

2013  
Captain John Smith Experience  
*PARTICIPANT'S GUIDE*



**PIPSICO SCOUT RESERVATION  
TIDEWATER COUNCIL, BSA**

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## **Welcome Letter-**

Dear Captain John Smith Experience Participant and/ or Unit Leader:

We are pleased to offer the Captain John Smith Experience as part of the James River Adventure Base at Pipsico Scout Reservation. This program, to which we made significant modifications to in 2013, is designed to approximate the adventures and experiences of the Jamestown colonists. This guide will help you understand and prepare for your adventure on The Captain John Smith Experience.

The emphasis for The Captain John Smith Experience is to instill in youth teamwork, leadership skills, survival skills, and most of all, show them a fun-filled week on and close to the James River. While participating in this program you will be challenged with learning many new and exciting skills that only a few have ever had the opportunity to learn. Both the new skills and existing knowledge will be applied through the historical context of the experience of Jamestown settlers. Participants will learn how to meet and complete many challenges and will be able to come home with many new skills, friends, and memories.

Please take note that many of the luxuries of residence camp will not be available to the participants. A mid-week visit to base camp will be offered so that participants may check up with their unit, shower in our facilities, and participate in base camp programs. They will then be taken back to the colony. Participants will be expected to actively engage in all aspects of the program and work cooperatively to achieve the best experience possible.

If you are looking for something other than the normal toil and trouble of earning merit badges while sitting under a shelter, then come out for an adventure of a lifetime! You will be responsible for building shelters, obtaining food, cooking, cleaning and many other tasks. This is not for the faint hearted!

Our trained and knowledgeable staff is here to assist and guide you through the fun and challenging adventures that await you on The Captain John Smith Experience.

If you have any comments, concerns, or questions, please let us know! We certainly look forward to seeing you this summer.

Sincerely,

*Evan Sommerfeld*

Director, Pipsico Scout Reservation



## **Program Overview-**

This program is designed to provide older Boy Scouts and Venture Scouts with the opportunity to experience a full week of learning about the experiences of the early Jamestown settlers through hands-on activities. Participating in the program involves sacrificing many of the comforts of normal summer camp experiences, but this will be replaced by an unparalleled opportunity to familiarize yourself with the challenges of early colonists in Virginia. Our program is rich in tradition and culture; you will be a part of something larger than yourself, building upon the legacy left by those participants before you.

Sunday after check in will consist of staff introductions along with an introduction to the basic program elements and restrictions. Participants will spend the night in the residence camp with the rest of their unit or (if provisional campers) will be lodged with another unit for the night.

Monday morning, after breakfast, participants will report to the parking lot outside of the Burton Center to embark for a tour of Jamestown Settlement. The activities during the rest of the week will be designed to develop and apply some of the essential survival skills needed by the early colonists. These include, but are not limited to, locating the colony, building shelter, military training, interacting with native peoples, and cooking. The program will conclude Friday night so the participants can attend campfire. At the Friday night campfire, participants will be given special introduction and given the opportunity to explain their week and the adventures that they have had.

Staff members will be living with the participants during the week. Moreover, other staff members will assist with the program throughout the week. All staff are highly trained and knowledgeable about both general scouting skills and the specialized knowledge covered in this program. The event will also be supported by the James River Adventure Base at Pipsico Scout Reservation, where the participants will camp Sunday and Friday nights as well as eat Monday breakfast. Most of the ingredients for food provided to the participants will come through the base.

Participants will prepare all meals at their selected colony location, unless otherwise noted in the Typical Schedule section of this guide.

Every week the participants have new and fun filled experiences with Captain John Smith Experience. Participants are guaranteed to come home with knowledge and memories that will last a lifetime!

Don't forget, if you or your youth enjoyed this program, ask about our other exciting programs at the James River High Adventure Base. Go to <http://www.PipsicoBSA.com> for more information.



