____) _____.

Parent Authorization:

My child or ward (full name) _____ has my permission to participate in SCUBA activities as outlined. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to treat, to hospitalize, secure proper anesthesia, and/or to order injection for my son. This permission extends to the choice of transportation to the care facility chosen by the adult leader in charge.

Signed (*parent or guardian*) _____ Date _____

Shirt size _____ Shoe/boot size: _____ (for fitting gear)



WAIVER AND RELEASE OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

— This form is to be used for Try Scuba Diving Training —

In consideration of permitting me, _____ to enroll in
(PARTICIPANT'S NAME)
a snorkeling/scuba diving instructional course and/or participate in snorkeling/scuba diving activities and
related operations conducted by _____ through the facility
(DIVE LEADER'S NAME)
of _____ in the city of _____ in the County of _____
(DIVE BUSINESS NAME)
, and State of _____ beginning on the _____ day of (month)
_____, 20_____, I, for myself, my personal representatives, heirs and next of kin:

HEREBY acknowledge that **SNORKELING/SCUBA DIVING IS A POTENTIALLY DANGEROUS ACTIVITY** and involves the risk of serious injury and/or death and/or property damage. **I FURTHER ACKNOWLEDGE** that diving with compressed air involves certain risks and injuries that can occur which require treatment in a recompression chamber or other facility which may require a great distance of travel. **I UNDERSTAND** that the open water diving trips which are necessary for training and certification or for other diving activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber or medical facilities.

HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE Scuba Schools International, the above dive business, its facility, the dive leader, or any of its officers, instructors, agents or employees (the Releasees) **FROM ALL LIABILITY TO MYSELF**, my personal representatives, assigns, heirs, and next of kin **FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFOR ON ACCOUNT OF INJURY TO MY PERSON OR PROPERTY OR RESULTING IN MY DEATH, NOW AND FOREVER, ARISING OUT OF OR RELATED TO PARTICIPATION AND/OR INSTRUCTION IN SAID COURSE, ACTIVITIES, OR ANY OTHER RELATED DIVING OPERATIONS THAT MAY OCCUR, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether foreseen or unforeseen and whether caused by the negligence of the Releasees or otherwise, **I HEREBY SEPARATELY** agree to **INDEMNIFY** and **SAVE** and **HOLD HARMLESS** the Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of or related to participation and/or instruction in said course, activities, or any other related diving operations, whether caused by the negligence of the Releasees or otherwise.

HEREBY acknowledge that **INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES** and agree that this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by Releasees, **INCLUDING NEGLIGENT RESCUE OPERATIONS** and is intended to be as broad and inclusive as permitted by the laws of the Province or State in which the activities are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have had the opportunity to personally discuss with the dive leader the potential dangers incidental to engaging in the course and/or activity of snorkeling or scuba diving and related diving operations.

Participant's Name _____
▲ (PLEASE PRINT)

▲ (SIGNATURE REQUIRED)

Witness _____ Date _____

*As parent or guardian, I am signing this document on behalf of my minor child and agree to be specifically bound to all the terms and conditions of this Agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Releasees. Additionally, I understand the risks of injury while snorkeling or scuba diving and have had the opportunity to personally discuss the diving activities or instructional program with the Dive Leader prior to commencement of the minor child's snorkeling or scuba activities. **

Mother's Name _____
▲ (PLEASE PRINT)

▲ (SIGNATURE REQUIRED) ▲ (DATE)

Father's Name _____
▲ (PLEASE PRINT)

▲ (SIGNATURE REQUIRED) ▲ (DATE)

Guardian's Name _____
▲ (PLEASE PRINT)

▲ (SIGNATURE REQUIRED) ▲ (DATE)

*** NOTE:** This Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement is to be signed by the minor child as a participant, as well as by one or both parents or the guardian.