## **DAVIDSON CREW #58**

## ACTIVITY CONSENT FORM & APPROVAL BY PARENTS OR LEGAL GUARDIAN

|  |  |  | /   | /   |  |
|--|--|--|---|---|--|
| First na   | irst name of participant (Middle initial, Last name)   |  | Birth date (month/day/year)   |   |  |
| Street   | Address  |  |   |   |  |
| City   |  |  | State   |   |  |
| •  |  |  |   |   |  |
|  | НО   | LD HARMLES   | S AGREEN  | MENT  |  |
| articipate articipate articipate articipate article ar | nally demanding. I have carefully constate in all Troop/Crew #58 activities. It is activities, including but not limited to white, Winter Skiing, and Snow Shoeing. It is plane travel. I also understand that pay applicable rules and standards of contators, and all employees, volunteers, rems or liability arising out of this particity of emergency involving my child, I understand the most pay give my permission to the most, including hospitalization, anesthesized to disclose to the adult in charge extension of the participant, follow-up and contact participant's ability to continue in the participant of the participant of the participant.   | understand that this p, Summer Camps, understand that transaction in this aduct. I release the elated parties, or of pation.  Idderstand every efformedical provider sela, surgery, or inject camination findings ommunication with rogram activities.  The effort of the elated parties and every effort elated provider sela, surgery, or inject camination findings of the elated parties and the elated provider selation with the elated parties. | s consent is a Backpacking insportation to activity is ent Boy Scouts of her organizate of will be made extended by the tions of medias, test results, the participal insent for the give approval to | blanket consent, and g, Hiking, Camping, and from these trip irely voluntary and of America, the local itons associated with adde to contact me. In adult leader in charge cation for my child, and treatment provint's parents or guarded by participate in all Troop/ | d thus applies to all Troop Swimming, Rafting, s may include car, bus, requires participants to council, the activity the activity from any and the event I cannot be ge to secure proper Medical providers are ided for purposes of medical dian, and/or determination  hild's Crew Trips without |
|  | restrictions as noted in the current BSA Health require an annual physical by Physician in according to the control of the current and the cur |  |   |   |  |
|  | Participant's signature  |  | Printed name  |   | Date   |
|  | 1 articipant 8 signature   |  | Timed name  |   |  |
|  | Parent's signature   |  | Printed name  |   | Date   |
|  |  |  |   |   | Date   |
|  | Second Parent's signature  |  | Printed name  |   |  |
|  |  | Emergency Co   | ntact Numbe   | rs:   |  |
| Mother:  | (home)   | (cell)   |   | (work)  |  |
| Father:  | (home)   | (cell)   |   | (work)  |  |
| Other: _   |  |  |   |   |  |
|  |  |  |   |   |  |
| Other:   |  |  |   |   |  |

#### **VENTURE CREW 58 CODE OF CONDUCT**

#### WHAT I ACCEPT:

As a mature young adult I am capable of, and responsible for, controlling my own behavior and conduct. I understand that my actions as a Venture Scout affect not only myself, but also every other member of the Crew. Understanding this I agree to abide by the following Code of Conduct, understanding that this is not a complete list of all conduct or expectations of me.

#### CODE OF CONDUCT:

TROOP MEETING CONDUCT: I am expected to demonstrate exceptional respect for our nation's flag, the scout oath and promise, and the troop leadership. I understand that if I am unable to demonstrate respectful behavior, I will be asked by an advisor to call my parents to pick me up. I understand that my advisor's decision is final and that I will be done for the evening without further discussion or debate.

CREW MEETING CONDUCT: I understand that if my conduct impedes the ability of the Crew to accomplish the goals of the meeting, then I am outside of what is acceptable conduct. If I need to be asked to modify a behavior a second time, then I will be asked by an advisor to call my parents to pick me up. I understand that my advisor's decision is final and that I will be done for the evening without further discussion or debate.

PROPER UNIFORM ATTIRE: I agree to wear my full uniform to all meetings with shirt tucked-in, scout belt, venture socks, and gray venture pants. If I do not wear proper uniform to attend any meeting or event, then I will be sent home.

LEAVING EARLY/COMING LATE: I understand that if I am going to leave early, then I need to let an advisor know and establish that I am leaving with parental permission.

ACTIVE PARTICIPATION: I accept that High-Adventure trips require that we be able to function well as a unit based on mutual trust, respect and collective practice. As such, we need to ensure that everybody is prepared and I agree to the following participation standards: (A) to go on a Venture trip I need to attend the meeting prior to the trip or make alternate arrangements with the Trek Leader, (B) to go on a Winter Expedition, I need to attend all prep meetings or make alternate arrangements with the Trek Leader, and (C) to go on the Summer Expedition, I need to attend monthly prep meetings and the 4 Mandatory Prep trips.

### ON MY HONOR:

| As a Venture Scout, I agree to abide by the Code of Conduct outli | ned above.               |
|---|--------------------------|
| Signed  | Date                     |
| As the parent of a Venture Scout, I have read and understand the  | e Code of Conduct above. |
| Signed  | Date                     |

# **Davidson Venture Crew 58**

## **Contact Information**

| Scout Name:   |             |
|---|-------------|
| Birthday:   |             |
| Scout's Email:  |             |
| Scout's Cell phone:   |             |
| Home Mailing Address:   |             |
|   |             |
|   |             |
| Home Email Address:   |             |
|   |             |
|   |             |
| Demand Control Inform   | <b>4.</b> * |
| Parent Contact Informa  | ation:      |
| Parent 1 Name:  | ntion:      |
|   |             |
| Parent 1 Name:  |             |
| Parent 1 Name: Parent 1 Email:  |             |
| Parent 1 Name:  Parent 1 Email:  Parent 1 Work Phone:                                   |             |
| Parent 1 Name:  Parent 1 Email:  Parent 1 Work Phone:                                   |             |
| Parent 1 Name: Parent 1 Email: Parent 1 Work Phone: Parent 1 Cell Phone:                |             |
| Parent 1 Name: Parent 1 Email: Parent 1 Work Phone: Parent 1 Cell Phone: Parent 2 Name: |             |