

Participants Name: _____ Troop Number: _____

Participation Agreement

I acknowledge that participating in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Anthony Wayne Area Council, Scouting America or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) release and promises to indemnify, defend, and hold harmless Anthony Wayne Area Council, Scouting America for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Anthony Wayne Area Council, Scouting America, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Anthony Wayne Area Council, Scouting America cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date _____

Signature: _____ Date _____

(Participant and/or All parent/guardians if participant is a minor)



Swim Test Classification Form for Girls and Adults

- If an activity will take girls or adults into water more than ankle deep a *Swim Test Classification Form* is required.
- A girl or adult always has the option to opt out of the swim test and declare themselves a Non-Swimmer (Red).
- Swim Tests can be conducted by a lifeguard, swim instructor, swim coach, water safety instructor, or other qualified adult. A "qualified adult" is one who has a recognized certification, training, license, or accreditation, and has experience in supervising/educating youth on water safety.
- *Swim Test Classification Forms* are good for one year from the date of the test.
- Troops maintain an original copy of the *Swim Test Classification Form* in Troop records for four (4) years.

Any change in classification after this date will require a reclassification test. AHG Adult Members leading or conducting water activities reserve the right to retest all participants to assure that swim standards have been met.

Please circle one classification:

| | |
|------------------|--|
| Girl/Adult Name | |
| Troop # | |
| Date of Test | |
| Location of Test | |

| Classification | Requirements |
|--|--|
| Green (Swimmer) (Scouting America Class Red & Blue): May swim in all designated swimming areas. | Jumps into deep water. Swims 75 yards with strong forward stroke. Swims 25 yards with restful backstroke or elementary backstroke. Rests by floating. Total 100 yards with entry and turn. |
| Beginner (Yellow) (Scouting America Class Red): May only swim in the shallow end or areas where they can touch the bottom. | Jumps into deep water. Swims 25 feet. Turns. Returns. Total 50 feet with entry and turn. |
| Non-Swimmer (Red) (Scouting America Class White): Must use Coastguard approved Personal Flotation Device (PFD) and may only swim in the shallow end or areas where they can touch the bottom. | Cannot complete either of the above swimming tests, without considerable strain, touching the bottom, holding onto wall, lane lines, etc. or chooses to opt out of a swimming test. |

Name of person conducting Swim Classification Tests:

Lifeguard Swimming Instructor Swimming Coach Water Safety Instructor Other

Certification expires:

Signature:

PLEASE PROVIDE A COPY OF THE CERTIFICATION OF THE PERSON ADMINISTERING THE SWIM TEST



Trip, Activity, or Event Permission Slip

This form is used for Troop, activities or events outside of regular Troop meetings.

| | | |
|--|---------------------------|--|
| Please return this form to the Troop By: | | |
| Is this a trip, Activity or event being held virtually? | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Girl Name: | | |
| Troop Number | | |
| Trip, activity or event information | Location/facility Name | Camp Chief Little Turtle, Anthony Wayne Scout Reservation |
| | Location/facility address | 2282 W 500 S Pleasant Lake, IN 46779 |
| | Date(s) | June 9-13, 2026 |
| | Time(s) | Noon June 9th - 10am June 13th |
| | Leaving from/Returning to | |
| | Activities include | |
| Emergency Contacts | | Name |
| | | Relationship |
| | | Phone Number |
| | | Name |
| | | Relationship |
| | | Phone Number |
| My daughter can be released to the following people: | | |
| I have submitted a Health and Medical Form with my daughter's current health information. | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| As the parent/guardian, I authorize my daughter to participate in the above AHG Troop trip, activity or event and I understand this event may be held virtually. | | |
| Parent/guardian signature | | |
| Date: | | |

- Girl and Adult Members who will be participating in Authorized High Adventure Activities are required to complete a new High Adventure Activity Medical Form each year.
- The form requires a health examination from a licensed health care provider. Laws vary state to state and members are encouraged to check with their health care provider to determine if they can examine/ complete/ sign these forms.
- These forms are kept on file at the Troop level.
- The high adventure classification is based on a number of risk factors including but not limited to the physical exertion, potential for injury, potential severity of an injury, recommended supervision of the activity, equipment used in the activity that could fail, and prior accidents and injuries for the activity.
- **Licensed health care provider:** You are being asked to certify that this individual has no contraindications for participation in the following activities: Bouldering (Indoor and Outdoor), High Ropes and Challenge Courses, Giant Swings and Zip lining (activities utilizing harnesses), Horseback Riding (on trails or in a ring), Rappelling (Indoor and Outdoor), Rock Climbing (Indoor and Outdoor), Shooting Sports (paintball, BB guns, CO2 Pellet Rifles, Rifle and Shotgun, Spelunking, Ice Fishing, Winter Sports and Activities (skiing, snowboarding and snowshoeing), Canoeing, Kayaking, Pedal Boating, Row Boating, Sail Boating, SCUBA Diving and Snorkeling, Stand-Up Paddle Boarding, Surfing, Tubing, Waterskiing, Wakeboarding and Kneeboarding, Whitewater Activities. Please complete the sections below.

