

SCNWO Training Camp for AAA School Safety Patrol Leaders - 2018

AAA School Safety Patrol Leaders (boys and girls) from all public and parochial schools in the Toledo and surrounding areas are invited to attend this camp.

WHERE: The campsite is located at Camp Miakonda (Boy Scout Camp) 5600 W Sylvania Ave, Toledo, OH 43623.

WHEN: September 13 & 14, 2018. Registration will begin at 8:00am on September 13th.

COST: The cost of this camp is **FREE** for one Captain and one Lieutenant from each school - additional AAA School Safety Patrol members will be charged \$45.

PROGRAM:

AAA School Safety Patrollers will be coached in leadership development and on the operation and responsibilities of AAA School Safety Patrols. Police and School Personnel administer all workshops. Recreation will be included as part of the program.

CABIN LEADERS:

Instructors, Safety Council Staff and Youth Volunteers will act as Lodge Counselors and Recreation Leaders.

TRANSPORTATION:

We are asking that parents drop off and pick up their children at Camp Miakonda on Sylvania Avenue, Toledo, OH. Drop off will be between 8:00am and 8:30am on the 13th. Pick up will be at 1:00pm on the 14th in the same location.

Information and forms are available at our website: www.scnwo.org

***If you need more information, please call the Safety Council office at
(419) 662-7777***

Please return all registration forms by September 7th, 2018 to

Safety Council of Northwest Ohio
8015 Rinker Pointe Court, Northwood,
Ohio 43619 or fax to 419-662-8888.



STUDENT INFORMATION

September 13 & 14, 2018

Student's Information:

Name: _____
(Please print clearly – name tags will be made for each student)

Home Address: _____

City: _____ Zip: _____

Home Phone #: _____ Alt. Phone #: _____

Grade: _____ Age: _____ Sex: Male or Female
(Circle one)

School's Information:

Name of School: _____

School Contact Person: _____

School Address: _____

City _____ Zip: _____

School Phone #: _____ FAX #: _____

-REQUIRED-

Student Signature: _____

Parent/Guardian Signature: _____

Principal Signature: _____

Please submit registration form (and payment of \$45, if required) to the Safety Council of Northwest Ohio for each Leader no later than September 7, 2018.

If you cannot meet the deadline, but still would like to attend, please call the Safety Council Office at (419) 662-7777 to reserve your space.

Send registration forms to: Safety Council of Northwest Ohio 8015
Rinker Pointe Court, Northwood, Ohio 43619.

CLOTHING AND EQUIPMENT PACKING LIST

Note: You will be limited to one suitcase and one bedroll. **(Make sure name is on suitcase and bedroll)**

Bedroll: Sleeping bag or one / two blankets and sheets. Pillow and pillow case if you want one.

Clothing: We suggest that you bring clothing that you would wear for after-school activities ***(Clothing should be marked with name.)***

Packed = ✓

- _____ One pair of pajamas
- _____ Two pair of shoes (tennis shoes)
- _____ Daily change of socks and underclothes
- _____ Heavy and light shirts
- _____ Jacket and/or light sweater
- _____ Raincoat
- _____ Jeans or slacks (2 or 3 pair)
- _____ Shorts (weather permitting)

Toiletries:

- _____ Toothpaste
- _____ Toothbrush
- _____ Soap
- _____ Bath towels (2)
- _____ Washcloths (2)
- _____ Comb / brush
- _____ Small pack of tissues

General Equipment:

- _____ Flashlight (batteries)
- _____ Pencils
- _____ Notebook (not loose-leaf paper)

DO NOT BRING:

Radios	Comic books	Food	Chewing gum	Money
Cards	Knives	Axes	Firearms	Cell Phones

MEDICAL AUTHORIZATION

Parents: This form must be completely filled out, signed, and mailed or faxed to the Safety Council by September 7, 2018 in order for your student to attend camp. Please print clearly.

Emergency Contact information			
Name: _____	Relation: _____	Main Phone: _____	Alternate Phone: _____
Name: _____	Relation: _____	Main Phone: _____	Alternate Phone: _____
Medication Information			
Current Medication: _____	Dose: _____		
Current Medication: _____	Dose: _____		
Allergies: _____			
Other Health Related Issues			
Please attach a separate document for any other medical issues. This includes behavioral concerns such as sleepwalking, bedwetting, and special diet needs.			

Permission is hereby granted for the above child to participate in the program and activities for the SCNWO Training Camp for AAA School Safety Patrol Leaders. I understand that in case of an emergency a local nurse will attend the child.

Student's Printed Name: _____

Parent/Guardian's Printed Name: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

MEDICATION AUTHORIZATION

*Please put this form in a Ziploc bag with the medications in their proper container, and bring to check-in. This can include over the counter medication as long as they are in the original unopened container. **Please send a copy with paperwork.***

Student's Name: _____

Medicine Name	Milligrams	Dose	Per day / hours

Phone Number: _____ Alternate Number: _____

Student's Printed Name: _____

Parent/Guardian's Printed Name: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____





Safety Council of Northwest Ohio

Media Consent and Release Form

From time to time photographs may be taken of youth and adults engaging in Camp programs and activities (example: picnics, games, classes). Safety Council of Northwest Ohio requests the right to use these photos for our website or to showcase our activities in the local newspaper.

By signing this form, I confirm that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

My Contact Information:

Student Name (print): _____

Address: _____

Phone Number: _____ Email Address: _____

Student Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____



SCNWO TRAINING CAMP for AAA SCHOOL SAFETY PATROL LEADERS

PARENT/GUARDIAN PERMISSION, ACKNOWLEDGMENT AND RELEASE

The child named below has the permission of the undersigned parent(s)/guardian to participate in the Safety Council of Northwest Ohio (SCNWO) Leadership Camp. I/We hereby give permission to the SCNWO to secure emergency medical care for the child named below while at camp. I/We understand that health insurance coverage is the responsibility of the parent/guardian, and that the SCNWO is not responsible for payment of any medical expenses incurred during participation at camp.

In consideration for the child named below being allowed to participate in this program, I/we agree to assume the risks of participation in the program, and further agree to release and hold harmless the Safety Council of Northwest Ohio, its officers, employees, instructors, cabin leaders, members and representatives from any and all claims, suits, losses, or related causes of action arising out of participation in this program by the child named below.

Student's Printed Name: _____

I/We have read and understand and agree to the foregoing, and my/our child identified above has my/our permission to participate in the SCNWO Training Camp for AAA School Safety Patrol Leaders.

Parent/Guardian's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____