

MOUNTAIN ORIENTED ACCIDENT RESPONSE SEMINAR

The Los Angeles Area Council High Adventure Team is pleased to once again present its mountain oriented first aid training seminar for registered adult leaders. It will be held Saturday, 3 March 2012, 8:30 to 4:00 at a location to be announced later. Advance reservations only, as it will be limited to 25 participants. Unlike other training seminars offered by LAAC-HAT, participants in Mountain Oriented First Aid are expected to have met the following requirements in advance:

- Have current American Red Cross Certification in First Aid and CPR
- Have read Mountaineering First Aid, A Guide to Accident Response and First Aid Care, Third Edition Revised, by The Mountaineers, Seattle, WA, 1985 (available at backpacking and book stores)

Participants are to bring the following items to the seminar:

- Current American Red Cross Certificates (First Aid expires in 3 years, CPR expires in 1 year)
- Mountaineering First Aid by The Mountaineers
- Unit first aid kit or supplies as would be carried on an outing
- Your "normal" weekend backpack, packed
- Full water bottle

The seminar objective is to acquaint the adult Scouter with the causes of injuries that may happen during a High Adventure activity and with the special steps that must be taken. As help may not be immediately available, the process for obtaining it and for providing first aid until it arrives are covered.

You will be notified of acceptance and advised of the location in advance of the seminar. It is offered once a year, usually in March.

REGISTRATION ENDS 24 FEB 2012 – LESS THAN 5 SIGNUPS CANCELS

----- Detach and Mail -----

Mountain-Oriented Accident Response Seminar

Mail To: LAAC – BSA
2333 Scout Way
Los Angeles, CA 90026
Attention: Camping Department

I wish to attend the 3 March 2012 Mountain Oriented First Aid Seminar. Enclosed is a check in the amount of \$10.00 payable to the Boy Scouts of America – LAAC for the registration fee.

NAME _____ PHONE - Res _____
ADDRESS _____ PHONE – Bus _____
CITY _____ ZIP _____ Unit No ____ District _____
Council _____ Position _____