



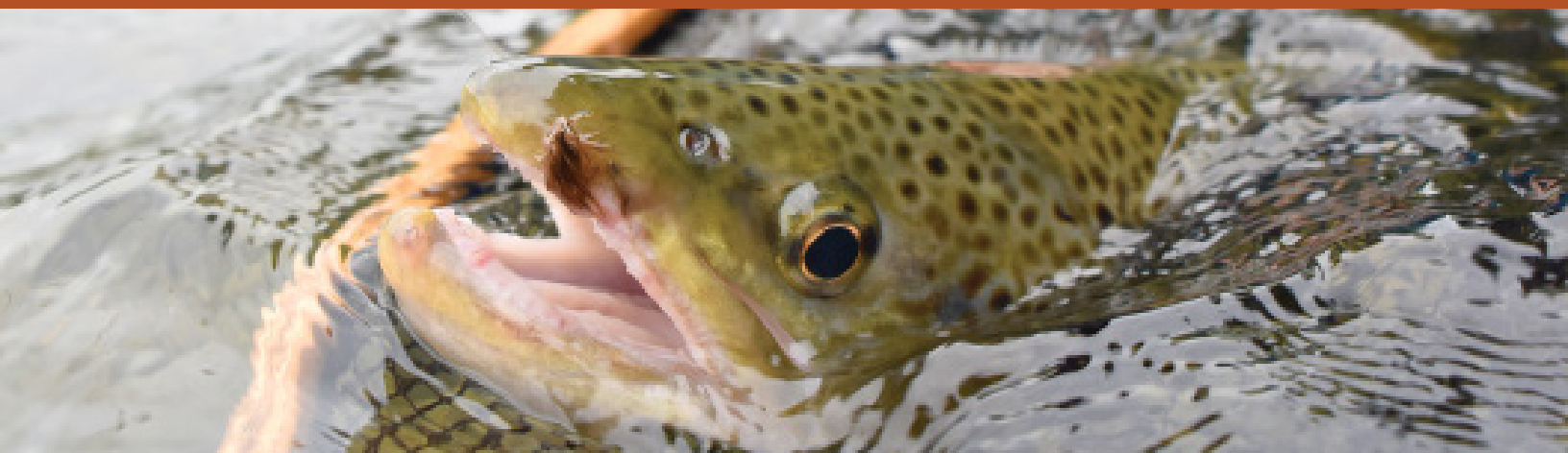
Grand Canyon Council BSA
Council Service Center
8840 E Chaparral Rd Suite 200
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FISH CAMP

CHRISTOPHER CREEK ARIZONA

PARENT GUIDE



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FISH CAMP

A GUIDED EXPERIENCE IN NORTHERN ARIZONA

CULTIVATE A LIFELONG LOVE OF CONSERVATION AND THE OUTDOORS AT FISH CAMP.

Fish Camp is a high-end angling program offered by The Arizona Council of Trout Unlimited and the Grand Canyon Council, BSA. This is not your grandfather's cane pole fishing experience — participants 13 and older will learn the ecology necessary to select proper bait, understand where to cast, lure, or fly; and master the art of provoking fish to attack your line.

Participants will also become proficient in technical skills like casting and fly tying as we fish creeks and lakes throughout Northern Arizona. Join our expert staff and volunteers for an unforgettable summer experience.

WHY CHOSE FISH CAMP?

Human beings are not designed to sit motionless in a room staring at a screen and youth need new experiences and challenges to become healthy, well-adapted adults. Fish Camp is an incredible opportunity for youth to be challenged and grow in a community of fellow adventurers. Youth will make lasting friendships, develop a lifelong hobby, build social skills and personal confidence, engage in leadership opportunities, and spend an amazing week in the mountainous, tall pine region of Arizona — all guided by passionate adult mentors. We recognize that the social environment of an overnight camp can be intense. Campers will be housed in cabins and all meals will be prepared by certified staff in our beautiful dining hall. Our caring staff are trained to guide youth through conflict, providing opportunities to practice communication, empathy, and compassion — key components of maintaining positive relationships. Your son or daughter will learn so much more than fishing in this program, sign up today!

