



LIBERTY FLOTILLA/US COAST GUARD



SAFETY AT SEA 2009

SAFETY TRAINING, FUN, AND FOOD!

USCG STATION SANDY HOOK, SANDY HOOK, NJ

SATURDAY, SEPTEMBER 26, 2009

8:00 AM – 5:00 PM

The Liberty Flotilla of the Sea Scouts is holding a safety at sea training event jointly with the United States Coast Guard and United States Coast Guard Auxiliary at the US Coast Guard Station Sandy Hook, New Jersey on September 26, 2009 from 8:00 AM until 5:00 PM. This event will provide instruction and practical applications of safety procedures and emergency preparedness skills for situations that could be encountered at sea.



Each attending youth and adult leaders will be charged a \$15.00 fee. This fee is for food, training materials, and other event costs.

REGISTRATION FORM

Please complete contact information for lead adult in attendance at the 2009 Liberty Flotilla Safety at Sea Day.

Please list Ship Members and Leaders attending on the following page.

Ship or Crew Number _____ Council _____

Name _____ Ship Position _____

Address _____

Town/City _____ State _____ ZIP _____

Phone number _____ Email _____

Total # attendees _____ x \$15 each = \$ _____

Checks should be made out to "Liberty Flotilla", and sent, along with registration materials, to Beth Parks, Attn: Safety at Sea Event 2009, 313 South Union Avenue, Cranford, NJ 07016.

REGISTRATION DEADLINE IS SATURDAY, SEPTEMBER 12, 2009.

HEALTH INFORMATION & PARENTAL PERMISSION FORM FOR LIBERTY FLOTILLA/USCG SAFETY AT SEA DAY 2009

September 26, 2009 – USCG Station Sandy Hook

THIS FORM IS FOR INFORMATION, DRUG ADMINISTRATION, EVENT PARTICIPATION & EMERGENCY MEDICAL TREATMENT RELEASE

Check one: YOUTH Sea Scout Member (under 21) _____ ADULT _____

PLEASE PRINT NEATLY

Name _____ Age _____ Ship # _____

Address _____ Home Phone () _____

City _____ State _____ Zip _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____

Relationship Check One: () Parent; () Guardian; () Other _____

Address _____ Phone # () _____

Other Instructions _____

Family Physician _____ Phone # () _____

HEALTH HISTORY (Have or Subject to: [Check if yes])

[] Asthma [] Fainting Spells [] Convulsions [] Swimming or sports restrictions

[] Diabetes [] Heart Trouble [] Bleeding Disorders [] Allergic to bee stings

[] Allergies or reactions to any food, medications, or other [] Other _____

Difficulty with [] Eyes [] Ears [] Nose [] Throat [] Lungs [] Digestion

[] Physically or emotionally challenged [] Condition requiring regular medication:

Explain any checked items: _____

Name of Prescription Medication(s) _____

Sea Scout has medication with him/her? [] Yes [] No:

Who has the medication? _____

Any Restriction for an activity for medical reasons? Yes No Swimmer: Yes No

Explain: _____

Adult/Parent Authorization: This Health history is correct so far as I know, and the person here in described has permission to engage in all activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of Medical Personnel dictates.

Signature _____ Date _____

(Adult / Parent or Guardian)