

Tidewater Council



Day Camp Parents Guide 2014

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TIDEWATER COUNCIL DAY CAMP GUIDE

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WELCOME TO TIDEWATER COUNCIL CUB SCOUT DAY CAMP 2014

Dear Day Camp Enthusiasts,

It is my pleasure to present this booklet to you on behalf of all the Day Camp Directors and Program Directors.

I hope that you find this guide to Cub Scout Day Camp informative and useful, as you make plans to volunteer or send boys to Day Camp. It will serve as an introduction to those unfamiliar with the Day Camp program and as a reference and refresher for those who are Day Camp veterans.

This guide does not go into detail of what each individual camp's day-to-day operation is like. The guide was put together with the help of the Directors, Advisors, and Staff of the Tidewater Council to better explain what Tidewater Council Day Camp is all about.

Each camp is planned and conducted by a Camp Director and Program Director. They are conducted with the assistance of volunteers such as yourself. Indeed, without the assistance of a large number of parents and volunteers, Day Camps could not occur. Each Den of eight to ten Cub Scouts needs a Den Leader and Assistant Den Leader. Each activity station also needs at least one adult; many such as crafts, shooting sports and games need more than one.

We ask that your Pack sign up as a group and provide one adult for every four registered Scouts. These adults can help out the entire week or they can trade off, just as long as each day is covered. This will aid substantially in providing adequate adult supervision for the dens and aid the Camp Directors in providing a great Day Camp experience for the scouts.

The common factors at all Tidewater Council Day Camps are:

- Having a lot of fun!
- Emphasis on sports to help promote teamwork and develop good sportsmanship.
- Learning about nature.
- A theme to serve as a binding thread to Scout spirit and activities.
- Having a lot of fun!

If you have questions about this guide or Day Camp in general, please contact the Day Camp Advisor, Sam Kowalski at 497-2688 or email at skowalsk@bsamail.org. For questions pertaining to an individual camp, contact that camp's Director.

Thank you for your support and dedication to Tidewater Cub Scout Day Camp. We know from experience, how much the boys really enjoy themselves and appreciate your involvement.

Yours in Scouting,

Mark Schrieber, MD
Council President

Robert Lieberman
Council VP of Program

Bill Deany
Scout Executive



Parents Section

WHAT IS CUB SCOUT DAY CAMP?

Cub Scout Day Camp is a weeklong outdoor experience for boys. The camps may vary in the hours, but they normally run from 8:30 or 9:00 AM to 3:30 or 4:00 PM. We are running two Twilight Camps, one in Portsmouth and one Virginia Beach that will start at 3:00pm in the afternoon and end at 9:00pm or 9:30pm in the evening.

Day Camp:

- Provides continuation of the Cub Scout program through the summer and assists the Pack in qualifying for the Summertime Pack Award.
- Helps youth qualify for the Cub Scout Outdoor Activity Award.
- Helps to strengthen the Den and Pack.
- Encourages participation so that the Cub Scouts benefit and grow with a good outdoor experience.
- Promote fun and adventure with a purpose – one of the reasons why you may have joined Cub Scouts.





The daily program centers on Cub Scout achievements and electives and Webelos activity requirements as they relate to the outdoor program. We will have a wide range of activities. These activities will vary from camp to camp but most camps will include the following items.

- Shooting Sports (BB Guns and/or Archery)
- Sports and games
- Academics
- Science
- Nature
- Crafts
- Skits and songs
- Lunchtime activities (Demonstrations and/or guest speakers)

Each camp also includes a picnic on Friday afternoon. All family members are invited to attend. There is a small fee for family members.

WHO ATTENDS CUB SCOUT DAY CAMP

All registered Cub Scouts are welcome to attend Day Camp. We use the same ranks to identify age groups as your Pack at home. The Scouts will work on activities that are challenging and age appropriate. A Camp Director, Program Director and a staff of volunteers will conduct the camp program and staff each camp. You are invited to be part of the staff

-  **Tigers are boys who have completed Kindergarten**
-  **Wolves have completed the First Grade.**
-  **Bears have completed the Second Grade.**
-  **Webelos have completed the Third or Fourth Grade.**

The decision on proper placement is between the parent and the Camp Director. It is encouraged to place the boy where he can benefit the most.

