

Troop 921 Activity
Jackson YMCA – Swimming Merit Badge
Sundays (January 4th – February 8th)



Parent/guardian needs to fill out the last page and bring it to the first session on January 4th

Event: Swimming Merit Badge

Location: Jackson YMCA

Dates: Sundays (January 4th – February 8th) 2:00 – 3:00

Drop off: at Jackson YMCA – Scouts need to be on the pool deck at 2:00

Pickup at: at Jackson YMCA class is over at 3:00.

Fees: \$15.00 for all Scouts (even Y members)

Permission form and fees due: at first session on January 4th. Checks need to be made out to Troop 921.

Personal equipment needed: swimsuit, goggles, and towel. Blue cards will be provided at the first session. Merit Badge books, worksheets, and pencils are recommended.

Leader in charge: Brian Paisley home: 330-529-4013 cell: 330-284-1949 (availability subject to cell coverage in area). In case of an emergency, contact Brian Paisley at 330-284-1949. There will be adult leaders at the pool area each session.

Activity notes/itinerary:

Scouts will work on the merit badge requirements each week. Class attendance does not guarantee completion of the merit badge. There could be work assigned out of class. Scouts may need to arrange for additional class time after the first six sessions to complete the requirements. There is a work book available at: <http://usscouts.org/mb/worksheets/Swimming.pdf>



Troop 921 Activity Permission Slip

Scout Name: _____ Age: _____ Patrol: _____

The undersigned parent or guardian agrees to the following:

1. I am the legal parent or guardian of the Scout named above and I am legally able to give my consent for the Scout to participate in this Troop activity and I hereby give consent.
2. I have read, understand, and accept the included Troop 921 Disciplinary Policy and if determined necessary by Troop Leaders, will provide transportation home for my Scout, at any hour.
3. I understand that certain costs are incurred with all Troop activities (food, reservation fees, etc.). If my Scout should decide not to attend or fail to show up at predetermined departure time, he will forfeit any and all fees incurred during the Troop activity unless notification is made at least 1 week prior to the event.
4. My Scout is in good health and has no major illness or change in his health status since the last Personal Health and Medical History form was submitted to the Troop.
5. I have read, understand, and followed the Troop 921 Medication Policies, as applicable.
6. In case of medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the Troop Leaders to secure proper treatment, including hospitalization or medications for my Scout. (Please list any exceptions.) _____
7. I will make sure my son is present prior to the determined departure time & will be properly equipped and clothed for this activity. Upon return, I will pick him up on time at the location determined.
8. I will work with the Troop Transportation Chair to make sure an adequate amount of drivers and adults will be available to provide transportation for all Troop members. I will do my share by pitching in and contributing to the transportation needs of this Troop.
9. I will accept that the adult leaders of this activity will be acting in the best interest of the Scouts of Troop 921 in accordance with BSA Safe Scouting Guidelines. I agree to hold them harmless for any attempts to do what is in any and all of the participants' best interest.

Parent/Guardian Signature: _____ Date: _____

Transportation: Scouts need to be dropped off and picked up at Jackson YMCA

Emergency Contacts: Please provide at least two emergency contacts:

Primary Contact Adult: _____ Phone Number: _____

First Alternate Adult: _____ Phone Number: _____

Second Alternate: _____ Phone Number: _____

Payment: See below

Cash payment of \$ _____

Check Payment of \$ _____ Check number # _____ (payable to Troop 921)

Deduct Payment of \$ _____ from Scout account Parent initials: _____

Received by (Troop Scribe/Leader initials): _____ Date: _____