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| **Return By:** | **Thursday, December 15, 2022** |

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| **Activity:** | Broom Ball – Ontario Ice Skating Center, 1225 W. Holt Blvd, Ontario, CA 91762 |

**Adult Leader Contact**:

|  |  |  |  |  |  |  |  |
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| **Name:** | Edwin Pribadi |  | **Phone:** | 909-348-3080 |  | **email:** | c\_dmail@yahoo.com |

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| --- | --- | --- | --- | --- |
| Meet At:Ontario Ice Skating Ctr. |  | Saturday, 12/18/20226:30 - 7:30 pm |  |  |
| **Leaving/ Meeting at** |  | **Date/Time** | **Returning To** | **Date/Time** |

|  |  |  |  |  |  |  |
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| $10 | + | --- | + | --- | = |       |
| **Activity Fee** |  | **Transportation Fee** |  | **Food Cost** |  | **Total Cost** |
|  |  |  |  |  |  |  |

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| **Notes:** | * Arrive a little early. Ice time is 6:30-7:30p.
* Dress appropriately.
* Spectators are free, and not allowed on the ice
* Send ZELLE payment to: troop777zelle@gmail.com
 |

**HOLD HARMLESS AGREEMENT**

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.

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.

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.

**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.

**ALL PARTICIPANTS
(Please provide all information)**

**Youth and Adult:**

|  |  |  |  |  |
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|       |  |       |  |    |
| **Participant Name** |  | **Birth Date(MM/DD/YYYY)** |  | **Age During Activity** |
|  |  |  |
|       |  |       |
| **Address** |  | **City, State, ZIP** |
|  |  |  |
|  |  |  |
| **Has approval to participate in the above stated activity** |  |
| **͏****[ ]**  | **Without Restrictions** |  | **͏[ ]**  | **Special Considerations or Restrictions:** |  |

**Youth:**

|  |  |  |  |  |
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|       |  |       |  |       |
| **Parent/Guardian Printed Name** |  | **Parent/Guardian Signature** |  | **Date** |
|  |  |  |  |  |
|       |  |       |
| **Area Code and Phone Number(best contact and emergency contact)** |  | **Email(For use in sharing more details about activity)** |

**Adult:**

|  |  |  |  |  |
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| **Emergency Contact** |  | **Contact Relationship** |  | **Contact (Telephone)** |

**ADULTS ONLY
(Please provide all information)**

|  |  |  |
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| **TRAINING INFORMATION** |  | **TRANSPORTATION** |
|  |  |  |  |  |  |  |  |  |  |  |
| BSA ID#: |       |  | **͏[ ]**  | to and from |  |       |  |       |  |       |
|  |  |  |  |  |  | **year & make of vehicle** |  | **driver’s license #** |  | **Total # of passengers** |
| YPT DATE: |       |  | **͏[ ]**  | to only |  |  |  |  |  |  |
|  |  |  |  |  |  |       |  |       |  |       |
| AB506 DATE |       |  | **͏[ ]**  | from only |  | **each person** |  | **each accident** |  | **property damage** |
|  |  |  |  |  |  |  |  |  |  |  |
| LIVESCAN DATE: |       |  |  |  |  | **Public Liability** |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **͏[ ]**  | **͏Insurance meets or exceeds minimum state requirements** |