NOTE FOR TIGERS: Since Tigers are new to the Scouting program and Tigers is a one-on-one program, an adult partner **must** plan on attending camp every day with your son.

WHAT EACH CHILD SHOULD BRING

Each child should bring the following items at a minimum. Please contact the Camp Director for your camp for any specific items needed.

- Refillable sports bottle/Canteen with name on it
- Lunch (recommend that you do not pack mayonnaise based lunch or milk)
- Sunscreen
- Hat
- Closed toe shoes (No Crocs)
- Insect Repellant
- Wash cloth or hand towel
- Prescription medication if needed in original container

FEES

The early discount to register for Day Camp is \$85.00 per camper for all fees paid on or before April 15. After April 15, the normal registration fee is \$95.00 until June 1. No registrations will be accepted after June 1 without the written permission of the Camp Director or Program Director. After June 1 the registration fee is \$110.00. A \$5.00 brother discount is available for the second Cub Scout from the same family to attend the same camp the same week.

The Pack Coordinator collects all payments and submits all registration forms and payments. The Pack will submit one check to cover all fees along with the registration forms to the Council Service Center.

Scouts and adult volunteers registered after June 1 will not be guaranteed a T-shirt upon arrival at camp, but every effort will be made to get them a shirt before the week of camp is over.

After a camp is full or the sign-up deadline, whichever comes first, all Cub Scout applications must have the Camp Director's approval. Many camps fill up before the deadline so be sure to get your applications in early.

The fees that the Cub Scout pays to attend Day Camp cover the following items:

Insurance	Patch/Certificate
Day Camp Tee-shirt	Promotional Information
Cub Scout Recognition Items	Staff Training and Recognition
Camp Equipment and Supplies	Friday Camp Picnic for campers and full time staff

Forms to Turn Into Unit Coordinator

Each parent needs to fill out the following forms and turn them into their Unit Coordinator in order to attend Day Camp:

- Scout Registration Form
- Code of Conduct
- Authorization to Pickup Scout
- Medical Forms (A&B)

CAMP LOCATIONS

LOCATION- DISTRICT	CAMP DIRECTOR PHONE/ EMAIL	PROGRAM DIRECTOR PHONE/ EMAIL	CAMP DATES	TIMES
Outer Banks - Albemarle Camp Emmanuel	Tom Maher 252-473-5968 tommaherboe@embargmail.com	Marty Carter 209-662-2049 marrison.g.carter@uscg.mil	June 16-20	8:30 – 3:30
Elizabeth City - Albemarle Elizabeth City Coast Guard Base	Angela Dunga 252-333-2449 babzhugs@yahoo.com	Elizabeth Barr 252-267-3978 matsgma@roadrunner.com	June 16-20	M 7:30 – 3:30 T-F 7:45 – 3:30
Portsmouth – Three Rivers Coast Guard Base Portsmouth Twilight Camp	Cynthia Su (757) 619-4523 hagudoc@yahoo.com	TBD	June 16-20	3:00 – 9:00 PM
Virginia Beach – Princess Anne Calvary Assembly of God	Kirsten Kopiczak (757) 467-0427 kopiczak@verizon.net	Jeanne Blair (757) 319-3366 jbbbtbbb@verizon.net	June 16-20	9:00-4:00
Chesapeake – Three Rivers St Stephen the Martyr	Christina Zinn (757) 410-2963 cmzinn@juno.com	Erica Brosnan 757-774-2245 edbrosnan@yahoo.com	June 23-27	9:00-3:30
Norfolk - Bayside Elks Lodge	Mike Adams (757) 529-0382 pack382cubmaster@gmail.com	Marianne West (757) 587-5258 marianne.west@cox.net	June 23-27	8:00 – 4:00
Virginia Beach – Bayside Virginia Beach Christian Church	Kate Nicholson (757) 962-4888 nichs96@cox.net	Tricia Wallerstedt (812) 431-4414 tlwallerstedt@yahoo.com	July 7-11	9:00-4:00 F 9:00 – 2:30
Virginia Beach – Princess Anne Church of the Holy Apostles Twilight Camp	Tricia Wallerstedt (812) 431-4414 tlwallerstedt@yahoo.com	Kate Nicholson (757) 962-4888 nichs96@cox.net	July 14-18	3:00-9:00 PM

Note: Camp locations and start/stop times are subject to change. Due to base security concerns and schedules, some camp locations may be forced to change. Updates will be on the Tidewater Council Website and in the “Electronic Knapsack”. Several camp leadership positions remain unfilled; as these individuals are confirmed the Day Camp Website will be changed.

