

**VENTURE CREW 94
NEW MEMBER CHECKLIST**

CREW MEMBER'S NAME

- BSA Crew Application – All Information Filled In, Back of Application Completed (Youth), Necessary Signatures in Place.**
- Registration - \$25 – Registration** Please Make Checks Payable to “Venture Crew 94”
- Class 3 Medical Form** (All Class 3 Medicals are kept in strict confidence)
- Parent Signatures on Annual Informed Consent Form**
- Members/Parents Roster Information**

- Sign Members Log – Once Everything is Completed** (Except for Class 3 Medical)

ROSTER INFORMATION

Members Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Medical Insurance Name: _____

Medical Group Number / Policy Number: _____/_____

Custodial Parent Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address(s): _____

2nd Parent Name: _____

Address (if different): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email Address(s): _____

Venture Crew 94 Annual Parental Informed Consent Form for Venturing Activities

I understand that participation in the High Adventure activities through Venture Crew 94, Greater Alabama Council for the period from **August 1, 2008 – July 31, 2009, involves a certain degree of risk** that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risks involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my child,

I give (enter name): _____ my consent to participate in the following activities with Venture Crew 94:

- | | | |
|----------------------------|--|-------------------------|
| Rock Climbing | Rappelling | Bouldering |
| Cave Exploring | Mountaineering | Equestrian |
| Hiking | Back Country Camping | Canoeing/Kayaking |
| Whitewater rafting | Snorkeling | Scuba Diving |
| Skiing/Snowboarding | Wilderness Survival | Sailing/Boating |
| Archery | Fishing | Cycling/Mountain Biking |
| Hunting | Shooting Sports---Rifle / Pistol / Shotgun | |
| Co-ed Overnight Activities | | |

I understand that Venture Crew 94 is a co-ed organization that routinely participates in overnight adventures where **BSA Youth Protection Guidelines** are strictly enforced. I am aware that there are NO secret organizations or events within the BSA, and that I am encouraged to observe and/or participate in any Venturing activity. Understanding that **my interest and support are key elements to my child's success** in Venturing, I affirm that I will participate in at least one Venturing event per year. I understand that a qualified expert or certified instructor will be present to supervise certain high-risk activities as required by BSA safety guidelines, including: rock climbing, rappelling, cave exploring, scuba diving, and shooting sports.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I will discuss my child's medical concerns and medication requirements with a Crew Advisor, with the understanding that even though it will be treated as confidential, the information will be shared with all adult leaders participating in an event where awareness of the condition is crucial to my child's well being.

Note: Both Parents/Legal Guardians must sign the permission slip if appropriate. A Legal Guardian MAY NOT sign in lieu of a non-custodial Parent. If no second Parent/Legal Guardian please write Not-Applicable.

Signature

Signature

Date

Date

Emergency Phone

Emergency Phone