

Orange District Merit Badge Pow Wow



Our winter session for the Occoneechee Council Orange District Merit Badge Pow Wow will be sponsored by the American Legion Post 6, 1714 Legion Rd, Chapel Hill, NC and will be held on both Saturday, February 18th, 9am-3pm and Sunday, February 19th, 1pm-6pm.

18-19 February 2012 Application

Scout Name _____ Scout ID# _____

Address _____

Phone _____ Emergency Contact _____ Phone _____

Primary Email (for acceptance notification of application) _____

The Pow Wow will offer Scouts two (2) Merit Badges during a 2-day long extended session: **American Heritage and Cinematography (\$20)**.

Any Scout that attends the the Pow Wow, brings the required video camera and tripod pre-reqs and successfully completes all the requirements with the Merit Badge Counselors the day of Pow Wow, will earn both Merit Badges.

The Scout MUST attend both days to complete the Pow Wow - do not send application if you are not able to commit attendance BOTH days. The cost per Scout is **\$20** to cover lunch which will be supplied by the American Legion. All proceeds from this event will go to the Post 6 Preservation Fund.

Not only will attending Scouts earn the American Heritage and Cinematography Merit Badges, they will create a piece of American History in the form of a fully produced video interview with a United State War Veteran, as defined by the Library of Congress Veteran History Project. All work produced by the Scouts attending this Pow Wow will be submitted to the Library of Congress where it their work as a cinematographer will reside as a permanent video documentary of our American History.

Please send completed Pow Wow Application and check for **\$20** to: Occoneechee Council, Orange District Merit Badge Pow Wow, Post Office Box 41229, Raleigh, NC, 27629. Make checks payable to: Occoneechee Council. Please feel free to email Robert Shaw West, Orange District Merit Badge Pow Wow Chief, at westandco@earthlink.net with any questions.

Pow Wow Policies

The Pow Wow will offer Scouts two (2) Merit Badge during a 2-day long extended session.

Any Scout that attends the the Pow Wow, brings the required video camera and tripod pre-reqs and successfully completes all the requirements with the Merit Badge Counselors the day of Pow Wow, will earn both Merit Badges.

The Scout MUST attend both days to complete the Pow Wow - do not send application if you are not able to commit attendance BOTH days. The cost per Scout is \$20.

Registration will open at 8:30am and the Pow Wow will end at 3pm or sooner if the counselor completes he requirements earlier than expected. Parents leaving Scouts must have a way to be contacted by the Scout via phone for early departure. Parents must touch base with the counselor the day of the session prior to leaving the Pow Wow.

Please print out and sign the BSA permission slip and the BSA Form C prior to arriving at the event, this will greatly speed up the registration process.

Please make sure when a Scout is picked up from the Pow Wow an adult signs out the Scout with the counselor prior to leaving.

Cost may vary by Merit Badge and is noted on the Merit Badge specification page. Please send completed Pow Wow Application and check for associated fees to: Occoneechee Council, Orange District Merit Badge Pow Wow, Post Office Box 41229, Raleigh, NC, 27629. Make checks payable to: Occoneechee Council. DEADLINE FOR APPLICATIONS: twenty-four (24) hours prior to event.

Each Scout needs to bring a BSA Blue Card signed by their Scoutmaster and a current Merit Badge Pamphlet.

Each Unit must have at least two adult leaders (one trained) present throughout the entire Pow Wow.

Please make sure any Scout attending reads and understands the following:

1. A BSA Class A must be worn properly all through the entire Pow Wow.
2. Behavior should be based on the Scout Oath and Law.
3. Remember all the adults here are volunteers giving their time because they believe in you and the Scouting program. Treat them with the respect they deserve.
4. You will also be expected to treat our Sponsors property and your fellow Scouts with the same respect. We are guests and want to be able to return again next year.
5. Bring a pencil, an attitude that seeks knowledge and be prepared to work.

I agree to these policies. Signed,

Scout Signature _____ Date _____

Part C
Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities 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.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, including 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.

- Without restrictions.
 With special considerations or restrictions (list) _____

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/ film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

1. _____
2. _____
3. _____

Adults NOT authorized to take youth to and from the event:

1. _____
2. _____
3. _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



34605 2009 Printing

Part C Last name: _____ DOB: _____



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying permits and should be attached to the flying permit application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at www.scouting.org.

First name of participant and middle initial _____ Last name _____

Address _____ Birth date (month/day/year) ____/____/____ Age during activity _____

Additional address (need street address if you have a P.O. box) _____

City _____ State _____ Zip _____

Has approval to participate in _____
(Name of activity, orientation flight, outing trip, etc.)

From _____ to _____
(Date) (Date)

Without restrictions

Special considerations or restrictions: _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the 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)

E-mail (for use in sharing more details about the trip or activity)

Contact the adult tour leader with any questions:

Name _____

Phone _____ E-mail _____