DIRECTIONS TO DAY CAMP 2014

CAMP EMMANUEL AT LIBERTY CHRISTIAN FELLOWSHIP (Outer Banks)

On the Outer Banks: Croatan Highway (Bypass Road) to Colington Rd. just south of Wright Brothers Memorial entrance. Turn west on Colington Rd. Turn left on Williams Dr, at about 2 miles. The church is at 224 Williams Dr. The camp is directly across the street.

ELIZABETH CITY COAST GUARD BASE (Elizabeth City)

From the north: south on US 17 to the Halstead Blvd. intersection. Turn left on Halstead Blvd.

From the south: north on US 17 to the Halstead Blvd. intersection. Turn right on Halstead Blvd. Halstead Blvd. turns into Weeksville Rd. at ECSU. Turn left at Coast Guard Base Gate. Follow signs from gate. **Base security will only allow access to non-military individuals listed by camp management.**

PORTSMOUTH COAST GUARD BASE (Portsmouth)

From Chesapeake Square Mall: Portsmouth Blvd. to 664N, then exit 9B Western Expressway (164), exit at Cedar Lane, left onto Cedar Lane and then right on Coast Guard Rd., Follow until you reach gate.

From downtown Portsmouth: West on High St. Right on Cedar Lane and then right on Coast Guard Rd. Follow until you reach gate.

CALVARY ASSEMBLY OF GOD (Virginia Beach)

4925 Providence Rd, Virginia Beach, VA 23464. From Kempsville Road, go east on Providence, cross Indian Lakes Rd and Calvary is on the right. From Princess Anne Rd, turn west on Providence, and after the intersection at Edwin, Calvary is on the left.

ST. STEPHEN MARTYR CATHOLIC CHURCH (Chesapeake)

1544 Battlefield Blvd S; from interstate 64 take exit 291B (Hwy 168 South) Exit 8B Hillcrest Parkway East, Continue to end and turn left onto Battlefield Blvd. Go approx. 1/2 mile and St. Stephen Martyr is on the left.

ELKS LODGE (Norfolk)

From Little Creek Rd.

Take Military Hwy 4 miles, Turn right at Sabre Rd .4 miles; Take 2nd right onto Harmony Rd; Turn left toward Typo Ave 400 ft; Turn right at Typo Ave, 10ft; Destination will be on the left

From 64

Take exit 281B to merge onto N Military Hwy 1.4 miles; Turn right at Sabre Rd .4 miles; Take 2nd right onto Harmony Rd; Turn left toward Typo Ave, 400 ft; Turn right at Typo Ave, 10ft; Destination will be on the left

VIRGINIA BEACH CHRISTIAN CHURCH (Virginia Beach)

This church is located off of Great Neck Blvd. across from WAVE Church **at 2225 Rose Hall Drive.**

CHURCH OF THE HOLY APOSTLES (Virginia Beach)

1593 Lynnhaven Pkwy, Virginia Beach, VA 23453, Located on the north side of Lynnhaven Pkwy., east of Independence Blvd. and west of Rosemont Rd. Turn north on Windmill Point Crescent, church is on the left.

MILITARY VOLUNTEERS ARE PRICELESS

For any person in the military that needs it, Tidewater Council can provide a letter requesting no-cost orders. If you need such a letter, please submit the name and address of the command plus your rank to the Camp Director. The Camp Director should turn in the names to the council Day Camp Coordinator. This letter does not guarantee orders approval by the command. *The Tidewater Council is happy to request the special orders. The final decision is by the military command. Turn in requests to the Camp Director as early as possible.* The request should include the following information: command name and address, member name and rank, camp date and location. OPNAVINST 5760.5B gives the authority to grant no cost orders for the Navy. Other services will have their own instructions

TOT LOT PROGRAM

Tot Lot is a convenience for adult volunteers and staff who have children younger than Cub Scout age, this includes all non-scout youth, under the age of 14 that need a place to stay while mom or dad are volunteering at Cub Scout Day Camp. The children must be toilet trained and be two years old or older. **The charge for the day is four dollars (\$4.00) per day and is payable to the Camp Director or his/her designee daily.** The money covers insurance, supplies, snacks and drinks. Each child attending the Tot Lot needs to have a Tot Lot Form and Medical Form submitted prior to camp.

