

Climbing Campout

January 14-16, 2011

Camp Teetonkah — The Loft Climbing Wall

SCOUT MUST BE 14 OR OLDER TO ATTEND

- Camp** The troop will camp at nearby Camp Teetonkah and then discover the amount of muscle in their arms and toes while climbing walls at The Loft.
Camp Address: Camp Teetonkah, 3710 Burkhart Rd, Jackson, MI
Climbing Address: The Loft, 13725 Starr Commonwealth Rd, Albion, MI
- Cost** \$50 (Camping - \$8, Climbing - \$20, Driver - \$8, Trailer - \$2, Food - \$12)
Use scout account, cash, or check payable to **Troop 457**
- Release** Each scout must complete an **Acknowledgement and Release** form.
Departure Friday, Jan 14, 2011, 6pm, from the Liberty School south parking lot.
Please arrive fifteen minutes before departure.
- Uniform** Class A uniform

Payment, and completed permission slip and release form is due **Monday, January 3, 2011**

Payment: Date: _____ Amount \$ _____ Account Cash Check # _____

Troop 457 Activity Participation Authorization

In consideration of the benefits to be derived and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety and well-being of all participants during the activity noted below, I hereby acknowledge my awareness and grant my permission for my son, or ward, to participate in the activity. I further state that my son is in good health so far as I know, and that he has permission to engage in all prescribed activities, except as noted by me. 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 hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

Activity: Climbing Campout **Departing:** 14-Jan-2011 **Returning:** 16-Jan-2011

Participant Name(s): _____

Parent or Guardian Signature: _____

Home Phone: _____ **Cell Phone:** _____

Available to drive: Y N **If yes, number of seat belts:** _____
Drivers are reimbursed for gas expenses per troop policy

Payment: Date: _____ Amount \$ _____ Account Cash Check # _____

**ACKNOWLEDGMENT AND RELEASE
STARR COMMONWEALTH
ADVENTURE EDUCATION PROGRAM**

Participant's Name: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____
E-mail: _____

In Case of Emergency, notify:

Name: _____
Address: _____
Telephone: _____

Allergies: _____

Current Medical Conditions: _____

Current Medications: _____

Family Doctor: _____

In consideration of the opportunity to participate in the Adventure Education Program activities offered by Starr Commonwealth, the undersigned participant (or the parent or legal guardian of a minor participant) has executed this acknowledgment and release.

I acknowledge that the above information is accurate and complete and that there is no health condition, either physical or mental, or circumstance which would affect my participation, or would involve risk to myself or other participants, in an adventure activity at Starr Commonwealth. I acknowledge that I should consult with a physician before engaging in strenuous physical activity.

I acknowledge that I have the right to request to receive and review the Notice of Privacy Policy (HIPPA) which provides information about how Starr Commonwealth may use or disclose this health information.

I acknowledge that the activity involves risk of physical injury or even death. I understand that neither Starr Commonwealth nor its employees or agents make any representations concerning my skill development or proficiency in the adventure activity.

The undersigned hereby grants permission for emergency medical care should it be needed.

I (or the party executing this document on behalf of a minor participant), assume all responsibility for any personal injury or loss suffered by the participant and hereby release Starr Commonwealth, its agents and employees, from any and all claims, damages or liability for such injury or loss arising from participation in the Adventure Education Program.

Date: _____ Participant Signature: _____

Parent or Guardian Signature: _____

(If participant is under 18 years of age)

Relationship: _____

Address: _____

Telephone: _____

Photographs and video images of Starr Commonwealth clients may be taken during your program and used to illustrate Starr Commonwealth's work on behalf of children and families.

Please Check one:

Yes, you may use my image: _____

No, you may not use my image: _____