

Pio Pico District Merit Badge Day

G.L.A.A.C.



DATE: Saturday, November 16, 2019

Palm Park 5703 Palm Ave. Whittier CA 90601

REGISTRATION: On-site, Please e-mail Counselor to reserve your seat.

COST: \$7.00 includes a Pizza Lunch

SCHEDULE:

- 8:00 am • Check In/Registration (please contact the counselors by e-mail or phone to reserve your seat.)
- 8:30 am • Flag Presentation
- 9:00 am - 11:00 am • Session 1
- 11:00 am – 12:00 am • Lunch Break
- 12:00 pm – 3:00 pm • Session 2

MERIT BADGES OFFERED AND PREREQUISITES

The Official 2019 Scouts BSA Merit Badge requirements can be found online at:

<https://www.scouting.org/programs/scouts-bsa/advancement-and-awards/merit-badges/>

INSTRUCTIONS & REQUIREMENTS

THINGS TO DO IN ADVANCE: Get approval from your Scoutmaster and a signed Blue Card; NO Blue Cards will be issued at the event. Buy or borrow the appropriate merit badge book(s); Study **all information for each badge** and complete the worksheet and complete the prerequisites.

THINGS TO BRING: (a) Proof of completion for all prerequisites (e.g. the completed worksheets, pictures, etc.) signed by Scoutmaster or guardian; (b) Scoutmaster signed "Blue Card" for each merit badge you are registered for; (c) The merit badge book (read in advance) for merit badge you will attend; (d) Pen or pencil; (e) Dress in Class A uniform (NOT Class B T-Shirt); (f) Cash for lunch/snack bar.

SCOUTS & PARENTS - Make sure you turn in the REQUIRED parent permit form found on the last page.

*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 scouts can make their own arrangements to continue to work with the Counselor after the Merit Badge Day; name and contact details of the Merit badge Counselor will be provided. Parents and Scout Leaders are welcome, but not required.*

Please email the counselor for availability and pre requisites and cc the following:

t546eagle@gmail.com

Session 1	Subject	Counselor Name	Contacts
9:00 am to 1:30 pm (All day class)	Energy	Mario Sierra	Sierra_family@yahoo.com
9:00 am to 1:30 pm (All day class)	Robotics	Greg Bergman	hackazit@verizon.net
9:00 am to 3:00pm(All day)	Surveying	Larry Schmahl	larschmahl@aol.com
9:00 to 11:00 am	Citizen in the Community	Phil Terrazas	philterrazas@charter.net
9:00 to 11:00 am	Gardening	Griselda Vargas	Gringy1@hotmail.com
9:00 to 11:00 am	Space Exploration	Greg Halligan	TGH218@aol.com
9:00 to 11:00 am	Citizenship in the World	Enrique Valenzuela	ervalenzuela@earthlink.net
9:00 to 11:00 am	Communication	Lou Grimaldi	redsubmariner@gmail.com
9:00 to 11:00 am	Sports	Scott Frees	562-698-8939
9:00 to 11:00 am	Family Life	Sally Grimaldi	salgrimaldi@yahoo.com
9:00 to 11:00 am	Pets	Pat Smith	Scienceldy@aol.com
9:00 to 11:00 am	Personal Management	George Arredondo	Gmgg5050@gmail.com
9:00 to 11:00 am	Plumbing	Paul Vandervilt	Paul@lasco.net
9:00 to 11:00 am	Photography	Arnulfo Valdez	Anv9247@charter.net
9:00 to 11:00 am	Engineering	Angel De Sevilla	desevilla@sbcglobal.net
9:00 to 11:00 am	Bugling	Robert Denham	Robert.denham@biola.edu

Session 2	Subjects	counselor Name	Contacts
12:00 pm to 3:00 pm	Citizenship in the world	Enrique Valenzuela	ervalenzuela@earthlink.net
12:00 pm to 3:00 pm	Water & Soil Management	Phil Terrazas	philterrazas@charter.net
12:00 pm to 3:00 pm	Disability Awareness	Rose Lozano	Lloza_yofuedo@hotmail.com
12:00 pm to 3:00 pm	Chemestry	Pat Smith	scienceldy@aol.com
12:00 pm to 3:00 pm	Fingerprinting	Paul Craig	pcfraig985@msn.com
12:00 pm to 3:00 pm	Citizen in the Nation	Bob Mosqueda	jamminjamboree1@aol.com
12:00 pm to 3:00 pm	Graphic Design	Tom Lerma	tomatoheadink@yahoo.com
12:00 pm to 3:00 pm	Personal Management	Alfred Beccerra	misterfredwfg@gmail.com
12:00 pm to 3:00 pm	Engineering	Beth Gibson	elgmrn@charter.net
12:00 pm to 3:00 pm	Art	Tom Garcia	tagnc@roadrunner.com
12:00 pm to 3:00 pm	Merit Badge Training	Donna Comire	tig.comire@verizon.net
12:00 pm to 3:00 pm			
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12:00 pm to 3:00 pm			

PIO PICO DISTRICT MERIT BADGE DAY

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 _____ to _____ De (Fecha) a (Fecha)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

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 these 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 preparation 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 continuously 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.

List participant restrictions, if any: _____
 None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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 congreso 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.

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 enmendaron de vez en cuando, incluye 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.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparación y transporte 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 cualquier y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, al congreso local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, a otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los congresos 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. Enumere más abajo las restricciones impuestas a su hijo participante en relación con los programas o actividades.

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de madre del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha
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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)
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Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si se que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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