



TALL OAKS MEGA MERIT BADGE CLINIC

CHIPPEWA VALLEY COUNCIL, BSA
NEW LARGER LOCATION / MORE OFFERINGS
Alliance Church, Menomonie Wisconsin

Saturday February 20, 2010

(Behind Red Cedar Clinic, see map page 6)

23 Merit Badge Topics Offered

Offerings Subject to Change

PLUS: Life to Eagle, Adult Leader Training, Troop Committee Challenge and Den Chief Training.

Pre-registration open to all Chippewa Valley Units
Starting January 4, 2010

on a first come, first serve basis. Scoutmasters and Unit Adv. Rep. contact the CVC Scout Office.
Contact Terri Jay; Phone: 715-832-6671, Fax: 715-832-6711, E-mail: tjay@bsa-cvc.org

PRE-REGISTRATION through your Scoutmaster or Unit Advancement Representative Only!
Scouts / parents please do not call the CVC Scout Office directly.
Pre-registration deadline is 5pm Friday February 12, 2010.

Cost: \$4 per scout for the day if paid in advance to Council Service Center or
\$6 dollars for the day if paying after the Feb. 12, 2010 deadline and day of the clinic.

Adult Leader Cub and Boy Scout Training available, see page 4 for details

Lunch will be available at the Merit Badge Site for purchase or bring your own bag lunch.

Scouts **will not leave** Merit Badge site(s) property before 4pm without proper permission: consent form / checking out.
Clinic Staff will not be responsible for storing or safeguarding personal property and bag lunches.

Merit Badge Check-In / On Site Registration.....	7:45 - 8:40am
Opening Ceremony / Announcements (Gym):.....	8:45 – 8:55am
Morning Sessions:.....	9:00 – 12noon
Lunch / Lunch Program (Gym).....	12noon – 1:00pm
Afternoon Sessions:.....	1:00 – 4:00pm

All Scouts must be in an Official "Field" (Class A) Uniform Shirt.

Scouts you may be asked to leave if you are not in proper uniform! No refunds!

Bring a pencil / pen, notebook and a Merit Badge Book for the session(s) you are attending.
(Merit Badge Books will be available for purchase the morning of the clinic)

Some sessions may have prerequisites.

Please make note of any prerequisites noted for the Merit Badge(s) you are signing up for.

ALL DAY SESSIONS

9am – Noon and 1pm-4pm

All Merit Badges start out at Alliance Church/School Complex. You must be checked in before going to off Complex Sites.

Lunch will be at Alliance Church Complex for all day participants unless noted to bring sack lunch.

Scouts are not allowed to leave to purchase lunch off complex unless they sign out and their parent/guardian is present.

Badges Highlighted in Blue/Underlined require signed parental permission slip to leave Alliance Church Property. See page 7.



Amer. Business: Limited to 12 scouts. Must be 15yrs or older to take this Merit Badge.

Prerequisites: Do #2 and #3 before Clinic. Call Counselor if you have a question, 715-456-8080.

Counselor Terry Weld



Animal Science/Dairy Option: Limited to 10 Scouts. Morning Session and lunch at Alliance Church. Afternoon field trip to nearby farm. Dress for the weather. Signed parental off site permission slip required.

Prerequisites: Complete #1 before Clinic.

Counselor Robert Brahmstadt



Auto Mechanics: Limited to 10 scouts. To be held at nearby maintenance shop all day. Bring Sack Lunch. Dress for the weather. Signed parental off site permission slip required.

Counselors Tony Marach and Dennis Marach



Aviation: Limited to 12 scouts. Must be 14yrs or older. All day at Menomonie Airport Terminal. Bring Sack Lunch. Dress for the weather. Signed parental off site permission slip required, plus special consent form to fly required, SM call CVC office for the form. Flying is not guaranteed and subject to weather and aircraft availability. Prerequisites: Complete #5 before clinic and be familiar with #2f.

Counselors David Tarter and Rich Welsch



Cit. In The World: Limited to 12 scouts. Prerequisites: Complete #3 and do two of #7 before Clinic.

