

# **SCNWO Training Camp for AAA School Safety Patrol Leaders - 2019**

*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 12 & 13, 2019. Registration will begin at 8:00am on September 12<sup>th</sup>.

**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 12<sup>th</sup>. Pick up will be at 1:00pm on the 13<sup>th</sup> in the same location.

*Information and forms are available at our website: [www.scnwo.org](http://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 6<sup>th</sup>, 2019 to

Safety Council of Northwest Ohio  
8015 Rinker Pointe Court, Northwood, Ohio 43619  
[angela@scnwo.com](mailto:angela@scnwo.com)

Fax: 419-662-8888



# **STUDENT INFORMATION**

September 12 & 13, 2019

## **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 6, 2019.

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: SCNWO 8015 Rinker Pointe Court, Northwood, Ohio 43619

Email: [angela@scnwo.com](mailto:angela@scnwo.com) or Fax: 419-662-8888

# **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 6, 2019 in order for your student to attend camp.  
Please print clearly.

<b>Emergency Contact information</b>			
Name: _____	Relation: _____	Main Phone: _____	Alternate Phone: _____
Name: _____	Relation: _____	Main Phone: _____	Alternate Phone: _____
<b>Medication Information</b>			
Current Medication: _____		Dose: _____	
Current Medication: _____		Dose: _____	
Allergies: _____			
<b>Other Health Related Issues</b>			
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

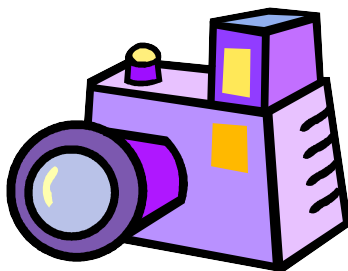
Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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: \_\_\_\_\_