## **Your Week at Camp-**

To follow is a rough summary of a weekly schedule for the Captain John Smith Experience. Note that this schedule is subject to change depending on weather and other outside factors. Participant's actions will also directly affect how much they get to experience. This program in many ways is a reenactment scenario. A detailed schedule will be given to participants at the JRAB program wide meeting on Sunday.

### **Sunday-**

- Check-in
- JRAB Program Wide Meeting, Staff Introductions, Review of Schedule  
Team Building Activities

### **Monday-**

- Tour of Jamestown Colonial Park
- Special afternoon experience (shhh.... It's a secret)
- Travel to the colony
- Monday night spent in colony

### **Tuesday-**

- Begin colony project
- Archery Challenge
- Candle Making
- Campfire
- Tuesday night spent in colony

### **Wednesday-**

- Interaction with Native Americans
- Culinary Instruction
- Tomahawk Throwing
- Base Camp Activities (swimming in pool, trading post, etc.)
- Williamsburg Ghost Tour
- Wednesday night spent in base camp with unit

### **Thursday-**

- Canoeing
- Black Powder
- Beach Party (special meal)
- Campfire

### **Friday-**

- Black Smithing
- Complete camp project
- Closing Ceremony
- Camp Wide Camp Fire

### **Saturday-**

- Check-out
- Lots of sleep while on the car ride home



## ***Other Notes***

- The menu for this program is very different from any other summer resident camp food menu. If you have special dietary needs you must let us know two weeks prior to your arrival.
- Sunday night, Wednesday night, and Friday night will be the only nights that participants will be in "Base Camp" with the remainder of their unit. The rest of the time they will be in the outpost camp. Unit leaders may be given an opportunity to visit the outpost camp upon request (with ample notice given to staff).
- During the week we will be exploring the waters and areas along the James and Chickahominy Rivers. Participants must expect to get wet during their visit and be able to pass a BSA swim test.
- **Every day during the Captain John Smith Experience our staff will work with the participants to refine their skills in the target area of study. This is not a merit badge program; however, work on merit badges and advancement requirements will occur naturally during the program. If participants would like to go above and beyond, and earn specific merit badges, they must discuss this with the staff on Sunday evening to ensure that their intentions are known. A list of merit badge requirements that will be completed and options for completing others will be available on Sunday evening at the introduction meeting. The opportunities are limitless for the experiences and activities that you will participate in while at Pipsico!**

\*\*Please also check at <http://www.PipsicoBSA.com> for updates about program changes as well as new programs and activities.



## **Organization-**

Each week the Captain John Smith Experience Participants will be introduced to each other during the Sunday night introduction meeting. The participants will be experiencing the program throughout the week together as a group. Through the week however, participants will be expected to split up to accomplish the overall goals assigned to the group. When this occurs, the buddy system is strongly enforced and expected of all participants. Also in effect, since the Captain John Smith Experience is open to, youth, adults, and male and female Venturers; are youth protection policies.

Supervision during the program week will be provided primarily by staff. Adults provided by the unit are not required. However, units sending four or more youth to this program are strongly encouraged to send 1 adult to participate in the program for the best experience. Due to the high energy and fun pack schedule, participants are expected to obey all staff requests during the week. If your unit will be sending a female participant, your unit **must** also provide a female adult leader to participate in the program.





## **Weeks of Operation for Captain John Smith, 2013-**

Week 1 (June 23<sup>rd</sup> - June 29<sup>th</sup>)

Week 2 (June 30<sup>th</sup> - July 6<sup>th</sup>)

Week 3 (July 7<sup>th</sup> - July 13<sup>th</sup>)

Week 4 (July 15<sup>th</sup> - July 20<sup>th</sup>)

