

BOY SCOUTS OF AMERICA VENTURING CREW #820

AQUATICS PROGRAM PERMISSION FORM

As the parent or legal guardian of _____, I hereby give my permission for him/her to participate in Aquatics programs and/or events sponsored by BSA Venturing Crew 820.

I give my permission to the leaders of the above named unit to render First Aid should the need arise. In the event of an emergency, I also give my permission to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure medical treatment as needed.

I further agree to hold the above named unit and its leaders/scouts/volunteers harmless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to Boy Scouts of America policies and guidelines.

I hereby grant the above named unit full permission to any and all of the foregoing to use any photographs, motion pictures, recordings, or any other records of the program/event for any legitimate purpose on Boy Scout Venturing Crew #820 website, forms, and/or social media while adhering to the policies and procedures set-forth by the Boy Scouts of America's Youth Protection Policies and Procedures in accordance with the Boy Scouts of America.

In case of emergency, I _____ can be reached by phone at _____
(This number listed above will also be used as a contact number for any class cancellations)

If I cannot be contacted, call _____ whom can be reached at _____

List any allergies and/or medications being taken: _____
(Need more room, please use the back of this paper)

Other medical conditions you feel we should be aware of that may hinder performance in this class:

Additional comments / information: _____

All injuries or conditions that need medical attention will be transported by Staff, Volunteers associated with class, or by ambulance; all medical treatments needing

doctor shall be taken to Mercy Medical unless otherwise noted by the child's parent or guardian. In the event medical treatment is needed and you decline Mercy

Medical, please name medical facility / hospital child is to be taken to: _____

By my / our signatures below, I / we agree to the terms laid out above and acknowledge I / we have read and understand Venturing Crew #820s' Aquatics Refund Policy. Both Parents must sign below unless child has one parent or guardian.

SIGNED: _____

DATE: _____

SIGNED: _____

DATE: _____

Venturing Crew #820 Leaders Below for Aquatics Programs:

Aquatics Supervisor / Leader: Taylor Symensma

Registrar / Secretary: Allan Hively

Crew Leader Volunteers: Daphne Boston, Meghan Dye, & Diana Grover

Independent Contractor / SCUBA Instructor - Mark McCutcheon & Davey Bones SCUBA Center Staff

Received on: _____ / _____ / _____ by _____ (Initials)