



Cabrillo Beach Youth Waterfront Sports Center

3000 Shoshonean Road
San Pedro, CA 90731
(310) 831-1984
(310) 831-2907 fax
www.cabrilloyouthcamp.org

Boy Scout Day Camp 2007

TRAIL TO FIRST CLASS REQUIREMENT 1b

Dear Parents:

We are planning a walking trip to the Korean Bell of Friendship as a part of the Trail to First Class (Second Class Requirement #1b). This hike is approximately five miles in length and is a strenuous activity. Please advise center staff if your Scout needs an inhaler.

Things needed to participate in this activity are: Compass, Boy Scout 10 Essentials (see Scout Handbook), comfortable walking shoes, camp t-shirt, sunscreen, bottled water, and a cap.

Scouts participating in this activity will be given a sack lunch which they will carry with them. They will be accompanied by at least two adults who will walk with them to the Korean Bell of Friendship. They will leave camp at approximately 9 a.m. and arrive at the Bell at approximately 11:30 a.m.-12:00 p.m. Once there, they will rest and eat lunch. They will leave the Bell at approximately 1:00 p.m. and then hike back to camp at approximately 2:30 p.m. to 3:00 p.m.

At that time, Scouts will have a closing ceremony in the amphitheater where they will receive their patch, completed (or partial) blue cards, and certificate of completion/participation.

Please Sign and Return



August 1, 2007

I give permission for my child, _____, to go on a five
(Please print child's name)

mile hike to the Korean Bell of Friendship on _____. I understand that this is a strenuous activity and I have turned in my child's health form.

Child's Name

Parent's Signature

Please check here if your child has asthma and uses an inhaler.



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OCEANOGRAPHY

Dear Parents:

We are planning a walking trip to the Cabrillo Marine Aquarium and the tide pools. Please advise center staff if your Scout needs an inhaler.

Things needed to participate in this activity are: Compass, Boy Scout 10 Essentials (see Scout Handbook), comfortable walking shoes, camp t-shirt, sunscreen, bottled water, and a cap.

Scouts will be accompanied by at least two adults who will walk with them to the Aquarium and the tide pools. This is approximately a five minute walk. We will leave the center approximately 12:00 noon with a sack lunch. We will eat lunch at the park next to the Aquarium, explore the Tide Pools, and explore the Aquarium and touch tanks. We will return to the center at approximately 4:00 p.m.

At that time, Scouts will have a closing ceremony in the amphitheater where they will receive their patch, completed (or partial) blue cards, and certificate of completion/participation.

Please Sign and Return



August 1, 2007

I give permission for my child, _____, to go to the tide
(Please print child's name)

pools and Cabrillo Marine Aquarium on _____. I have turned
in my child's health form.

Child's Name

Parent's Signature

Please check here if your child has asthma and uses an inhaler.



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Talent Release Form

In consideration of my engagement as a model, I hereby grant right and permission to copyright and to use and publish, in any media, the photographs/film/ videotapes/electronic representations and/or sound recordings made of me by Learning for Life, at the time and place indicated below. I hereby release Learning for Life, or its assigns, from any and all liability from any such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings in any media for any purpose whatsoever without limitation at the sole discretion of Cabrillo Beach Youth Waterfront Sports Center, or its assigns, and I specifically waive any further right to any compensation for any of the foregoing.

Signed: _____

Guardian: _____
(if under the age of 18)

Witness: _____

Session Date: _____

Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____



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Archery Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS — READ BEFORE SIGNING

IN CONSIDERATION OF _____, my minor child/ward (“my child”), being allowed to participate in any way in the CBYWSC Boy Scout Day Camp Archery program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my child’s participation; and,
3. I willingly agree to comply with the program’s stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child’s involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Release’s from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ (PARENT/GUARDIAN SIGNATURE) _____ (PRINT NAME)
Date Signed: _____ Phone Number: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

X _____ (PARENT/GUARDIAN SIGNATURE) _____ (PRINT NAME)
Date Signed: _____ Address: _____