<https://www.azoutdoored.org>

YOUR WEEK AT FISH CAMP

Participants should arrive at R-C Scout Ranch by 4:00 on Sunday to get checked in. The week will start with foundational experiences ranging from classroom time to experiential opportunities like seining for insects in Christopher Creek. As the week advances, the group will venture daily to new and exciting fishing locations where participants will learn how to cast into creeks, wade in streams, and fish from canoes in lakes. Additionally, we will have expert lectures and an opportunity to visit the State Fish Hatchery. The week will conclude on Friday afternoon with a short graduation ceremony at 4:00. (If you need transportation assistance, please note so on registration)

CAMP CURRICULUM WILL INCLUDE:

1. Casting Instruction
2. Fly Tying
3. Entomology
4. Leave No Trace
5. Knots
6. Soil and Water Conservation
7. Fish Handling
8. Fish Biology, Anatomy, and Pathology
9. Reading the Water
10. Fishing First Aid
11. Night-time fishing
12. How to cook a fish



SESSION DATES AND CAMP DETAILS

FISH CAMP CHRISTOPHER CREEK ARIZONA

SESSION DATES

The Fish Camp Program will run for 3 sessions.

Select one of the dates below and register at:

<https://www.azoutdoored.org/>

Session #2: June 26-July 1

Session #3: July 3-8

Session #4: July 10-15

Session #5: July 17-22

Session #6: July 24-29

R-C SCOUT RANCH HOUSING AND DINING

Participants will be housed in twin-sized bunk beds in cabins at R-C Scout Ranch and will eat most meals in the camp dining hall. Facilities may be viewed at: www.azoutdoored.org

MAILING INFORMATION

Post mail 3-5 days in advance of camp arrival day to ensure a timely delivery. For all mail:

Youth Name - Session #

R-C SCOUT RANCH

19887 AZ-260

Payson AZ 85541

CAMP CONTACT INFORMATION

R-C SCOUT RANCH

19887 AZ-260

Payson AZ 85541

Emergency Contact Number: (928) 478-4500

Service Center Office

8840 E Chaparral Rd. Ste. 200

Scottsdale, AZ 85250

Monday - Friday: 9:00am – 5:00pm

For registration questions call 602-955-7747

TRADING POST

The Trading Post will be open at convenient hours every day during camp. The Trading Post will carry camp t-shirts, patches, souvenirs, merit badge pamphlets, craft supply materials, soft drinks, candy, and a wide selection of outdoor supplies.



CHECK-IN

FISH CAMP CHRISTOPHER CREEK ARIZONA

CHECK-IN PLEASE ARRIVE BETWEEN 3 AND 4 PM

All participants should check-in on Sunday at R-C Scout Ranch by 4:00pm. Participants will need to bring the following forms:

1. Participant Health History Form: [Participant Health History Form](#)
2. A copy of the Family Insurance Card attached to the medical form.
3. [Trout Unlimited Personal Injury Consent Form](#) and [Photo Waiver](#)
4. [Swim Test](#) — In order to ensure safety in watercraft, all participants must pass a BSA Swimmer Test. If participants are unable to pass the test, they will be either partnered with a swimmer or will participate in an alternate activity.
5. [Pre-event Medical Screening Checklist](#)



NEED TRANSPORTATION?

Please indicate so when you register! More information about bus transportation to Payson from Phoenix metro locations will be shared with those in need.

PACKING LIST

FISH CAMP CHRISTOPHER CREEK ARIZONA

PACKING

Preparing for camp is an easy process, but it does require planning ahead. The following check list is designed to guide so you are comfortable at camp.

Most anglers are comfortable with their own gear and we encourage you to bring your own gear; however, the camp will have rods and equipment necessary to support those without gear.

All participants will be receiving some awesome fishing swag including:

- Camp Shirt
- Fishing License
- Fly box & flies
- Fishing vest or sling pack
- Hemostat, nippers, flies, tippet, leaders
- A year's membership in Trout Unlimited

PLEASE LEAVE AT HOME:

- Gaming devices, electronics
- Matches, lighters, hot sparks
- Laser pointers
- Bicycles
- Fireworks
- Alcoholic beverages or illegal drugs, smoking devices or vapes
- Sheath knives
- Personal firearms or projectile items such as wrist rockets
- Pets

LOST PROPERTY

Prior to arriving at camp, encourage youth to clearly mark all personal items with their name. This will help return items to them before departure. Lost and Found is in Camp HQ. Any items left at camp will be stored at our Council Service Center for 30 days and then donated to the local charities.

