

How to Join the Tacoma Sea Scouts

Application letter Page -1- July 27, 2011 **SIX STEPS TO MEMBERSHIP**

Please turn these all six items together so your son or daughter may be registered.

APPLICATION

Complete the Venturer Application. Please complete the medical information on the back of the form.

Your son or daughter must sign on the line above **“Signature of Venturer”**

CODE OF CONDUCT

Youth must read, agree to follow, and sign the Code of Conduct.

PARENTS OR GUARDIAN

Either both parents or both guardians must read and sign this agreement

PERMISSION SLIP

Complete the permission slip. This is critical if there is a need to obtain medical services and we are unable to contact you. It is also used for field trips and photo opportunities.

Canada will not allow young people into Canada without a signed permission. If the parents are separated both parents should sign on the attached form or on separate forms, if appropriate.

MEDICAL INFORMATION FORM

Complete the medical information form. A physical is not required. We travel long distances from home and in case of a medical emergency we may need to obtain medical services for your young person. We need to provide a treating physician as much information as possible. We will not treat your child without trying to reach you, but we go places that this may be very hard. Or we may need to get the youth to a doctor because we need advice or we are trying to meet a schedule.

In addition if your child has problems not listed please let us know. Not in writing, but take time to discuss this with the leaders. Often a youth will have a chronic need that they are able to take care of, but which the adults need to be prepared to deal with. Adult leaders can be frightened by behaviors or medical needs that are controlled or a non-serious matter. It also helps if we know there are behaviors seen by other youth as different.

DUES

Pay the 2012 dues of **\$65.00 to \$70.00**. We encourage all youth to be part of this program.

We can arrange individual scholarships based on the ability to pay.

The dues include a dress uniform, which is loaned and must be returned, a polo shirt which is received when the young person obtains the first rank “apprentice seaman”, and a manual.

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SSS CHARLES N. CURTIS YOUTH CODE OF CONDUCT

I, _____, as a member of the Sea Scouts and Ship 110 "Charles N. Curtis," agree to conduct myself, while attending Ship and Scouting activities in the following manner:

I will behave as a lady or gentleman, and will follow the ship's rules and regulations, the Scout Oath, the Scout Law and the Code of Conduct of the Ship.

I will maintain a Scout-to-Scout relationship with members of the ship. My friends and I will act as business associates, without touching each other except as business associates might touch each other.

I will refrain from any forms of harassment, including sexual harassment, which includes sexual comments about gender or preference, provocative dress, speech and actions.

I will not wear clothes displaying tobacco, drug or alcohol symbols, nor use profane or inappropriate speech.

I will not engage in horseplay or other inappropriate actions.

I will not discriminate in any manner against anyone by reason of race, color, creed, religion, national origin, condition of handicap or sexual preference.

I will not participate in any illegal activity, nor will I use tobacco products, illegal drugs or consume alcohol.

I understand that violation of this Code of Conduct may result in the following actions depending on the severity of the violation:

My Parents/Guardians will be notified and may be asked to pick me up from the activity.

I may be asked to take a leave of absence from the program for a designated period of time.

I may be permanently removed from the program.

Sea Scout activities include any gathering for the purpose of training, competition, or socializing. To be considered an activity, it must be:

Arranged by the ship Approved by a Senior Officer or the Ship's Committee Have at least two adult advisors over 21 in attendance If co-ed, have adult advisors from both sexes present, who may be from any ship participating.

In keeping with the objectives of my Ship, I agree to follow this Code of Conduct and represent the highest standards of Sea Scouting

_____ *Name (crew member) Date* Application letter Page -3- July 27, 2011

PARENT/ GUARDIAN'S AGREEMENT

We, _____, as the parents/guardians of a member of the Sea Scouts and Ship 110 "Charles N. Curtis," agree to expect the following of our child while they attend Ship and Scouting activities and agree to help the program in the following manner:

We will support our child following the Scout Oath, the Scout Law, and the Code of Conduct of the Ship

We understand that violation of this Code of Conduct may result in the following actions depending on the severity of the violation:

One of us will be notified and may be asked to pick our child up from the activity.

