

Troop 546 of Pio Pico District, G.L.A.A.C. **MERIT BADGE DAY**



Date: Saturday, July 29, 2023

Where: Palm Park (5703 Palm Ave, Whittier, Ca 90601)

Registration: On-Site. Email Counselor to reserve your seat in a merit badge class*

**Make sure to cc your Scout Leader and Parent on all emails per 2-Deep Youth Protection guidelines Must contact counselor for prerequisites*

SCOUTING FOR FOOD: PLEASE BRING CANNED GOODS

Cost: \$15.00, Includes lunch

Schedule:

8:00am: Check-In/Registration

8:30am: Flag Presentation

9:00am - 11:00am: Session #1

11:00am - 12:00pm: Lunch

12:00pm - 3:00pm: Session #2



MERIT BADGES OFFERED & PREREQUISITES

The Official 2021 Scouts BSA Merit Badge Requirements can be found online at:
<https://www.scouting.org/programs/scouts-bsa/advancement-and-awards/merit-badges/>

THINGS TO DO IN ADVANCE: Get approval from your Scoutmaster and a signed Blue Card (NO Blue Cards will be issued at the event). Buy or borrow the appropriate Merit Badge book(s). Study all information for each badge and complete any prerequisites (Be Prepared).

THINGS TO BRING: (a) Proof of completion for all prerequisites (e.g. the completed worksheets, pictures, etc...) signed by Scoutmaster or Guardian; (b) Scoutmaster signed Blue Card for each Merit Badge you are registered for; (c) The Merit Badge book(s) (read in advance) for the Merit Badge(s) you will be attending; (d) Pen or pencil; (e) Wear your Class A Uniform (NOT Class B T-Shirt); (f) Money for lunch.

SCOUTS & PARENTS: Make sure you bring and turn in the **REQUIRED** Parent Permission form found at the end of this packet. **Class sizes will be at the digression of the Merit Badge Counselor but per Pio Pico District and Covid guidelines will not exceed ten (10) Scouts.**

All BSA requirements will be followed. Each scout will be tested individually and the Merit Badge Counselor has the right and authority to approve or disapprove prior work done. Our experience indicates some scouts will earn partials, but scouts can make their own arrangements to continue to work with the Counselor after the Merit Badge Day; name and contact details of the Merit badge Counselor will be provided. Parents and Scout Leaders are welcome, but not required.

COVID GUIDELINES: Make sure you bring and turn in the **REQUIRED** COVID-19 Pre-screening Questionnaire form found with the Parent Permission form at the end of this packet. Temperature checks will be taken at Check-in/ Registration. Social distancing will be enforced. Masks are optional with the event being conducted outdoors.

QUESTIONS: Please feel free to contact Bob Mosqueda via email (jamminjamboree1@aol.com) with any general questions regarding this event. For Merit Badge classes and questions regarding Merit Badge requirements email your specific Counselor.



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	/	Age during activity Edad al momento de realizar la actividad
Address Domicilio		
City Ciudad	State Estado	Zip Código postal
Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)		From _____ to _____ De (Date) (fecha) a (Date) (fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. 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, includes 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.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

List participant restrictions, if any: _____
 None

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature Firma del participante	Date Fecha
Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor
Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)

Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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All Day Sessions:

Session 1&2	Subject	Counselor	Contact info:
9am – 3pm	Surveying	Schmahl, Larry	larschmahl@aol.com

AM Session:

Session 1	Subject	Counselor	Contact Info
9am - 11am	Pets	Mario Sierra	Sierra_Family@yahoo.com
9am – 11am	Gardening	Griselda Vargas	Gringy1@hotmail.com
9am – 11am	Crime Prevention	Carlos Ramirez	charletty@charter.net
9am – 11am	Photography	Arnie Valdez	Anv9247@gmail.com
9am-11am	Cit in the Nation	Bob Mosqueda	Jamminjamboree1@aol.com

PM Session:

Session 2	Subject	Counselor	Contact info
12pm – 3pm	Photography	Arnie Valdez	Anv9247@gmail.com
12pm – 3pm	Gardening	Griselda Vargas	Gringy1@hotmail.com
12pm – 3pm	Pets	Mario Sierra	Sierra_Family@yahoo.com
12pm – 3pm	Crime Prevention	Carlos Ramirez	charletty@charter.net
12pm – 3pm	Ciz in the Nation	Bob Mosqueda	Jamminjamboree1@aol.com