

APPLICATION FOR OUTDOOR EDUCATION

If you have been invited to apply, use this form to start the process.

GROUP LEADER INFORMATION

NAME:		EMAIL ADDRESS:			
WORK PHONE:	MOBILE PHONE:			HOME PHONE:	
				<u>I</u>	
CAMP RESERVAT	ION				
EXPECTED CHECK-IN DATE:		EXPECTED CHECK-IN TIME:			
PREFERRED CAMP ORIENTATION D		PREFERRED CAMP ORIENTATION TIME:			
DEPARTURE INSPECTION DATE:		DEPARTURE INSPECTION TIME:			
NUMBER OF CAMPERS:	NUMBER OF STAFF:			TOTAL NUMBER:	
PERCENTAGE OF CAMPERS WHO C	UALIFY FOR FREE OR REDUCED LUNCH:				
SCHOOL INFORM	ATION				
LEGAL NAME OF SCHOOL:		PHONE:			
ADDRESS:					
CITY:	STATE:			ZIP:	
ADMINISTRATOR NAME:		PHONE:			
EMAIL ADDRESS:					
EMERGENCY CON	ITACT				
NAME:		EMAIL ADDRESS:			
WORK PHONE:	MOBILE PHONE:			HOME PHONE:	
				1	

Please continue and sign on the back of this form.



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TERMS OF AGREEMENT

I UNDERSTAND THAT A FIRST AID PROVIDER MUST BE ON-SITE AT ALL TIMES DURING OUR CAMP STAY; OUTDOOR EDUCATION DOES NOT SUPPLY FIRST AID PROVIDERS. AT A MINIMUM, A PERSON WITH AN AMERICAN RED CROSS COMMUNITY FIRST AID AND SAFETY CERTIFICATE OR EQUIVALENT (COMMUNITY FIRST AID, CPR, AED) MUST BE WITH OUR GROUP AT ALL TIMES. COPY OF CURRENT LICENSE OR CERTIFICATE MUST BE SUBMITTED TO OUTDOOR EDUCATION STAFF AT LEAST TWO WEEKS BEFORE OUR ARRIVAL.

I UNDERSTAND THAT OUR GROUP MUST PROVIDE OUR OWN LIFEGUARDS; OUTDOOR EDUCATION DOES NOT PROVIDE LIFEGUARDS. ALL WATERFRONT ACTIVITIES MUST BE ATTENDED AND SUPERVISED BY AN ADULT (18 YEARS OLD OR OLDER) WHO HOLDS A CURRENT AMERICAN RED CROSS LIFEGUARD CERTIFICATION OR ITS EQUIVALENT. A MINIMUM OF ONE CERTIFIED LIFEGUARD PER 20 SWIMMERS IS REQUIRED. COPY OF CURRENT CERTIFICATE MUST BE SUBMITTED TO OUTDOOR EDUCATION STAFF AT LEAST TWO WEEKS BEFORE OUR ARRIVAL.

I UNDERSTAND THAT WE MUST PROVIDE PROOF OF SCHOOL DISTRICT COMMERCIAL GENERAL LIABILITY INSURANCE TO \$1 MILLION. (THIS DOCUMENTATION IS AVAILABLE THROUGH YOUR CENTRAL OFFICE ADMINISTRATION). PROOF OF SCHOOL DISTRICT INSURANCE MUST BE FAXED OR MAILED TO OUTDOOR EDUCATION STAFF AT LEAST TWO WEEKS BEFORE OUR ARRIVAL.

I UNDERSTAND THAT A SCHOOL ADMINISTRATOR MUST SIGN AN INDEMNITY AGREEMENT BEFORE OUR GROUP PARTICIPATES IN OUTDOOR EDUCATION. AGREEMENTS MUST BE SIGNED AND SUBMITTED TO OUTDOOR EDUCATION STAFF AT LEAST TWO WEEKS BEFORE OUR ARRIVAL.

I UNDERSTAND THAT ALL STUDENTS, FACULTY, ADMINISTRATORS, AND VOLUNTEERS WHO PARTICIPATE IN OUTDOOR EDUCATION WILL BE REQUIRED TO SUBMIT (1) A WAIVER OR PARENT WAIVER FORM AND (2) A HEALTH HISTORY FORM. FORMS MUST BE COMPLETED, SIGNED, AND SUBMITTED TO OUTDOOR EDUCATION STAFF UPON ARRIVAL.

I UNDERSTAND THAT FOR THE SAFETY AND WELL-BEING OF ALL PARTICIPANTS, OUTDOOR EDUCATION ENCOURAGES ALL ADULT ATTENDEES TO COMPLETE ABUSE AWARENESS TRAINING. THIS TRAINING ONLY TAKES A MATTER OF MINUTES AND PROVIDES VALUABLE INSIGHT IN MAINTAINING THE HIGHEST STANDARDS FOR STUDENT SAFETY. ONE AVAILABLE SOURCE FOR THIS TRAINING IS EASILY ACCESSED THROUGH THE BOY SCOUTS OF AMERICA WEBSITE: WWW.MYSCOUTING.ORG.

I UNDERSTAND THAT SCHOOLS ARE RESPONSIBLE FOR CONDUCTING BACKGROUND CHECKS FOR EACH OF THEIR ADULT VOLUNTEERS.

SIGNATURE:	DATE: