

Sycamore District Spring Merit Badge Opportunity Days

February 6th, February 20th & March 13th, 2010

8:45 AM – 2:30 PM

(Sign in begins at 8:00 AM; first Saturday)

Sage Products, Inc.
3909 Three Oaks Road
Cary, IL 60013

Fee: \$6.00 per Scout

Please note the following:

- Registration will be on a first come first serve basis (limit 175 scouts).
- Participating Scouts must be at least **1st Class rank** at time of registration.
- **Registrations must be received no later than Monday, January 11th, 2010 (No late registrations will be accepted).**
- Must register as a Troop (**Individual registrations will not be accepted**).
- Check must accompany registration, to be accepted.
- Send one check per Troop made out to "Blackhawk Area Council".
- Each Troop must provide two-deep leadership. Adults attending will be asked to assist the MB Counselors in the classroom.
- Each Scout is required to bring a signed blue merit badge card on February 6th for their primary and back up MB (**Blue merit badges cards will not be provided**).
- Scouts are expected to obtain and begin **reading** the merit badge booklet for each merit badge (primary and back up).
- * **All Scouts participating will need to complete the Sage Products outside parent consent form and will need to sent in with the troops registration.**
- The following merit badges will be offered (**MB Counselors needed**):
 - Citizenship in the Community
 - Citizenship in the Nation
 - Citizenship in the World
 - Communications
 - Emergency Preparedness
 - First Aid
 - Personal Fitness
 - Personal Management
- * **Troops providing MB Counselors for the duration of MBOD; their Scouts will be registered first for their primary MB selections and fee is reduced to \$2 per Scout.**
- Lunch **will not** be provided, so have the Scouts bring a bag lunch.

2010 MBOD Registration Form

Troop / Crew #: _____

Number of Scouts _____ **x \$6.00 each**

Total amount enclosed \$ _____

Troop Contact information:

Name: _____

Address: _____

Phone: (_____) _____

Email: _____

Mail Troop Check and all registration forms to:

Sycamore District Spring MBOD

C/O Greg Buck

1481 Westbourne Pkwy

Algonquin IL 60102

847-644-3717

glgsbuck@comcast.net



OUTSIDE PARTICIPANT’S INFORMED CONSENT AGREEMENT

In consideration of the use of facilities of Sage Products Inc., we request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following informed consent agreement.

Participant’s name (please print)

Parent’s name (please print)

I declare that I intend to use some of Sage Products, facilities, and I understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs and services. I am aware that all activities, services, and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, of my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service and program at Sage Products brings with it my assumption of those risks or results stemming from this choice and the fitness, health, awareness, are and skill that I possess and use.

I recognize that by participating at the facilities at Sage Products, I may experience potential health risks such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea and that I assume willfully those risks. I acknowledge my obligation to immediately inform the nearest supervising chaperone/coach of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire that I may also be requested to stop and rest by a supervising employee who observes any symptoms of distress or abnormal response.

In consideration of using Sage facilities or equipment, I do hereby waive, release and forever discharge Sage Products and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities held at Sage Products or the use of any equipment at Sage Products.

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment are a potentially hazardous activity. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in any of the activities held at Sage Products or use of it’s facilities and equipment ,except as hereinafter stated. I do hereby acknowledge that I have been informed by my attending school of the need for a physician’s approval of my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I declare that I have read, understood and agree to the contents of this informed consent agreement in its entirety.

NAME OF YOUR ORGANIZATION

Participant Signature **Date**

Parent Signature **Date**

Witness **Date**

Parent’s Printed Name

Parent’s Phone Number

