

# Beaver's 2016 Astronomy Adventure



Telus World of Science  
11211 142 Street, Edmonton, AB  
Sunday December 4, 2016 @ 930am to 1130am

\* Beavers and Cubs should have day pack with snacks, and water

Please join us on an activity through Ringtail's Hollow as we learn how to identify stars and constellations during a live presentation about the night sky; including visiting the Space Place and participating in a special space science presentation in the Science Demo Stage.

This is a combined activity between the 203 Sherwood Park Beavers and the 153 Ardrossan Beavers.

Any questions please feel free to contact us:

Scouter David Churchill ~203 Sherwood Park~ - 780-893-7963 or [david.churchill@strathcona.ca](mailto:david.churchill@strathcona.ca)

Scouter Carri Douglas ~153 Ardrossan~ - 780-232-3310 or [carriandouglas@gmail.com](mailto:carriandouglas@gmail.com)

# SCOUTS CANADA PARENT/GUARDIAN CONSENT FORM

## FOR CATEGORY THREE ACTIVITIES AND OUT OF COUNTRY TRAVEL

Youth's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**NOTE: IF APPLICANT IS UNDER 18, PARENT OR GUARDIAN MUST SIGN**

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

### RESIDENTS OF ALL PROVINCES/TERRITORIES EXCEPT QUEBEC:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Scouter in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

### RESIDENTS OF QUEBEC:

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

### IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

OR  I will attend the event/activity with my child/ward.

### PERMISSION TO PARTICIPATE:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in:

the following event/activity: Beavers Astronomy Adventure

at the following location: Telus World of Science 11211 142 St NW, Edmonton, AB T5M 4A1

with the following Scouter in charge: Scouter David (203 Sherwood Park) & Scouter Carri (153

Ardrossan) on the following date: Sunday December 4, 2016

I have viewed my child's/dependent's information in [myscouts.ca](http://myscouts.ca) and the information is up to date.

Signed, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