Counselor Glenn Swanson



Climbing: Limited to 10 scouts. Morning Session and lunch at Alliance Church. Afternoon field trip to UW Stout Climbing Wall. Recommend scouts 1st earn the First Aid Merit Badge. Signed parental off site permission slip required and Stout Adventures Liability Waiver. Extra charge of \$24 per scout for use of Stout Climbing Wall.

Counselor Clint Olson



Electronics: Limited to 12 scouts.

Prerequisites: Purchase prior to clinic date an electronic kit at the following web site: www.apogeekits.com/beginner.htm bring to clinic.

Counselor Jim Cristallo



Emergency Prep.: Limited to 10 scouts.

Prerequisites: Must have earned the First Aid Merit Badge.

Counselor Dan Dienger



Engineering: Limited to 10 scouts. Morning

Session at Alliance Church. Afternoon field trip to nearby Electrical Sub Station. Dress for the weather. Signed parental off site permission slip required. Prerequisites: Before the Clinic Complete: #1, #2, & #9. Research #2. Choose One of #5 & Two of #6, and be prepared to discuss at Clinic. For #8 Review the Engineers Code of Ethics and go to the following Web Link at: www.nspe.org/Ethics/CodeofEthics/index.html be prepared to Discuss at Clinic. #4 & #7 will be accomplished at the clinic.

Counselor Joe Gravelle



First Aid: Limited to 12 scouts. Bring your own

First Aid Kit and \$2 dollars to cover material cost.

Prerequisites: Be prepared to discuss with Counselor #1 and read through the entire 1st Aid Merit Badge Book before clinic.

Counselor Susan Cassellius



Personal Management: Limited to 10 scouts

14 yrs and older. Prerequisites: Complete #1, #5, #9 and #10 before the Clinic.

Counselor Luann Berger



Life Saving: Limited to 8 scouts. All day at UW

Stout Pool. Bring a Sack Lunch. Signed parental off site permission slip required. Lockers, changing room and showers available. Scouts should be strong confident swimmers and recommend they have earned "1st Aid" and "Swimming" Merit Badges. Prerequisites: Complete Second Class requirements 7a through 7c and First Class requirements 9a through 9c. Bring or Wear your Swim Suit under your Scout Pants/Jeans and bring an extra long sleeve shirt or towel to be used as a nonbuoyant rescue aid. Extra charge of \$5 for use of UW Stout Pool.

Counselor Christina Brewer

HALF DAY SESSIONS

MORNING SESSIONS

9am - Noon



Cit. in the Comm: Limited to 12 scouts.

Prerequisites: Do #2 #3 #4 #5 #6 and #7 either before or after the date of the Clinic.

Counselor Stephen Marris



Cit. in the Nation: Limited to 12 scouts.

Prerequisites: Do #2 and #3 either before or after the date of the Clinic.

Counselor Kelly Bartholomew



Crime Prevention: Limited to 12 scouts. Field

trip to Menomonie PD. Signed parental off site permission slip required.

Prerequisites: Complete #2 before Clinic.

Counselor Nick Harnish



Skating "Ice": Limited to 10 scouts. Being held at

Dunn Co. Fair Grounds. Dress for the weather. Bring your own ice skates and pads. Signed parental off site permission slip required.

Counselor Ryan Brahmstadt



Scholarship: Limited to 12 scouts.

Prerequisites: Do #1 and #3 before the Clinic.

Counselor Rhonda Baldwin



Weather: Limited to 12 scouts.

Prerequisites: Complete #10 before clinic.

Counselor Kurt Zarbock

AFTERNOON SESSIONS

1pm - 4pm



Cit. in the Comm: Limited to 12 scouts.

Prerequisites: Do #2 #3 #4 #5 #6 and #7 either before or after the date of the Clinic.

Counselor Stephen Marris



Cit. in the Nation: Limited to 12 scouts.

Prerequisites: Do #2 and #3 either before or after the date of the Clinic.

Counselor Kelly Bartholomew



Energy: Limited to 12 scouts.

Prerequisites: Do #1a, complete #4 and #8 before the clinic.

Counselor David Voss



Family Life: Limited to 12 scouts.

Counselor Kim Fruit



Railroading: Limited to 12 scouts.

