

SUPERHERO CUB OLYMPICS

Come to the first ever Cub Scouts Olympics,
Sponsored by Venturing Crew 11!

- Saturday, November 15, 2014
- 9 am - 12 pm, Sylvan Park, Redlands
- Wear Class B
- Just \$5 per person! Includes Hot Dogs, Chips, and Soda!

Contact Alex Bottenberg, Crew President, at
(909) 809-4527, or Carolyn Stanley, Crew Advisor,
at (951) 529-2228 for More Info !

In case of rain, backup date is 9 May, 2015



GRAYBACK DISTRICT CUB OLYMPICS

REGISTRATION FORM

Saturday Nov. 15, 2014

(See attached flyer for details)

Pack # _____

Cubmaster/Leader name: _____

Address: _____

Home/Day phone #: _____

Cell phone #: _____

#	Name of Cub Scout	Check one			
		Tiger	Wolf	Bear	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
		Total # cubs =			
		X \$ 5.00 =			

Total Due \$ _____

Please bring forms and money to the October 9 Roundtable

Please make checks payable to "Venturing Crew 11"

\$5.00 per Cub includes lunch, games and prizes

PARENT/GUARDIAN CONSENT FORM FOR A UNIT ACTIVITY, CAMP OR OUTING

Each youth participant must present a signed permission slip in order to attend

Venturing Crew 11 is planning the following activity:

Activity Type **Cub Scouts Olympics (See flyer)**

Location **Sylvan Park, Redlands, CA**

Dates **Saturday, Nov 15, 2014**

Leader in Charge: **Caroyln Stanley, David Lesyna (Venturing Crew 11)**

Time **9:00 a.m. to noon Saturday**

Cost per Youth \$ **\$5 per person**

Items to Bring **Wear your class B cub scout uniform**

APPROVAL

Complete, Sign, Copy or Detach and Return by (Date) *****Saturday, Nov 15, 2014*****

My son has permission to attend the Cub Scout Olympics activity on Nov 15, 2014

Full Name of Participant _____ Unit Type and Number _____

Address _____ City, State, Zip _____

Birthdate (month/date/year) _____ Age During Activity _____

Has approval to participate in (Name of Trip/Activity/Outing) **Cub Scout Olympics**

Medications/Restrictions/Special Considerations (if any): _____

Insurance Company _____ Policy Number _____

Physician's Name _____ Phone Number _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for 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 for any and all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE

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 medications 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.

Father/Guardian Signature _____ Date _____
Home/Business Phone _____ Cell Phone _____

Mother/Guardian Signature _____ Date _____
Home/Business Phone _____ Cell Phone _____

Alternate Contact _____ Relationship _____
Home/Business Phone _____ Cell Phone _____