The person in charge of the Tot Lot plans activities for the younger crowd, they will develop a full program of crafts, story time, nature activities and quiet time geared toward the younger child. Scrap crafts should be planned since no provisions are made for supplies in the Day Camp budget. Tot Lot can be included in the after lunch program if the activity is age appropriate.

Youth, age 14 years and older must register on the Volunteer Staff Agreement Form to attend Day Camp. Youth, age 18 years and older must also complete Youth Protection Training.

CUB SCOUT DAY CAMP ADVANCEMENT

The program at Day Camp contains a well-balanced variety of achievements, electives, and activity badges. The primary objective of Day Camp is not advancement but for your Scout to have FUN. Every effort is made to notify pack leadership of each individual Cub Scouts' accomplishments while at camp. The Cub Scout Sports Program is included in the Day Camp program. Camps do not award any emblems, badges, or belt loops at Day Camp.

Each unit will be notified which sports belt loops and achievements were earned at Day Camp by the Camp Director or Program Director. The den leader or adult leader should have a record sheet for each boy and record on it daily the achievements, electives, or activity badges that the boy completes. The Camp Director keeps these sheers at the end of each day and send them home at the end of the week or no later than the following roundtable for the pack or parents to sign in the individual boy's book.

CAMP PICTURES

Camp pictures are not a part of camp program. If pictures are taken for the campers they are a personal contract between the photographer and the scout's parent. Neither the district nor the council is responsible for taking or delivering any camp pictures taken.

2014 Cub Scout Day Camp - Tidewater Council

CUB SCOUT - Registration Form

(To Be Filled Out by a Parent or Guardian)

All registration forms are to be turned in to Council through your Pack Day Camp Coordinator. Registration requires this form, the Scout Code of Conduct, Medical Forms - Parts A & B (not C), and fees. Unit Coordinators must submit all registration forms with the "Pack Payment Form" and the "Pack Roster Form". Units are required to meet ratio: 1 adult for each day for every 4 scouts (Wolf, Bear and Webelos). For Tiger cubs, adult partner is required the entire time at camp.

Please PRINT in ink. (Day Camp Directors do NOT have access to Council data, please be neat.)

District (Check Box): Princess Anne Bayside Three Rivers Albemarle **Pack Number** _____

Cub Scout's name _____ Birth(mm/dd/yy) _____ Age _____

(Only one scout per form. Each Scout must have all of their own individual forms.)

Address _____ City _____ State _____ ZIP _____

School: (**Check Grade you will complete June 2014**) Kindergarten 1st 2nd 3rd 4th

Does Scout have an IEP or 504 Plan? Yes No

Parent/Guardian Name	Parent/Guardian Name
Primary phone #	Primary phone #
Secondary phone #	Secondary phone #
Email Address	Email Address

Check box for Day Camp location where Cub Scout will attend: (only one camp per form)

<input type="checkbox"/> Camp Emmanuel Outer Banks, NC #6410 June 16-20	<input type="checkbox"/> Elizabeth City Coast Guard Base Elizabeth City, NC #6411 June 16-20	<input type="checkbox"/> Portsmouth Coast Guard Base Portsmouth, VA Twilight Camp June 16-20 #7301
<input type="checkbox"/> Calvary Assembly of God Virginia Beach, VA #6414 June 16-20	<input type="checkbox"/> St. Stephen, Martyr Chesapeake, VA #7308 June 23-27	<input type="checkbox"/> Norfolk Elks Lodge Norfolk, VA #6461F June 23-27
<input type="checkbox"/> Virginia Beach Christian Church Virginia Beach, VA #6463 July 7-11	<input type="checkbox"/> Church of the Holy Apostles Virginia Beach VA Twilight Camp TBD #7808	

T-SHIRT (Check *One*): Youth-Small(6-8) Youth-Med (10-12) Adult-Small
 Adult-Med Adult-Large Adult-XL

(These are the only sizes being offered for Scouts. The first shirt comes with paid registration. Additional shirts may be purchased below. Scouts registering after the April early bird date are not guaranteed shirts upon arrival at day camp.)