Counselor Scott Bartholomew



Salesmanship: Limited to 12 scouts.

Prerequisites Do #5 and #7 either before or after the date of the Clinic.

Counselor Jim Giljohan



Truck Transportation: Limited to 12 scouts.

Field trip to Wal-Mart Distribution Center. Signed parental off site permission slip required.

Prerequisites: Do #10 before the Clinic.

Counselor Clark Baldwin



Music: Limited to 8 scouts. Should have some

musical experience. Prerequisites: Must bring your own instrument or be prepared to sing a song. Be prepared for #1, #2, do #3b and bring proof of #3c or #3d. At the clinic do one of the #4 choices.

Counselor Nathan Abuan

OTHER TRAINING



LIFE TO EAGLE TRAINING

Presented by Tall Oaks District Life to Eagle Coach Mike Cooper

“For Life Scouts wanting information on how to prepare for Eagle”

(Star Scouts can attend and this is highly recommended for all Life Scouts making plans to start their Eagle Project)

Afternoon Session Only

1pm-4pm

For Parents and Scouts

“Encouraged”

\$4.00 dollars if pre-registered through Unit Scoutmaster or Unit Advancement Rep.

\$6.00 dollars if walk-in day of the clinic.

(covers materials and CD fees, no charge for parents attending)

This registration fee covers morning Merit Badge session.



DEN CHIEF TRAINING

Presented by Margaret Almquist

All Day Session

9am – 4pm

\$15.00 dollars, pre-register by Feb. 12, 2010 through Unit Scoutmaster or Unit Adv. Rep.

Sorry, no walk-ins due to ordering materials ahead of time.



ADULT LEADER TRAINING

Presented by Tall Oaks District Boy Scout Trainer Ken Olson, Cub Scout Trainer Curtis Wieland and Scouter Nancy Olson

Morning Session: “This Is Scouting” & “Troop Committee Challenge”

Afternoon Session: “CS & BS Specific Training”

\$15.00 for the day, covers book and material fees.

Pre-register by Feb.12, 2010.

Sorry, no walk-ins due to ordering materials ahead of time.

Phone, Fax or E-mail Terri Jay at Scout Service Center to sign up for this adult training:

Phone: 715-832-6671, Fax: 715-832-6711, E-mail: tjay@bsa-cvc.org

February 20, 2010 Tall Oaks District Merit Badge Clinic Troop Registration Sheet
For Scoutmaster and Adv. Chair Use Only. Make copies if you need more room.

Troop: _____
Contact Person Name: _____ Title: _____
Scoutmaster / Advancement Chair / Other
Phone(s): _____
Address: _____
E-mail: _____

Troop Roster:

Scout: _____	Age: _____	Rank: _____
AM 1 st Choice: _____	AM 2 nd Choice: _____	
PM 1 st Choice: _____	AM 2 nd Choice: _____	
All Day 1 st Choice: _____	All Day 2 nd Choice: _____	

Scout: _____	Age: _____	Rank: _____
AM 1 st Choice: _____	AM 2 nd Choice: _____	
PM 1 st Choice: _____	AM 2 nd Choice: _____	
All Day 1 st Choice: _____	All Day 2 nd Choice: _____	

Scout: _____	Age: _____	Rank: _____
AM 1 st Choice: _____	AM 2 nd Choice: _____	
PM 1 st Choice: _____	AM 2 nd Choice: _____	
All Day 1 st Choice: _____	All Day 2 nd Choice: _____	

Scout: _____	Age: _____	Rank: _____
AM 1 st Choice: _____	AM 2 nd Choice: _____	
PM 1 st Choice: _____	AM 2 nd Choice: _____	
All Day 1 st Choice: _____	All Day 2 nd Choice: _____	

E-mail, Call, or Send Troop Roster to: CVC, 710 S. Hastings Way, Eau Claire WI 54701
Phone: 715-832-6671 / Fax: 715-832-6711 / Email: tjay@bsa-cvc.org

Must be received at Council Office no later than 5pm deadline on Feb. 12, 2010.

