

San Francisco Bay Area Council and Pacific Skyline Council, Boy Scouts of America  
**Fall 2010 Indoor and Outdoor Climbing Instructor Course**  
**Individual Application**

Note: You must complete the on-line **Climb On Safely** course prior to the first session. Also, this is a course to teach "**How to Instruct Climbing**", not "how to climb." Candidates are expected to have prior experience with technical climbing and rappelling on rock. Participation in all 3 sessions is required for completion of the course.

Course Dates: Indoor Session: Saturday Oct 30, 2010

Outdoor Sessions: Saturday Nov 13 and Sunday Nov 14, 2010

Course Fees: \$125.00 Indoor and Outdoor Sessions

\$50.00 Indoor Session Only

NAME \_\_\_\_\_ Phone: H (\_\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone: B (\_\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ e-mail \_\_\_\_\_

Unit & Number \_\_\_\_\_ District \_\_\_\_\_ Council \_\_\_\_\_ Position \_\_\_\_\_

**HEALTH INFORMATION:**

In case of emergency notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

I AM SUBJECT TO: (Please write yes or no)

\_\_\_\_ Asthma \_\_\_\_ Diabetes \_\_\_\_ Fainting Spells \_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Convulsions \_\_\_\_ Heart Trouble \_\_\_\_ Bee Sting Allergy

\_\_\_\_ Medication Allergy - Kind \_\_\_\_\_

Any condition now requiring medication? \_\_\_\_\_ Name of Medication \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_ Explain \_\_\_\_\_

Date of last Tetanus \_\_\_\_\_ Please note any special medical problems or concerns not already listed \_\_\_\_\_

Medical Information: For weekend on-rock sessions **you will need a BSA medical history form.**

On the back of this form, please briefly describe your climbing experience and your experience as an instructor in Scout situations (both instructing youth and adult leaders).

ENCLOSED IS:

\$ \_\_\_\_\_ course fee -OR-

Charge \$ \_\_\_\_\_ my account no. \_\_\_\_\_

( ) VISA ( ) MasterCard Exp. Date \_\_\_\_\_

Printed name of cardholder \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

Mail to: San Francisco Bay Area Council, BSA  
1001 Davis Street  
San Leandro, CA 94577-1514  
Attn: Camping Program