ADDITIONAL Cub Scout Day Camp T-SHIRT(s) are \$12.00 Each (Indicate quantity after size)
 Y-Sm___ Y-Med___ Adult-S___ A-M___ A-L___ A-XL___ Total Quantity___ X \$12 = \$ _____
 Cub Scout Registration fee prior to April 15th is \$85+ \$ _____
 After April 15th, ADD \$10+ \$ _____
 After June 1st, ADD \$25+ \$ _____
 First Scout is full price, additional Cub Scout Brother, Subtract \$5 - \$ _____
 Council Approved Campership (attach copy) - \$ _____
 This Scout: TOTAL AMOUNT ENCLOSED \$ _____

“Code of Conduct” Form must be attached and signed by both Scout and Parent/Guardian

CUB SCOUT DAY CAMP RULES AND CODE OF CONDUCT

The following rules apply to all Cub Scouts attending the Day Camp. These rules must be read and signed by all Scouts attending Day Camp. Please return form with your camp registration.

1. The Buddy System is in effect at all times. Den Leaders will assign buddies on the first day of camp. Buddies stay together at all times, this includes going to the Medic, restroom, and time-out. A Camp Staff Member may allow a Cub to leave his buddy such as when a buddy must stay at the Medic Station or leave early. Know where your buddy is at all times.
2. Cubs must have the Camp Director's permission to leave camp any time camp is in session. This includes any time between opening ceremony and camp dismissal. There must also be prior written notification from the Cub's Parents.
3. Cubs must ask for permission from their Den Leader before they leave their Den. This includes when they leave at the end of the day. A Cub may leave the camp area only in the company of those authorized to pick him up. When he is dropped off the Cub will go straight to his Den area and check-in with his Den Leader.
4. **Cubs will leave their knives at home.** Knives, if necessary, will only be used in activity areas and they will be provided. Cubs will not carry matches, they will be provided if required for any activity.
5. **Cubs will wear closed toe shoes and socks at all times, except when swimming. Sandals including Crocs are not authorized.**
6. Cubs will be respectful towards all adults, staff members, and visitors.
7. Cubs will be respectful and mindful of the feelings, safety, and property of their fellow Cubs.
8. Proper language will be used at all times (improper language is the use of foul, profane or abusive language). All leaders will be addressed by their proper name or camp name.
9. Cubs will walk while in the camp area unless required to run as part of an activity.
10. The only time a Cub will throw an object in camp is as part of a supervised camp activity.

I have read and understand the Code of Conduct and I understand that repeated violation of this code will lead to Time-out, a note home, and/or possible dismissal from Day Camp.

Child's Name (print): _____

Child's Signature: _____

Parent / Guardian signature: _____

**CAMP SCHOLARSHIP REQUEST FORM FOR TIDEWATER COUNCIL SCOUTS
ATTENDING TIDEWATER COUNCIL DAY CAMPS
APPLICATION DEADLINE, THIRD WEDNESDAY OF APRIL, of the Camping Year Requested**

To: The Camping Committee

Scout's Name, FIRST AND LAST NAME: _____

Telephone # of Scout: _____

Circle One: Pack Unit # _____

Name and Telephone number of Charter Representative: _____

Scout will attend: Cub Scout Day Camp; (location) _____

Financial Reason Scout needs scholarship (be specific)

No Scholarships will exceed 40% of the fee for RESIDENT CAMP or 40% for Cub Scout Day Camp.

A maximum scholarship of 30% is possible for youth that received a campership in any prior year.

A maximum scholarship of 20% is possible for youth making a third or more scholarship request.

Request what you really need. Remember, all requests will be granted based on the total number of Scouts requesting funds.

To be eligible, the Units must have held a FOS presentation and participated in the Fall Popcorn Sale.

To make sure that all sources of help have been considered, complete each line of the following. Do not mingle numbers-. Place zeros or amounts on each line.