CAMP PACKING CHECK LIST

LABEL EVERYTHING

CLOTHING:

- 5 tee shirts
- Fleece or wool vest or jacket
- Rain jacket
- 2 shorts
- Swimsuit
- One pair long pants
- Wicking long underwear (optional)
- Socks and underwear
- Wide brimmed hat
- Water shoes (Due to sharp rocks, we recommend closed toe shoes, not sandals, no flip-flops)
- A pair of shoes to wear around camp

PERSONAL ITEMS:

- Bandanna
- Towel and wash cloth
- Pocketknife
- Toiletries: toothbrush, paste, brush/comb, soap, shampoo, deodorant, insect repellent, and feminine hygiene products.
- shaving gear
- Reusable water bottle
- Flashlight
- Lip balm
- Sunscreen
- Sunglasses—Polarized
- Waterproof watch
- Whistle
- Sleeping Bag or twin-size sheet and blanket, pillow
- Day pack
- Spending money for Trading Post

HEALTH AND MEDICAL

FISH CAMP CHRISTOPHER CREEK ARIZONA

HEALTH LODGE

The Camp Health Lodge is staffed 24 hours a day by qualified medical personnel. Arrangements have been made with the local rescue squads and hospitals to handle any medical emergencies.

MEDICAL FORM

Any person staying overnight must submit a Personal Health History Form upon arrival at Camp.

The Personal Health History Form is provided as a fillable PDF [Personal Health History Form](#), and parents are encouraged to fill it out on their computer, then print the record (rather than printing the record and filling it out by hand). Doing this will improve the readability and accuracy of each member's medical information. Please bring a paper copy with you to camp.

SPECIAL NEEDS/FOOD ALLERGY REQUESTS

Please communicate special needs prior to arrival at camp. On Sunday, any participants with special dietary needs should visit with the dining hall staff to discuss accommodations that the camp can make for their diet.

MEDICATION POLICY

Grand Canyon Council requires that all prescription and over the counter (OTC) medications be stored under lock and key, except when in the controlled presence of health care staff or Adult Leader responsible for the administration and /or dispensing of medications.

- Emergency medications such as inhalers, Epipen's, and nitro should be maintained on the patient's person.
- Refrigerated medications may be stored at the Health Lodge or in the campsite if secured under lock and key.
- All medication should be in a container issued by a pharmacist with the medication name and strength, the dose and dose frequency clearly marked on the container.



CAMP SAFETY

FISH CAMP CHRISTOPHER CREEK ARIZONA

WILDLIFE SAFETY

Youth have an opportunity to observe many types of wildlife that includes deer, bats, raccoons, birds, skunks, turkey, snakes, coyotes, amphibians, and bears. It is wise to remember that these animals are the permanent residents of the backcountry.

Therefore, treat all animals with respect and observe from a distance. Store all food in a secure place.

Do not follow, feed, tease, or handle wildlife. If you discover a snake or an animal that is behaving strangely, please notify the camp staff immediately.

Please leave food and sodas at home! Do not eat food and drinks in cabins. Make sure your youth keep their sleeping bags free of food smells by changing their clothes before going to bed and washing hands and faces. Please haul all bagged trash to dumpsters daily.

YOUTH EARLY RELEASE POLICY

1. Verification must be made to assure that the person requesting release is acting as the legal parent or guardian or under the direction of the legal parent or guardian.

Verification may be done by the following:

- Presentation of proper identification matched with the name listed as the legal parent or guardian on the youth's medical form.
- Contact via telephone with the legal parent or guardian. The telephone number used may be supplied by the Scoutmaster or obtained from the medical form.

2. It is understood that any person who requests the early release of a youth will abide by the policy set forth above and completes the early release form prior to the release of the youth.

3. It is understood that a youth will never be released to another youth under 18 years of age without verified permission from the legal parent or guardian.



A HEALTHY CAMP BEGINS AND ENDS AT HOME!

A healthy camp really does start at home.

Here are some actions you can take to help your child have a great camp experience.