Our child may be asked to take a leave of absence from the program for a designated period of time.

Our child may be permanently removed from the program.

We understand that Sea Scout activities include any gathering for the purpose of training, competition, or socializing. To be considered an activity, it must be:

Arranged by the ship Approved by a Senior Officer or the Ship's Committee Have at least two adult advisors over 21 in attendance If co-ed, have adult advisors from both sexes present, who may be from any ship participating.

We understand that we may always call and verify that an activity is a Sea Scout Activity. In addition, we understand that the ship may need my time helping with several activities during the year, and we agree to help the Ship as we can.

We will let the Officers know if my youth needs financial or other help to participate, and I will keep them advised of major changes in the child's life.

If our youth member is having problems with Officers or Crew, we will let the Skipper or Commodore know immediately.

Date

**SEA SCOUT SHIP 110
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA
PARENTAL PERMISSION**

REQUIRED: For scouts under eighteen (18) years of age participating in a trip or activity.
(Please Print) _____ has our permission to participate in activities of Ship 110 during the years 2012- 2013. Today's Date _____

We understand and intend that this permission includes overnight trips, cruises and other activities of varying duration. It also includes regular meetings, and Saturday activities. We understand that the program uses boats and goes out on the water, and give permission for our child to do so.

We give permission for our child to be photographed, and for the photographs to be used by Ship 110, or the Boy Scouts of America for publicity purposes.

We know of no health or fitness restriction that would preclude participation. We have talked to the leaders about any special needs of my child, and have provided them with any medication and instructions on taking it that my child requires. In the event of an accident or illness, reasonable efforts to reach me will be made. If one of us cannot be reached, we give permission for this child to be treated by a physician in a clinic or hospital as may be necessary in the sole judgment of the physician and scout leaders present. This information is confidential to be used on a need to know basis only, and if need be shared with a health care provider.

In consideration of the benefits to be derived from membership and in view of the fact that the Boy Scouts of America is a voluntary character building, educational organization, and having full confidence that the activities will be organized in a safety-conscious manner; we agree to waive all claims that I or my child might have against the leaders of the activity, Pacific Harbors Council, BSA, and their agents or representative, and if use is made of any U.S., state, county, or city government agency or facility, against that agency or facility.

We give my permission for this child to enter Canada as a part of the scheduled activities of the Sea Scouts, Boy Scouts of America. Please have either both parents or both guardians' sign below

Signature _____
_____ (Parent/Guardian) Parent/Guardian)

Print Names _____ Signature of Youth over eighteen
(18) _____

Print Name _____

_____ Date _____ Address _____

_____ City _____ State _____

Zip _____

Phone (Days) _____ Phone (Nights) -----

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Other person to contact & phone
number _____

Health Insurance Co. & Policy Number _____

PERSONAL HEALTH AND MEDICAL SUMMARY

To be filled out by parent or guardian **PLEASE ANSWER ALL QUESTIONS** Please Use Ink

Child's Name _____ Date of birth Age _____ Sex _____

Name of parent or guardian Phone - -

Home address City _____ State _____

Business address City State

If person named above is not available in the event of an emergency, notify

Name Relationship _____ Phone _____ - _____ - _____

Name Relationship Phone _____ - _____ - _____

Name of personal physician Phone _____ - _____ - _____

Health insurance carrier

Policy

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son or daughter.

Date: Signature of parent/guardian

Medical History— continued on next page:

Please check and explain if child has ever had:

Asthma Yes No **Heart disease** Yes No **Leukemia** Yes No **High blood pressure**

Yes No

Cancer Yes No **Convulsions** Yes No **Diabetes** Yes No **Hemophilia** Yes No

Other Chronic Condition Yes No

Explanations

Allergies: **Food** Yes No; **Plants** Yes No; **Medicines** Yes No; **Insects** Yes No

Explanations

Is there any reason to restrict full activity including swimming, long hikes, backpacking, strenuous physical games?