Line A: Enter the fee of the program that this Scout is applying for:	\$ _____
1. AMOUNT OF CAMP FEES SCOUT WILL EARN OR SAVE	\$ _____
2. AMOUNT OF CAMP FEES SCOUT'S FAMILY WILL PROVIDE	\$ _____
3. AMOUNT OF CAMP FEES UNIT WILL PROVIDE	\$ _____
4. AMOUNT OF CAMP FEES CHARTERED ORGANIZATION WILL PROVIDE	\$ _____
5. Total of Lines 1 through 4	\$ _____
6. Subtract line 5 from line A—this is the amount of your scholarship request	\$ _____

SINCE THE PREVIOUS CAMPING SEASON, DID THE UNIT PARTICIPATE IN - (Check Answer)

POPCORN SALES (YES OR NO)

FOS PRESENTATION (YES OR NO)

SIGNED: _____

Unit Leader or Committee Chairman Print Name Date

MUST BE SIGNED BY THE EXECUTIVE OFFICER ONLY

SIGNED: _____

Executive Officer of Chartered Organization Print Name Date

All Forms found to be defective will be returned for completion. Deadline will remain in force. All applications will be mailed to the Chartering Organization to be verified.

2014 Cub Scout Day Camp - Tidewater Council Authorization to Pickup Scout

Camp Location _____

Someone other than the parent/guardian will be picking up my scout.

SCOUT'S NAME: _____ Day Camp Den # _____

People other than parent/guardian are AUTHORIZED to pick up my scout:

Without written and signed authorization, we cannot release your son to anyone other than a parent/guardian. Phone calls are NOT valid authorization.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian PRINTED Name: _____ Phone: _____

Parent/Guardian SIGNATURE: _____ Date: _____

This form will be held by the Scout's Den Leader at Day Camp.
Make sure these individuals picking up Scouts know what DEN they are in.
Each Scout sibling should have a separate form since they are probably in different Day Camp Dens.

Verify that the Scout's Medical Form has authorization to medically treat your son and we are authorized to photograph your son.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization
I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:
You must designate at least one adult. Please include a telephone number.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____



Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Prepared. For Life.®

680-001
2014 Printing

Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

! Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. **!**

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.
 Reviewed by: _____
 Date: _____
 Further approval required: Yes No
 Reason: _____
 Approved by: _____
 Date: _____

IMMUNIZATION EXEMPTION REQUEST

SOLICITUD DE EXENCIÓN DE INMUNIZACIÓN

On religious, philosophical, or medical grounds, I request exemption for me and/or my child from all vaccinations and/or immunizations required by the BSA (found on Scouting.org under Scouting Safely) for attendance to Camp _____ operated by the _____ Council, Boy Scouts of America.

I understand that a medical evaluation and screening by a licensed health-care practitioner is necessary to reduce the possibility of exposing other camp participants to a communicable disease.

In consideration of these exemptions, I understand that I accept complete responsibility for the health of me and/or my child, and I hereby release and agree to hold harmless the Boy Scouts of America and any of its officers, agents, and representatives from any liability that might arise during Scouting activities by virtue of this exemption. It is further understood that, should an emergency arise, (name) _____, (telephone) _____, will be notified immediately. In the event that this contact cannot be located immediately, the Boy Scouts of America authorities may take such temporary measures as they deem necessary.

Por motivos religiosos, filosóficos o médicos, solicito la exención para mí o mi hijo de todas las vacunas o inmunizaciones requeridas por BSA (que se encuentran en Scouting.org bajo Scouting Safely) para asistir al campamento _____, operado por el concilio _____, Boy Scouts of America. Entiendo que una evaluación médica y el examen por parte de un profesional de la salud con licencia son necesarios para reducir la posibilidad de exponer a otros participantes del campamento a una enfermedad transmisible.

En consideración a estas exenciones, entiendo que acepto completa responsabilidad por mi salud o la de mi hijo y por medio de la presente libero y acuerdo eximir a la organización Boy Scouts of America y a cualquiera de sus funcionarios, agentes y representantes de cualquier responsabilidad que pueda surgir durante las actividades Scouting en virtud de esta exención. Queda entendido asimismo que, si surge una emergencia, (nombre) _____, (teléfono) _____, será notificado inmediatamente. En caso de que este contacto no sea localizado inmediatamente, las autoridades de Boy Scouts of America podrán tomar las medidas temporales que consideren necesarias.

Participant signature
Firma del participante

Parent/guardian signature
Firma del padre/tutor

Date
Fecha

Name (print)
Nombre (con letra)

Address
Dirección

City, State, Zip
Ciudad, Estado, Código postal



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