1. If your child is sick, stay at home - If your child is showing signs of illness such as running a temperature, throwing up, has diarrhea, nasal drainage and/or coughing/sneezing, keep the child home. This reduces the spread of illness at camp and supports your child's recovery. Know your camp's policy about illness and camp attendance.
2. A Scout is clean - Teach your child to sneeze/cough in his/her sleeve and to wash his/her hands often while at camp, especially before eating and after toileting. If you really want to achieve impact, teach your child to accompany hand washing with another behavior: keeping their hands away from their face.
3. Let us know how we can support your child's health needs - If your child has mental, emotional, or social health challenges, talk with a camp representative before camp starts. Proactively discussing a camp's ability to accommodate a child can help minimize – if not eliminate – potential problems.
4. Inform us of any unique nutritional needs ahead of time - Should your child need a particular nutrition plan because of allergies, intolerances or a diagnosis (e.g., diabetes), note these on the Health History form but also contact the camp to make sure (a) they have noted that need and (b) the camp can address it. Discuss how your child will receive appropriate meals and snacks then explain that to your camper. Should your child be uncomfortable with the plan, arrange for a camp staff member to assist/monitor the process until the child is comfortable.
5. Pack closed toed shoes - Make sure your child has and wears appropriate closed toed shoes for activities such as soccer and hiking, and that your child understands that camp is a more rugged environment than home. Talk with your child about wearing appropriate shoes to avoid slips, trips and falls that, in turn, can result in injuries such as sprained ankles.
6. Dress in layers - Send enough clothes so your child can dress in layers. Mornings can be chilly and afternoons get quite warm. Dressing in layers allows your child to remove clothing as s/he warms while still enjoying camp.
7. Be well rested before and during camp - Fatigue plays a part in both injuries and illnesses – and camp is a very busy place! If your child is going to a day camp, be sure they get enough rest at night. If the child will be at a resident camp, explain that camp is not like a sleepover; they need to sleep, not stay up all night!
8. “Be Prepared” for sun protection - Remember to send sunscreen appropriate to the camp's geographic location and that your child has tried at home. Teach your child how to apply his/her sunscreen and how often to do so.
9. Bring a reusable water bottle - Instruct your child to use it and refill it frequently during their camp stay. Staying hydrated is important to a healthy camp experience, something your child can assess by noting the color of their urine (“pee”); go for light yellow.
10. Help your youth understand who to talk to if they have a concern - Talk with your child about telling their leaders, Health Officer, the nurse, or camp director about anything that is troublesome for them at camp. These leaders can be quite helpful as children learn to handle being lonesome for home or cope with things such as losing something special. These helpers can't be helpful if they don't know about the problem – so talk to them.
11. Let us know how we can help - Should something come up during the camp experience or afterward — contact the camp's representative and let them know. Camps want to partner effectively with parents; sharing information makes this possible.



PARTICIPANT HEALTH HISTORY FORM

Please fill out the following information & attach the requested additional information to be turned in at registration of camp.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____

CONTACT INFORMATION

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:
Name: _____ Relationship to Camper: _____

Preferred Phone #: (_____) _____

Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:
Name: _____ Relationship to Camper: _____

Preferred Phone #: (_____) _____

Email: _____

Additional contact in event parent(s)/guardian(s) cannot be reached:
Name: _____ Relationship to Camper: _____

Preferred Phone #: (_____) _____

INFORMED CONSENT & TALENT RELEASE

I understand that participation in camp activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your 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 me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any volunteers or professionals who need to know of medical conditions that may require special consideration in conducting camp activities.

With appreciation of the dangers and risks associated with programs and activities, 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.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. The participant has permission to engage in all activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

Rev. 5/2/22

MEDICAL INFORMATION

Allergies:

Are you allergic to or do you have any adverse reactions to the following?

Yes	No	Allergies/Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/Stings	

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of Medication	Reason for Taking	When it is given	Amount/Dose	How is it given?
		<ul style="list-style-type: none"> • Breakfast • Lunch • Dinner • Other: _____ 		
		<ul style="list-style-type: none"> • Breakfast • Lunch • Dinner Other: _____ 		
		<ul style="list-style-type: none"> • Breakfast • Lunch • Dinner Other: _____ 		

(If additional lines are necessary, please attach on a separate sheet.)

The following non-prescription medications may be stocked in the camp Health Office and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|--|---|
| <ul style="list-style-type: none"> • Acetaminophen (Tylenol) • Phenylephrine decongestant (Sudafed PE) • Antihistamine/allergy medicine • Diphenhydramine antihistamine/allergy medicine (Benadryl) • Sore throat spray • Lice shampoo or cream (Nix or Elimite) • Calamine lotion • Laxatives for constipation (Ex-Lax) | <ul style="list-style-type: none"> • Ibuprofen (Advil, Motrin) • Pseudoephedrine decongestant (Sudafed) • Guaifenesin cough syrup (Robitussin) • Dextromethorphan cough syrup (Robitussin DM) • Generic cough drops • Antibiotic cream • Aloe • Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |
|--|---|



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication unless instructed to do so by your doctor.

