

Troop 84 Venture Crew

Scuba Certification

When: Sunday, January 20, 2008

Time: 11:45 - 3:15

Where: Bridgewater YMCA on Garretson Road
Meet in front lobby

Wear: Bathing Suit, Street Clothes

Bring: Towel, Plastic Bag
Snorkel and Mask - If you do not have a set.
Let us know on the permission form!

Cost: \$50.00 due w/Permission form on Dec. 17th
You can pay ½ then and the rest on Jan. 7th

BSA Snorkel: First timers will earn this Scout Award and earn PADI certification as well. Will include dives.

Recertification. If you have already been certified you will go through a quick safety reminder course. You will have extra dive time and do an obstacle course.

VENTURE CREW SCUBA CERTIFICATION

Signup and Payment Due December 17th

Scout _____ Will Participate Will Not Participate
Parent _____ Will Participate Will Not Participate
Scout Has Snorkel and Mask Yes No
Parent Has Snorkel and Mask Yes No

Trip Date : January 20 Trip Cost : \$50 Scout / \$50 Parent Total Paid : _____ by (Circle One) Cash Check Scout-Account

BOY SCOUTS OF AMERICA
TROOP 84 SOMERVILLE, NJ
WAIVER AND PERMISSION FORM

MY SON _____ HAS PERMISSION TO PARTICIPATE
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Venture Crew SCUBA Certification
WHICH WILL BE HELD AT Block Island, RI

MEDICAL CONDITIONS/RESTRICTIONS: _____

MEDICATIONS: _____

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) _____

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. _____ AT _____

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

Parent's name (Print) Parent's Signature Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:
Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

Parent's Signature Date