



MERIT BADGE DAY

Pio Pico District, Greater LA Scouting Council

**PLEASE BRING CANNED FOOD TO SUPPORT
SCOUTING FOR FOOD**

DATE: Saturday, November 22, 2025

WHERE: Southgate Park
4941 Tweedy Blvd., 90280

COST: Free
(No lunch provided. Bring a sack lunch)

SCHEDULE: Check-In: 8:00am
Flag Presentation: 8:30am
Session #1: 9:00am - 11:00am
Lunch: 11:00am-12:00pm
Session #2: 12:00pm-3:00pm

REGISTRATION: Info to be posted for
Pio Pico District on our Council website and provided
at future Roundtables:

<https://greaterlascouting.org/pio-pico-district-calendar/>

MUST CONTACT COUNSELOR FOR PRE-REQUISITES

E-mail Counselor to reserve your seat in a Merit
Badge class*

**Make sure to cc your Scout Leader and Parent on all emails
per Two (2) Deep Youth Protection guidelines.*





MERIT BADGES OFFERED & PREREQUISITES

The Official 2025 Scouting America Merit Badge Requirements can be found online at: <https://www.scouting.org/skills/merit-badges/all/>

THINGS TO DO IN ADVANCE: Get approval from your Scoutmaster and a signed Blue Card (NO Blue Cards will be issued at the event). Buy or borrow the current, appropriate Merit Badge book(s). Study all information for each badge and complete any prerequisites (Be Prepared).

CONTACT MERIT BADGE COUNSELOR TO RESERVE CLASS SPOT AND TO GET ANY PRE-REQUISITES.

THINGS TO BRING: (a) Proof of completion for all prerequisites (e.g. the completed worksheets, pictures, etc...) signed by Scoutmaster or Guardian; (b) Scoutmaster signed Blue Card for each Merit Badge you are registered for; (c) The Merit Badge book(s) (read in advance) for the Merit Badge(s) you will be attending; (d) Pen or pencil; (e) Wear your Class A Uniform (NOT Class B T-Shirt)

SCOUTS & PARENTS: Make sure you bring and turn in the **REQUIRED** Parent Permission form found at the end of this packet. **Class sizes will be at the discretion of the Merit Badge Counselor but per Pio Pico District and guidelines will not exceed ten (10) Scouts.**

*All BSA requirements will be followed. **Each scout will be tested individually** and the Merit Badge Counselor has the right and authority to approve or disapprove prior work done. Our experience indicates some scouts will earn partials, but scouts can make their own arrangements to continue to work with the Counselor after the Merit Badge Day; name and contact details of the Merit badge Counselor will be provided. Parents and Scout Leaders are welcome, but not required.*

QUESTIONS: Please feel free to contact Bob Mosqueda via email (jamminjamboree1@aol.com) with any general questions regarding this event. **For Merit Badge classes and questions regarding Merit Badge requirements email your specific Counselor.**





MERIT BADGES OFFERED & PREREQUISITES (continued...)

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MERIT BADGES OFFERED: Please email the Counselor directly for availability and prerequisites.

All Day Sessions:

Session 1&2	Subject	Counselor	Contact info:
9am-3pm	First Aid	Tommy Martinez	tlc_martinez@yahoo.com
9am-3pm	Robotics	Greg Bergman	Hackazit@verizon.net
9am-3pm	Wood Carving	Chris Gardea	Yodaonfire@hotmail.com
8 Scouts Max: Must Have Totin Chip			
9am-3pm	Radio	Cesar Motts	mottscz@newstarthc.org

AM Session:

Session 1	Subject	Counselor	Contact info:
9am – 11am	Sustainability	Brain Best	brianlbest@gmail.com
9am – 11am	Crime Prevention	Carlos Ramirez	charletty@charter.net
9am -11am	Cit in the Nation	Bob Mosqueda	Jamminjamboree1@aol.com
9am-11am	Communications	Robert Sera	Seras@verizon.net
9am-11am	Collections	Eric Pena	oddballmerit@yahoo.com





MERIT BADGES OFFERED & PREREQUISITES (continued...)

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MERIT BADGES OFFERED: Please email the Counselor directly for availability and prerequisites.

AM Session (continued...):

Session 1	Subject	Counselor	Contact info:
9am-11am	Family Life	Diane Gilmore	dianegilmorela@gmail.com
9am-11am	Fishing	Nelson Rodriguez	Nelsontroop476@gmail.com
9am-11am	Engineering	Beth Gibson	Elgmrm@charter.net
9am-11am	Athletics	Mike Tayor	mmjbtaylor@aol.com
9am-11am	Game Design	Virginia Wetzel	Varcourt@frontier.com
9am-11am	Emergency Preparedness	Ruben Soto	mr.rubenss@gmail.com
9am-11am	Cit in the Community	Gloria Gilmartin	G.Gidge@gmail.com
9am-11am	Cit in the World	Rhodora Maliksi	rhodoramaliksi@gmail.com
9am-11am	Traffic Safety	Officer Triana	37810@Lapd.online
9am-11am	Fire Safety	Jonathan Valenzuela	jvalenzuela19@gmail.com





MERIT BADGES OFFERED & PREREQUISITES (continued...)

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MERIT BADGES OFFERED: Please email the Counselor directly for availability and prerequisites.

PM Session:

Session 2	Subject	Counselor	Contact info:
12pm – 3pm	Art	Eric Pena	oddballmerit@yahoo.com
12pm – 3pm	Gardening	Verginia Wetzel	Varcourt@frontier.com
12pm – 3pm	Sports	Mike Taylor	mmjbtaylor@aol.com
12pm-3pm	Cit in the Nation	Bob Mosqueda	Jamminjamboree1@aol.com
12pm-3pm	Digital Technology	William Medlock	Lox252@yahoo.com
12pm-3pm	Graphic Arts	Nelson Rodriguez	Nelsontroop476@gmail.com
12pm - 3pm	Personal Management	Beth Gibson	Elgmrn@charter.net
12pm-3pm	Cycling	Robert Sera	Seras@verizon.net
12pm-3pm	Hiking	Carlos Ramirez	charletty@charter.net
12pm-3pm	Personal Fitness	Brian Best	brianlbest@gmail.com
12pm-3pm	Cit in the World	Steven Chow	nazoomzoom@gmail.com



ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)		Age during activity Edad al momento de realizar la actividad
Address Domicilio		
City Ciudad	State Estado	Zip Código postal
Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)		
From De	(Date) (Fecha)	to a (Date) (Fecha)

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. see, 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 continuously 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 these restrictions.

List participant restrictions, if any:

☐ None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades de Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el consejo local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La información de salud protegida/información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transporte hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este documento eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el consejo local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los consejos locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a su niño participante en relación con los programas o actividades.

Restricciones del participante, si existen:

☐ Ninguna

Participant's signature Firma del participante	Date Fecha
Parent/guardian printed name Nombre con letra de madre del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor
Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
Contact the adult leader with any questions: Póngase en contacto con el líder adulto si es que tiene preguntas:	
Name Nombre	Phone Teléfono
	Email Correo electrónico



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