SITE LOCATION MAP



Look for “Merit Badge Clinic” Signs Morning of the clinic on HW 29 near Red Cedar Hospital Clinic on Stout Road.
(A) shows the approximate location of the Menomonie Alliance Church.

Address:

502 21st Street North
Menomonie, WI 54751
(North of Red Cedar Medical Center)

MERIT BADGE OFF SITE TRAVEL PERMISSION SLIP
OR
PARENTAL INFORMED CONSENT AGREEMENT

Scoutmasters please make copies of this form and distribute to the scouts in your unit taking the noted Merit Badges.
Scouts taking the noted Merit Badges must have this form filled out and signed by parents / guardians in-order to participate in the Merit Badge.
Scouts must turn-in this form in when you arrive for the clinic during check-in / registration at Menomonie Alliance Church 2/20/09 before 9am.

I understand that participation in the Tall Oaks Merit Badge Clinic *Off Site Menomonie Wisconsin locations being offered through the Tall Oaks District, Chippewa Valley Council, Boy Scouts of America on February 20, 2010 involves a certain degree of risk that could result in injury or death.

*Off Site is defined as outside the Menomonie Alliance Church property grounds between 9am and 4pm on 2/20/10.

In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given;

_____ Print Scouts Full Name _____ Troop #

My consent to participate in the following Activities(s) Merit Badge(s);
Please circle only those that apply

- Animal Science / Auto Mechanics / Aviation / Climbing / Crime Prevention**
Engineering / Life Saving / Skating "Ice" / Truck Transportation

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader / merit badge counselor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

This form must have both parent/guardian signatures. (if applicable)

Parent #1 Printed Full Name	Parent #1 Signature	Date
Parent #2 Printed Full Name	Parent #2 Signature	Date

Phone numbers in case of emergency;

Home _____

Business _____ (If applicable day of clinic)

Cell Phone _____

Other _____

Scoutmaster _____ Phone Number _____ Troop # _____
Contact Number During Clinic _____

This UW Stout Waiver Form is to be Filled Out and Signed by the Parents of Scouts Taking the Climbing Merit Badge.
Turn In this Form During Morning Sign-In / Registration the Day of the Clinic.

University of Wisconsin – Stout University Recreation

Indoor Climbing Wall Assumption of Risks and Liability Waiver

I understand there are inherent risks that cannot be eliminated from the sport of rock climbing and climbing on the University of Wisconsin – Stout indoor climbing wall. I have full knowledge of the nature and extent of these risks including but not limited to:

1. Injuries resulting from falling and crashing into the climbing wall, floor, crash pads, or other obstacles.
2. Injuries resulting from rope abrasion, entanglement, and other injuries that may result from activities or other persons, including but not limited to climbing, rappelling, belaying, lowering on a rope, rescue or emergency activities, as well as injuries, abrasions, and cuts resulting from contact with equipment and components of the indoor climbing wall facility.
3. Failure of the ropes, harnesses, wall hardware, anchor points, or any other part of the indoor climbing wall structure and related equipment.
4. Injuries from falling participants or equipment.
5. Injuries resulting from the negligence of other course participants, belayers, spotters, spectators or users of the indoor climbing wall facility.
6. Injuries resulting from personal physical and mental limits including but not limited to fatigue, chill and or dizziness, which may diminish reaction time and increase risks of accident, personal strength, coordination, sense of balance, and the ability to follow or give directions while on the course, climbing, belaying, lifting, spotting, or being a spectator.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for bodily injury, death, loss of personal property and any expenses, which may be incurred by me or any minor children in my care, custody or control resulting from those inherent risks and dangers previously identified, those inherent risks and dangers not specifically identified, and any negligence on my part associated with my participation in this activity. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to do so in spite of and with full knowledge of the inherent risks.

I do not presume that any insurance, whether for accident, life, medical, or property loss has been secured for my benefit by University Recreation, the University of Wisconsin-Stout or the Board of Regents of the University of Wisconsin System.

The undersigned does hereby agree to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Stout, their officers, agents, and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the course of UW-Stout University Recreation Stout Adventures programs.

Signature _____ Date _____ Age _____ Print Name _____

Parents or Guardian's signature if under 18 _____