



LIÊN ĐOÀN BẮC ĐÀU
 A Multi-Level Vietnamese Scouting Unit
 Cub Scouts – Boy Scouts – Girl Scouts – Venturing

ACTIVITY CONSENT FORM & APPROVAL BY PARENTS OR LEGAL GUARDIAN

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Ventures, and guests to participate in a trip, expedition, or activity.

First Name of Participant _____ Middle initial _____ Last name _____
 Birth date (month/day/year) ____ / ____ / ____ Age during activity _____ T-Shirt size(s) _____ Unit _____

Address _____ City _____ State _____ Zip _____
 Has approval to participate in (name of activity, outing trip, etc.) weekly scout meetings From _____ to _____
(Date) (Date)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION I understand that participation in Scouting 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 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 my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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. With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____

Participant's signature/printed name _____ Date _____

Parent/guardian printed name (if under 18) _____ Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact) Email (for use in sharing more details about the trip or activity)

Contact the adult leader with any questions:

Name _____ Phone _____

Email _____

San Jose, California, USA Email: LDBD_Leaders@googlegroups.com <http://bacdau.org>



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Participant Code of Conduct

1. Lien Doan Bac Dau reserves the right to terminate the participation of any scout(s) deemed to be hostile, disorderly, violent, and/or cause unnecessary attention or harm to the security and safety of other members.
2. Each participant will participate with their respective units.
3. Participants are expected to abide by the Scout's Oath and Laws at all times.
4. Participants are expected to be in complete Class A uniform, unless otherwise directed by their unit leaders.
5. Bullying, foul language, harassment, and/or indecent attitudes are strictly prohibited.
6. Electronics are to be put away during scout activities, unless otherwise specified.
7. No weapons, explosives, alcohol and drugs are allowed.
8. Participants are responsible for any loss or damage to their personal belongings. ☒
9. All activities outside the usual weekly scout meeting time and location will require permission from.
10. Any questions or complaints should be brought to the attention of the leader(s) of each unit.

Code of Conduct

I, the undersigned, have read, understood and hereby agree to follow all above code of conduct as a member of Lien Doan Bac Dau. As a member, I understand the Lien Doan Bac Dau Leadership Committee has the right to revoke my membership at any time for any violation of of the Code of Conduct.

Participant's Name _____

Participant's Signature _____

Date _____

Signature of Parent/Guardian _____

Date _____

(if under the age of 18)

Unit Leader's Name _____

Signature of Unit Leader _____

Date _____



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Talent Release

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. ☐

I hereby 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 Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Participant's Name _____

Address _____

Phone Number _____

Email _____

Participant's Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____