

Order of the Arrow

Mantowagan Chapter

Swimming or Lifesaving Merit Badge Clinic



Boy Scouts:

Swimming Merit Badge
Lifesaving Merit Badge
2nd Class swim req.
1st Class swim req.
Instructional swim



Boy Scouts Swimming or Lifesaving – March 5, 12,19, 26 and April 10 (*April 10, a Tuesday land session
Our Lady of Loretto, 9003 S Kostner Ave, Hometown, IL)

Instructional swim is available. Please understand that this is not a how to swim class. Hopefully we can assist a Scout with some swimming skills become a better swimmer.

Time: 6:00PM – 8:00PM

Cost: \$4 per swimming session – no charge for land session

Where:

Eisenhower High School – All Pool Sessions, Our Lady of Loretto – Land Session
12700 S. Sacramento in Blue Island 90th & Kostner, Oak Lawn
Entry in back (south) side of school

Lifesaving & Swimming: Pre-registration and merit badge Blue Card required. Registration will be by Troop. Each Troop should have one representative appointed by Scoutmaster. For Lifesaving we have a limit of 8 – preference will be given by age. Please email bobodwyer@gmail.com to register, Scout name, troop, phone number and **birthdate** by February 26th.

The following Lifesaving requirements must be completed & reviewed before the clinic.

Complete Second Class rank requirements 5a through 5d and First Class rank requirements 6a, 6b, and 6e. Please bring signed Scout book or note from Scoutmaster. While not required, we recommend that Scouts complete Swimming MB before attempting Lifesaving

We will attempt to help Scouts complete partial MBs starting on March 19.

----- **Please tear off and bring with to Swim Clinic** -----
Please Print Permission Slip for Swim Clinic

Child's Name

Troop

Scoutmaster

My child (named above) has permission to participate in all swimming activities associated with the Swim Clinic on **March 5, 12,19, 26 and April 10**. The swim clinic will be held at Eisenhower High School, 12700 S. Sacramento in Blue Island and Land Session at **Our Lady of Loretto, 9003 S Kostner Ave, Hometown**. I also authorize medical assistance to be rendered and administered to my son in event of an emergency.

Signature

Name of Parent or Guardian (Print)

Date

Cell Phone Number

OR

Other Contact Phone number