| | | | | | |
|---------------|--|--------|--|----------------|--|
| Member Name | | | | | |
| Date of Birth | | Weight | | Blood Pressure | |
| Age | | Height | | Pulse | |

| | Normal | Abnormal | Explain |
|------------------|--------|----------|---------|
| Eyes | | | |
| Ears/Nose/throat | | | |
| Lungs | | | |
| Heart | | | |
| Abdomen | | | |
| Musculoskeletal | | | |
| Neurological | | | |
| Other | | | |

I certify that I have reviewed the health history and examined this individual and find no contraindications for participation in AHG Authorized High Adventure Activities. This participant: (1) Does not have uncontrolled or poorly controlled heart disease, asthma, hypertension, or diabetes. (2) Has not had orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months. Or, has received a letter clearing them for participation from their surgeon or treating physician. (3) Has had no seizures in the last year.

| | | | |
|---|--|--------------|--|
| Licensed health care provider's signature | | Date | |
| Print Name | | Phone Number | |
| Address, City, State, Zip | | | |



Each year, AHG Girl and Adult Members must complete a new Health and Medical Form to be kept on file at the Troop level.

| | | | |
|--|--|---------------|--|
| Member Name | | | |
| Date of Birth | | Age | |
| Weight | | Height | |
| Street Address | | | |
| City, State, Zip | | | |
| Parent/Guardian Name(s) | | | |
| Phone Number(s) | | | |
| <u>Emergency Contacts</u> | Name | | |
| | Relationship | | |
| | Phone Number | | |
| | Name | | |
| | Relationship | | |
| | Phone Number | | |
| <u>Allergies:</u> If applicable, please list all known allergies including medications, food & environment | <u>Allergy</u> | | <u>Normal reaction and management of reaction</u> |
| | | | |
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| | | | |
| | | | |
| | | | |
| <u>General Health Information:</u> Check all that apply, past or present, to this member's health history. | <input type="checkbox"/> Abdominal/stomach/digestive problems <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions/seizures <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> Excessive fatigue <input type="checkbox"/> Fainting or dizziness <input type="checkbox"/> Head injury/concussion <input type="checkbox"/> Heart disease/heart attack/chest pain/heart murmur/coronary artery disease <input type="checkbox"/> Hemophilia or blood disorders <input type="checkbox"/> Hypertension (high blood pressure) | | <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Lung/respiratory disease <input type="checkbox"/> Menstrual cramps <input type="checkbox"/> Migraines/headaches <input type="checkbox"/> Motion/altitude sickness <input type="checkbox"/> Muscular/skeletal conditions/muscle or bone issues <input type="checkbox"/> Neurological disorders <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Sinus problems <input type="checkbox"/> Sleep apnea, sleepwalking or sleep disorders <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Thyroid disease |

Attaching a photo to this form can help to avoid errors in identification.

| | | | | | | | |
|--|--|----------------------|---------------|----------------------|------------------------------|----------------------|--|
| Member Name | | | | | | Troop Number | |
| Additional notes about this member's behavior, physical, emotional or mental health needs pertinent to their participation in American Heritage Girls | | | | | | | |
| Medications: If medications of any type will be taken or needed during Troop meetings | <input type="checkbox"/> No medications are routinely taken. <input type="checkbox"/> The medications listed below are regularly taken (including inhalers, Epi-Pens, over the counter medications, homeopathic, and prescription medications). If additional lines are needed, please attach a separate page. | | | | | | |
| | <u>Medication</u> | | <u>Dosage</u> | | <u>Reason for medication</u> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Tetanus Immunization Policy: AHG requires members to have Tetanus immunization within the last 10 years. | <input type="checkbox"/> I (or my daughter) has received tetanus immunization on _____ (date). <input type="checkbox"/> I (or my daughter) have not received tetanus immunization and I would like to request exemption based upon a lack of immunization records, religious, philosophical or medical grounds. Signature of individual or parent/guardian: _____ | | | | | | |
| Immunizations: The following immunizations are recommended by AHG, Inc. but are not required. | Type | Year Received | Type | Year Received | Type | Year Received | |
| | Pertussis | | Polio | | Hepatitis B | | |
| | Diphtheria | | Chicken pox | | Meningitis | | |
| | MMR | | Hepatitis A | | Influenza | | |
| I give permission for full participation in American Heritage Girls programs, events and activities, subject to limitations noted herein. I know of no health reason(s), other than the information indicated in this form, why I or my daughter should not participate in any of the American Heritage Girls activities. Please check one: <input type="checkbox"/> In case of an emergency, I understand every effort will be made to contact me (or my next of kin). In the event that contact cannot be made, I hereby give my permission to the licensed health-care provider selected by my Troop or Charter Organization to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication for myself or my child, except as noted. I agree to the release of records necessary for treatment. <input type="checkbox"/> I do not give my consent for medical treatment of my daughter or I. In the event of illness or injury requiring treatment, I wish AHG volunteers to take no action beyond basic first-aid measures | | | | | | | |
| Additional notes: | | | | | | | |
| Signature of individual or parent/guardian | | | | | | Date | |

**Insurance Card need to be sent in. We both front and back side of the cards.
We need cards for every person who is at camp.**