

Dok's Tower

Event Information Packet

Greetings! Thank you for your interest in Dok's Tower. The Climbing Committee of the Capitol Area Council is committed to help you provide a successful event for your group. Enclosed is the necessary paperwork that needs completion prior to your arrival at Dok's Tower. Please use the checklist to ensure that all necessary documents are completed and enclosed.

This packet includes:

- Information Packet (this sheet)
- Blank Roster (make copies as needed)
- Parental Informed Consent and Hold Harmless/ Release Agreement Form (make copy for each youth participant)
- Adult Informed Consent and Hold Harmless/ Release Agreement Form (make copy for each adult participant)
- Post Event Evaluation Form

In addition to the above list of forms, you must bring:

- Your copy of the Tour Permit
- Your copy of the Short Term Camping Permit (if a multiple day event)
- Receipt for payment for event
- Class II or III Medical Form for each participant (these will be returned)

The lead instructor will review the forms listed to ensure the file is complete. **THE EVENT WILL NOT START UNTIL ALL PAPERWORK IS IN ORDER.**

“Challenge by Choice”

The staff of Dok's Tower understands that climbing and rappelling can be fearful for some participants. We encourage all participants, regardless of age, to face their fears and apprehensions. We will coach and encourage each person to help them overcome their fears and make a successful climb or rappel. We will support their decisions to abort a climb or rappel and welcome them back to the rope when they feel ready. There is one way up the tower and two ways down. The Challenge of Dok's Tower is By Choice.

Parental Informed Consent and Hold Harmless/Release Agreement
For Climbing and Rappelling Activities

I understand that Pack/Troop/Crew _____ has afforded my son the opportunity to participate in Climbing and Rappelling during the Unit outing to Lost Pines Boy Scout Camp on _____. My son desires to participate in Climbing and Rappelling. I understand that while the Climbing and Rappelling will be conducted in accordance with Boy Scouts of America (B.S.A.) Climb on Safely Guidelines and supervised by an adult leader trained as a B.S.A. Climbing Director or Instructor, that Climbing and Rappelling involve both known and unanticipated risks of severe injury or death which cannot be eliminated without jeopardizing the essential qualities of the activity. In consideration of the benefits to be derived and after carefully considering the risk involved, and understanding that this activity is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given _____ (my son) my consent to participate in the activity.

I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the B.S.A., the Capitol Area Council, Pack/Troop/Crew _____, its adult leaders, adult volunteers, and Scouts from any and all claims, demands, or causes of action, which are in any way connected with my son's participation in this activity, **including any such claims which allege negligent acts or omissions of the B.S.A., the Capitol Area Council, Troop 30, its adult leaders, adult volunteers, and Scouts.**

I have had sufficient opportunity to read this document. I have read and understand it.

Scout's Name: _____

Parent or Guardian: _____

Date: _____

Adult Informed Consent and Hold Harmless/Release Agreement
For Climbing and Rappelling Activities

I understand that Pack/Troop/Crew _____ has afforded me the opportunity to participate in Climbing and Rappelling during the Unit outing to Lost Pines Boy Scout Camp on _____. I desire to participate in Climbing and Rappelling. I understand that while the Climbing and Rappelling will be conducted in accordance with Boy Scouts of America (B.S.A.) Climb on Safely Guidelines and supervised by an adult leader trained as a B.S.A. Climbing Director or Instructor, that Climbing and Rappelling involve both known and unanticipated risks of severe injury or death which cannot be eliminated without jeopardizing the essential qualities of the activity. In consideration of the benefits to be derived and after carefully considering the risk involved, and understanding that this activity is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being I wish to participate in the activity.

I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the B.S.A., the Capitol Area Council, Pack/Troop/Crew _____, its adult leaders, adult volunteers, and Scouts from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity, **including any such claims which allege negligent acts or omissions of the B.S.A., the Capitol Area Council, Pack/Troop/Crew _____, its adult leaders, adult volunteers, and Scouts.**

I have had sufficient opportunity to read this document. I have read and understand it.

Name: _____

Signature: _____

Date: _____

Dok's Tower Participant Roster

Pack / Troop / Crew: _____

Event #: _____

Participant's Names

1	30
2	31
3	32
4	33
5	34
6	35
7	36
8	37
9	38
10	39
11	40
12	41
13	42
14	43
15	44
16	45
17	46
18	47
19	48
20	49
21	50
22	51
23	52
24	53
25	54
26	55
27	56
28	57
29	58

Dok's Tower Post Event Evaluation

Please complete the following evaluation so we may improve the Climbing Program

Event #: _____	Very Good	Good	Neutral	Poor	Very Poor
	Strong Agree	Agree	Neutral	Disagree	Strong Disagree
1. Please rate the registration process.					
2. The paperwork is easy to understand.					
3. The instructors were informative.					
4. The expectations were clearly communicated.					
5. The rules were clearly communicated.					
6. The instructors were on time and ready to start.					
7. Participants understood instruction.					
8. Participants were treated fairly.					
9. Participants enjoyed the Dok's Tower Experience					
10. Please rate the entire experience at Dok's Tower					
11. We will return for another event in the future.					

Comments

MEDICAL INFORMATION FOR CLIMBING AND RAPPELLING

Name _____
First Middle initial Last

Telephone (_____) _____ (_____) _____
Home Work

Personal physician _____ Phone (_____) _____
Name

In case of emergency, please contact _____ Phone (_____) _____

Special dietary considerations: _____

List known allergies: _____

List required medications: _____

If you are allergic to bee stings, do you have a bee sting kit? _____

Do you wear contact lenses? _____ Are you pregnant? _____ Afraid of Heights or Edges? _____

Have you had or do you now have (circle if yes): Heart Disease Diabetes Asthma

Nerve/Muscle Problem Epilepsy Chest pains Drug reactions High blood pressure

Bone/Joint Problem

If you answered "yes" to any of the above, explain and include a date: _____

Do you have any other medical conditions that might interfere with your ability to participate in strenuous physical activity of climbing or rappelling or to follow directions? _____