Non-prescription medication administration is approved for youth by

Parent/Guardian: _____ Date: _____



Rev. 5/2/22

Immunization:

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column, and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease (Date)	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		COVID-19	
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/Mumps/Rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e. HIB)	

Please list any additional information about your camper’s medical history that may aid us in providing care:

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____



Include a copy of your insurance card, if appropriate; copy both sides of the card so information is readable.

Parent/Guardian Authorization for Health Care:

The aforementioned health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities, except as noted by myself, and/or an examining physician. I give permission to the medical professional selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the medical professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand that the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child, and these providers may talk with the program’s staff about my child’s health status.

Parent/Guardian _____ Date: _____ Relationship to Camper: _____

FOR CAMP USE ONLY:

REVIEWED BY: _____ DATE: _____
 APPORVED BY: _____ DATE: _____



Rev. 5/2/22

BSA Pre-Event Medical Screening Checklist

This is a tool to help leaders identify potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.*

Name: _____ **Date/Event:** _____
Unit: _____ **Campsite:** _____

Do not participate if you have any of the following symptoms in the past 24 hours:

- Fever (100.4° F or greater)
- Vomiting
- Diarrhea
- New cough

Do not participate if you or anyone you live with has recently tested positive for COVID-19 or does not have test results back.

If you have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider's treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with or anyone you have recently been around feel unwell. Symptoms might include:

- Unexplained extreme fatigue
- Unexplained muscle aches
- New rash
- Sore throat
- Open sore

Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.

*Councils are encouraged to customize this checklist with the engagement of local health authorities and their Council Health Supervisor.



680-102
2022 Revision

BOY SCOUTS OF AMERICA

BSA Swim Test Certification

A BSA Lifeguard or Red Cross Lifeguard **MUST** administer this test. A copy of their certification card **MUST** accompany this form. Incomplete forms, or absence of proof of certification, will void the Swim Test.

Note to Lifeguard:

It is very important that you administer this test exactly as stated. Do not make exceptions for any reason. There are three classification levels in the BSA Swim Test. The first is **SWIMMER**, which will allow the scout to swim in all areas, boat in open areas of a lake, and participate in waterskiing and open sea activities. The second is **BEGINNER**, which will permit limited boating and swimming. The third is **LEARNER**, which will permit wading and boating only with qualified accompaniment in safe watercraft.

SWIMMERS must demonstrate the following:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl (no dog-paddle); then swim 25 yards using an easy, resting backstroke. The 100 yards must be completed in one swim without stops and include at least one sharp turn. After completing the swim, rest by floating for one minute.

BEGINNERS must demonstrate the following:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to the starting place.

LEARNERS are those who cannot pass the test required of **SWIMMERS** or **BEGINNERS**.

CERTIFICATION

I attest to the validity of the Swim Test administered by me on _____, 20____. A copy of my certification is attached. I understand that classifying an unqualified scout as a Swimmer or Beginner could endanger the health and safety of the individual and others.

Scout Name _____ Unit Number _____

Pool Name and Location _____

Demonstrated Classification (circle one) **SWIMMER** **BEGINNER** **LEARNER**

Name of Lifeguard (print) _____

Circle One: **BSA LIFEGUARD** **RED CROSS LIFEGUARD**

Certification Expiration _____, 20____

Signature _____

Form invalid
without
attached COPY
of Certification
Card



Personal Injury Consent Form:

I, _____, am at least eighteen years of age and have prepared myself to participate in the AZTU-BSA Fish Camp project of the Arizona Council of Trout Unlimited by familiarizing myself with the physical demands involved in participating in the project. I am in good physical condition and am capable of meeting those physical demands. I understand that projects like this one can involve the risk of death or serious physical injury and agree to assume that risk. I also agree to release and indemnify Trout Unlimited, its officers, trustees, directors, employees, and agents, from and against any and all claims, demands, and judgments arising from injuries or damages in connection with my participation in the project.

_____ (Signature)

Date: _____

Parental Consent Form:

I _____, am the parent/legal guardian of _____.

I hereby consent to his/her participation in the AZTU-BSA Fish Camp of the Arizona Council of Trout Unlimited. In determining whether to allow _____ to participate, I recognize that Trout Unlimited cannot be responsible for him/her in the event of injury while participating. I also realize that participation can involve the risk of serious physical injury or death and agree, on his/her behalf, to assume those risks.

I agree to release and indemnify Trout Unlimited, its officers, trustees, directors, employees, and agents, from and against any and all claims, demands, and judgments arising from injuries or damages in connection with his/her participation.

_____ (Signature of parent or legal guardian)

Date: _____



Grand Canyon Council Inc. BSA

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