

Great Rivers Council
Climbing Instructor and Instructor-In-Training Certification

Course Information

Dates: April 17-19, 2009

Location: Hohn Scout Reservation - Laurie, MO

Lead Instructor:

J.C.Feger
Mexico, MO 65265

Staff Advisor:

David Harris
(573) 449-2561 x210
dharris@bsaemail.org

Pre-Course Preparation

- All participants should practice and be able to tie the following knots before arriving at Hohn Scout Reservation:

Figure Eight on a Bight	Water Knot	Bowline
Figure Eight Follow Through	Girth Hitch	Clove Hitch
Double Fisherman's Knot	Muenter Hitch	Prusick

All participants should practice and be able to coil climbing ropes using the following methods:
Mountaineer's Coil Butterfly Coil

- All participant's should review the most current editions of the following publications and have them in their possession during the certification program:
"Topping Out, A BSA Climbing and Rappelling Manual"
Climbing Merit Badge Book
Guide to Safe Scouting (Sections pertaining to climbing and rappelling activities)
- All participants should be familiar with "Leave No Trace" principles.
- All participants must pre-register. Each participant must provide a Class 1 or 2 medical record, appropriate for their age, for required medical checks on Friday night. Maximum enrollment per certification session is 10 participants.
- Climbing instructor training is a certification program. Attendance and participation at all sessions is required to be certified. Instructors will not certify participants who do not actively participate. Certification will be based upon demonstrated knowledge and ability to lead a BSA climbing activity, teaching skills and leadership skills.
- Students may use their personal harnesses, helmets and gloves if pre-inspected and approved by the course director.
- Students should bring weather appropriate clothing, water, desired snacks and Saturday lunch with them during climbing activities.
- Breaks will be taken periodically through out the training. Lunch will be eaten at the tower and include a training session on the Council's Climbing Philosophy.
- Instructors reserve the right to refuse to certify any participant they feel does not demonstrate the ability to safely lead a BSA climbing activity.
- Every effort will be made to complete the training in one weekend. Weather conditions and participant skill may require additional training days to complete the course.
- If camping at Hohn Scout Reservation, each participant, or group, must make appropriate arrangements with the Camp Ranger. A short-term reservation form must be provided to the Camp Ranger, through the Council office at least 2 weeks in advance of the training date.
- Climbing instructor training is conducted concurrently with the Council's COPE course at Hohn Scout Reservation. COPE and climbing staff utilize the limited lodging facilities at Hohn Scout Reservation and lodging may not be available for course participants. Due to the limited

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lodging available participants who desire to use the Camp's lodging facilities must make advance arrangements with the COPE Director. Participants should plan to camp, using their personal equipment, during the certification course.

- Participants who successfully complete the certification course will be certified as Climbing Instructors or Instructors-In-Training based upon their age and the determination of the course director after evaluating each student's capability and skill. Certified participants may be asked to provide future assistance with the Great Rivers Council Climbing and COPE Program after certification.
- Successful completion and certification as a Climbing Instructor will also certify the participants to operate and run the climbing tower at Hohn Scout Reservation. Future training will provide certification to operate and run a climbing event on the bluffs at Hohn Scout Reservation.
- The course will start at 7:00 p.m. on Friday night and will end around 1:00 p.m. on Sunday. If you will be late or need to leave early please contact the course director.
- Meals are not included as part of the registration fee. Local restaurants are available for breakfast and supper. Participants may elect to prepare and cook meals at their campsite. Lunch on Saturday will be eaten at the tower.
- Cost of the training is \$35.00 (payable with registration) which includes the cost of training materials. Upon receipt of the registration and fee, each participant will be provided with necessary training materials.
- Each participant must register using the enclosed Registration Form and Permission Slip/Hold Harmless Agreement. Registration should be sent directly to:

David Harris
Great Rivers Council
Boy Scouts of America
1203 Fay Street
Columbia, MO 65201

Required Training Materials

"Topping Out, A BSA Climbing & Rappelling Manual."

Climbing Merit Badge Booklet

Guide to Safe Scouting

Training Material will be provided to each participant as part of the registration fee.

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Participant Registration

Name _____ Date of Birth _____

Address: _____ Phone (____) _____

_____ (____) _____

Scouting Position: _____ Unit _____

Briefly describe your climbing experience

Have you received any previous climbing training? ___ Yes ___ No Please describe:

On a scale of 1 to 5, with 5 being the highest, please rate your climbing proficiency.

Do you have any training or education in teaching? ___ Yes ___ No Please describe:

Please indicate if you have any of the following certification or training.

CPR _____ Certifying Agency _____ Year _____

First Aid ___ Certifying Agency _____ Year _____

Level _____

Lifeguard ___ Certifying Agency _____ Year _____

Woodbadge _____ Year _____

Does your unit actively participate in climbing activities: ___ Yes ___ No

Briefly describe what you hope to achieve by being certified as a Climbing Instructor.

Please bring a copy of your current Health Form with you to the Course.

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PERMISSION SLIP and HOLD HARMLESS AGREEMENT

I give permission for (myself) (my child), _____, to participate in the Great Rivers Council Climbing Instructor/Instructor-in-Training Certification Course on April 17 through April 19, 2009 at Hohn Scout Reservation. I understand that (I) (my child) will be participating in outdoor activities that include climbing and rappelling. I understand that these activities will be lead and supervised by adults, over the age of 21, who have received training or have experience as appropriate in these activities. I understand that (my) (my child's) participation in these activities involves a certain degree of risk that could result in injury. 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 faith and confidence that all necessary precautions will be taken to ensure the safety and well being of (myself) (my child) , I have given _____, (myself) (my child) my consent to participate in the Climbing Instructor/Instructor-in-Training Certification Course on April 17 through April 19, 2009. In view of these facts, hereby release and hold harmless, and waive all claims I may have against the Boy Scouts of America, Great Rivers Council, activity coordinator(s), all employees, volunteers or other organizations associated with he planned Climbing Instructor/Instructor-in-Training Certification Course on April 17 through April 19, 2009.

MEDICAL INFORMATION / EMERGENCY NOTIFICATION

In Case of Emergency, Please Contact: _____

Home Telephone: (____) _____ - _____ Work Telephone: (____) _____ - _____

Personal Physician: _____ Physician Phone:(____) _____ - _____

Health Insurance Carrier: _____

Policy Holder: _____ Policy Number: _____

List known allergies: _____

If you are allergic to bee/wasp stings, do you have a bee sting kit? (Yes) (No)

List required medications: _____

Have you had or do you now have? (Circle if yes) Heart Attack Diabetes Asthma
Angina Epilepsy Chest Pains Drug Reactions High Blood Pressure
Heart Murmur ADHD/ADD Organ Transplant

In the event of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). **In the event that I can not be reached, I give permission to the licensed health care provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child (or for me if participant is an adult).**

Signature and Date

Signature and Date

Youth Signature and Date