

## **MERIT BADGE / SKILLS DAY**

**OPEN TO ALL BOY SCOUTS (ages 11-17) and VENTURERS (ages 13-20)**

**Sponsored by Troop 156 and Troop 12**

**Date: Saturday, May 5, 2018**

**Place: The Church of Jesus Christ of Latter-day Saints  
6500 E. Atherton, Long Beach CA 90815  
(Close to the corner of Palo Verde and Studebaker)**

**REGISTRATION: Pre-registration Only! Registration, Consent Form and fees must be received by Saturday April 28, 2018 (registration is by first come first served).**

**COST:** \$25.00 (includes lunch) for up to two sessions – **no refunds** will be given after your check has cleared. Snacks may all also be purchased throughout the day. Scouts who cannot afford the registration fee should contact the Registrar about scholarships available **after** April 28.

**SCHEDULE:**

7:30 a.m.	Check-in begins (please park in the main lot on Atherton)
8:15 a.m.	Opening Ceremony
8:30 a.m. - 11:00 a.m.	1st session
11:00 a.m. - 12:00 p.m.	Lunch Break
12:00 p.m. - 2:30 p.m.	2nd session

### **MERIT BADGES OFFERED AND PREREQUISITES**

**Numbers indicate prerequisite requirements (w/proof) to be completed in advance of the event; otherwise a partial will be earned**

The official 2018 Boy Scout requirements can be found online at  
<https://www.scouting.org/programs/boy-scouts/advancement-and-awards/merit-badges>

Art – 4, 6, 7. Bring examples for #4 and an idea for #5 and a computer if you want to do 5i	<b>Communications – 3, 4, 5, 7, 8, 9</b>	<b>First Aid ‡ – 1, 2d (bring scout book and first aid kit)</b>
Automotive Maintenance – 11, 12	<b>Emergency Preparedness‡ – 1, 2, 7, 9</b>	Public Speaking - 4
<b>Camping– 4b, 5e, 7b, 8c,d, 9</b>	Engineering - 1, 2, 9	Scholarship – 1, 3
Chemistry – 5, 7	<b>Environmental Science – 3d, 3e, 4, 6</b>	Textile – 4, 6
<b>Citizenship in the Nation – 2, 3, 6</b>	Fingerprinting - none	Woodcarving - 2a, 6, 7
<b>Citizenship in the World – 3, 7</b>		

*Eagle required badge are in **blue** font ‡ Requires both sessions*

### **INSTRUCTIONS & REQUIREMENTS**

**THINGS TO DO IN ADVANCE:** Get approval from your Scoutmaster and a signed Blue Card – no Blue Cards will be issued or sold at the event. Buy or borrow the appropriate merit badge book(s). Study **all information for each badge** and complete the prerequisites shown above which includes contacting the Merit Badge Counselor for approval of any pre-requisites.

**THINGS TO BRING:** (a) Proof of completion for all prerequisites (e.g. the filled-out worksheets, pictures, etc.), signed by Scoutmaster or guardian; (b) Scout Master signed “Blue Card” for each merit badge you are registered for (c) The merit badge book (read in advance) for each badge you will attend; (d) Pen or pencil, and (e) Dressed in Class A uniform shirt (e.g. your scout shirt not t-shirt).

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 they can continue to work with the Counselor after the Merit Badge Day. Each scout will be given the name and contact details of the Merit Badge Counselor to complete partials. Parents and Scout leaders are welcome, but not required. Due to class size limits, enrollment priority will be 1<sup>st</sup>: by registration postmark, 2<sup>nd</sup>: by rank for Eagle Required.

FOR MORE INFORMATION, CONTACT the registrar at:  
LBACTroop156@gmail.com

**LONG BEACH AREA COUNCIL TROOP 156  
MERIT BADGE DAY REGISTRATION**

Registration can only be done by mail. Complete the application below (all fields are required) and mail with payment (checks made payable to "Atherton Ward" or cash) and Activity Consent Form to:

Troop 156 Merit Badge Day  
1880 Hackett  
Long Beach CA 90815

Enrollment confirmation will be e-mailed to you, please print neatly.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Council \_\_\_\_\_ Troop# \_\_\_\_\_ Rank \_\_\_\_\_

List your Merit badge choices in order of preference (please note that **Emergency Preparedness and First Aid** require **both sessions** to complete, Scouts signing up for either of these merit badges should list it as 1<sup>st</sup> and 2<sup>nd</sup> or 3<sup>rd</sup> and 4<sup>th</sup>). Only one Eagle required badge can be taken during the day.

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Registration fees:      \$25.00 - for up to two sessions (includes lunch)  
                                  If you are only attending one session, please check which one:  
                                  Session 1 \_\_\_ Session 2 \_\_\_

Total Paid: \_\_\_\_\_

Note: If registering more than one attendee you can sum all the fees on to one check.

# 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 / De \_\_\_\_\_ (Date) / (fecha) \_\_\_\_\_ to / 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 \_\_\_\_\_ Date / Fecha \_\_\_\_\_

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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