No: Yes If, "Yes" Please list all conditions limiting full participation (Physical or emotional)

Does the youth need medications regularly? No Yes; If, "Yes" list medicines and why taken: (Send ample supplies and directions for use).

Does the youth use any special equipment such as orthopedic devices, glasses, contacts, dentures, orthodontic appliances or other prosthetics? Please be sure glasses are in working order before the trip.

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No. Yes: If "Yes" list and explain why used: _____

Immunizations: List date of last inoculation

Tetanus/Diphtheria Is this more than ten years ago? Yes; If "yes" please schedule an appointment with a physician for your son or daughter to receive a tetanus inoculation (or booster) at least 2 weeks before he or she attends the long cruise. Otherwise okay. Mumps Measles Rubella

Physical Examination:

Has your son or daughter had a medical evaluation in the last 36 months? Please attach a copy to this form. If a copy is not available, please answer "No." We do not require a physical, but it is a good idea to get one every three years for physical activity. No Yes

Is your son or daughter currently being or regularly treated by a physician?

No; Yes; If, "Yes" please provide a statement from your physician indicating what current treatment is being given, or what chronic condition exists. This may be in the form of a letter or on a separate page.

Is your son or daughter on a medically prescribed meal plan?

No; Yes; If, "Yes" please provide a copy of the diet to assist our galley in planning and preparing meals.

Has your son or daughter ever lost consciousness during physical activity or had a concussion or head injury?

No; Yes; If, "Yes" please provide a current statement from your physician on the nature and extent of current symptoms.

Has your son or daughter had an illness or injury within the last 6 months that limited his or her activity longer than one week?

No; Yes; If, "Yes" Please get a current statement from your physician setting out any restrictions and an updated medical evaluation.

Sprains, pains, and bites: May we give Tylenol, Ibuprofen, and Benadryl as we determine to be necessary? (Please cross out any unwanted or inappropriate medication) We do not use aspirin for children under 18, unless prescribed. No; Yes; If the above are not wanted, is there an analgesic/antihistamine we can use?

Other: Occasionally we discover that there may be a behavior or other problem which may upset your child or cause them to be teased. Being aware of the problem will help us support your child. A boat is a confined space. If your young person has a problem we should be aware of and you do not want to write it down, please schedule a time to talk to one of the officers. Please be sure all medical or other treatable problems are listed.

Explanations

The U.S. Coast Guard Regulations (46 CFR 4.05 and .06) may in certain instances require drug and alcohol testing of crew, both adults and youth. I understand and consent to such tests.

The officers in charge of the trip, who are not health care personnel, will determine when to obtain medical care, or make judgments about such matters as air evacuation, using this record and while it is not kept in a public place, it may be accessible to all of the adults on the vessel. I understand that this is not the level of confidentiality that one obtains in a Doctor's office or medical facility.

The answers to these questions are correct to the best of my knowledge regarding the health of my son or daughter. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son or daughter, and for the provision of first aid by the adults on the vessel.

Print your full name as parent/guardian of

Date Signature of parent/guardian Application letter Page -8- July 27, 2011

Sea Scout Ship 110
PACIFIC HARBORS COUNCIL BOY SCOUTS OF AMERICA
FEE SCHEDULE 2011

Weekend Cruising

- Over night \$30-35
- Two night cruises \$35-45

Summer 6-7 day cruises

- \$450-475 dollars

Dues for 2012

- \$65.00 to \$70.00 Pays for uniforms, first polo shirt, insurance and a book
Optional or additional cost
- Second or additional Curtis polo shirts \$15.00
- Curtis Sweat Shirt \$25.00
- Replacement books \$30.00

Prices are subject to change as they are our best estimate of current cost.