## **Fees, Requirements, & Refund Policy-**

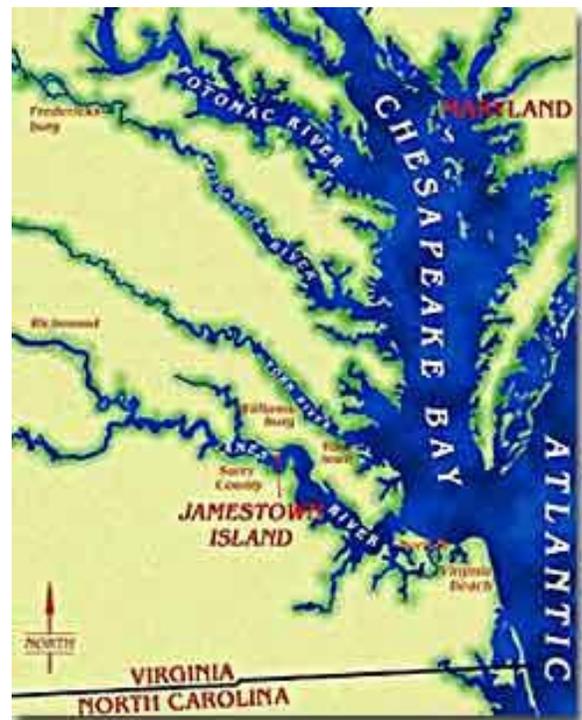
The Captain John Smith Experience early bird fee is \$275 if paid in accordance with the fee schedule listed below. Accounts not paid in full by May 4, 2013, are subject to and \$25 fee which is the cost of the regular price.

Reservations made after May 4, 2013, will be \$300. Reservations after May 4, 2013, require payment upon full upon registration.

### ***Fee Schedule:***

- \$75 due upon registration
- Paid in full by 5/4/13

These fees are valid for the 2013 season only.



### ***Requirements:***

**All Scout Participants must be 14 as June 1<sup>st</sup>, 2013,** have an Annual Medical Form with parts A, B, & C completed. They must also pass BSA swim test after arriving at Pipsico Scout Reservation. All adult participants must pay the \$275 fee, complete the Annual Health and Medical Record parts A, B, & C, and pass the BSA swim test. There is a maximum of 28 participants per week. If a participant is unable to pass the swim test, they will be sent home at their own cost or given the option to participate in regular Boy Scout Camp program if space is available. Female participants are required to bring a female leader.



### ***Refund Policy:***

It is important to note that when you make a reservation for the James River Adventure Base, your reservation guarantees you a spot in the Captain John Smith Experience. Once you reserve a slot you will be expected to pay for the entire balance of that slot.

In cases of death of an immediate family member, sickness or injury, or military transfer, we will refund all but \$100 of fees paid until 6/1/13 when verified by a physician, military commander, or such official.

The Tidewater Council, BSA strives to provide the very best program. We contract staff and vendors in February. Cancellations after April 1 inhibit our ability to provide this quality program. Reasons such as vacation schedule, summer school, and last minute changes of mind are not acceptable reasons for refunds. Camper deposits are transferrable within a unit, but are not refundable. After 6/1/13 no refunds are available for any reason.

### **Our Location-**

The James River Adventure Base at Pipsico Scout Reservation; is located in Spring Grove, Virginia, approximately midway between Norfolk and Richmond. It is about 25 miles off Interstate 295 from Hopewell, Virginia.

Our camp is centrally located to a host of attractions. The first permanent English settlement at Jamestown is a short distance via the nearby ferry. Many fascinating historical sites from the first 250 years of American history are within easy driving distance. Among these are Colonial Williamsburg, the Revolutionary War battlefield at Yorktown, and Civil War battlefields around Richmond and Petersburg.

For those who want more modern adventure, local amusement parks include Busch Gardens and Water Country USA. A moderate drive from camp brings visitors to the Naval base in Norfolk, the NASA Langley Research Center, the Atlantic Ocean beaches and boardwalk at Virginia Beach, and much more.

If you are coming from outside the local area, we would be glad to have you as our guests in Camp Rotary for a few extra days so you can add some of these world-class attractions to your summer camp experience. With advance notice, we can provide breakfast, dinner, and box lunches on the days you are in Camp Rotary for a nominal cost.

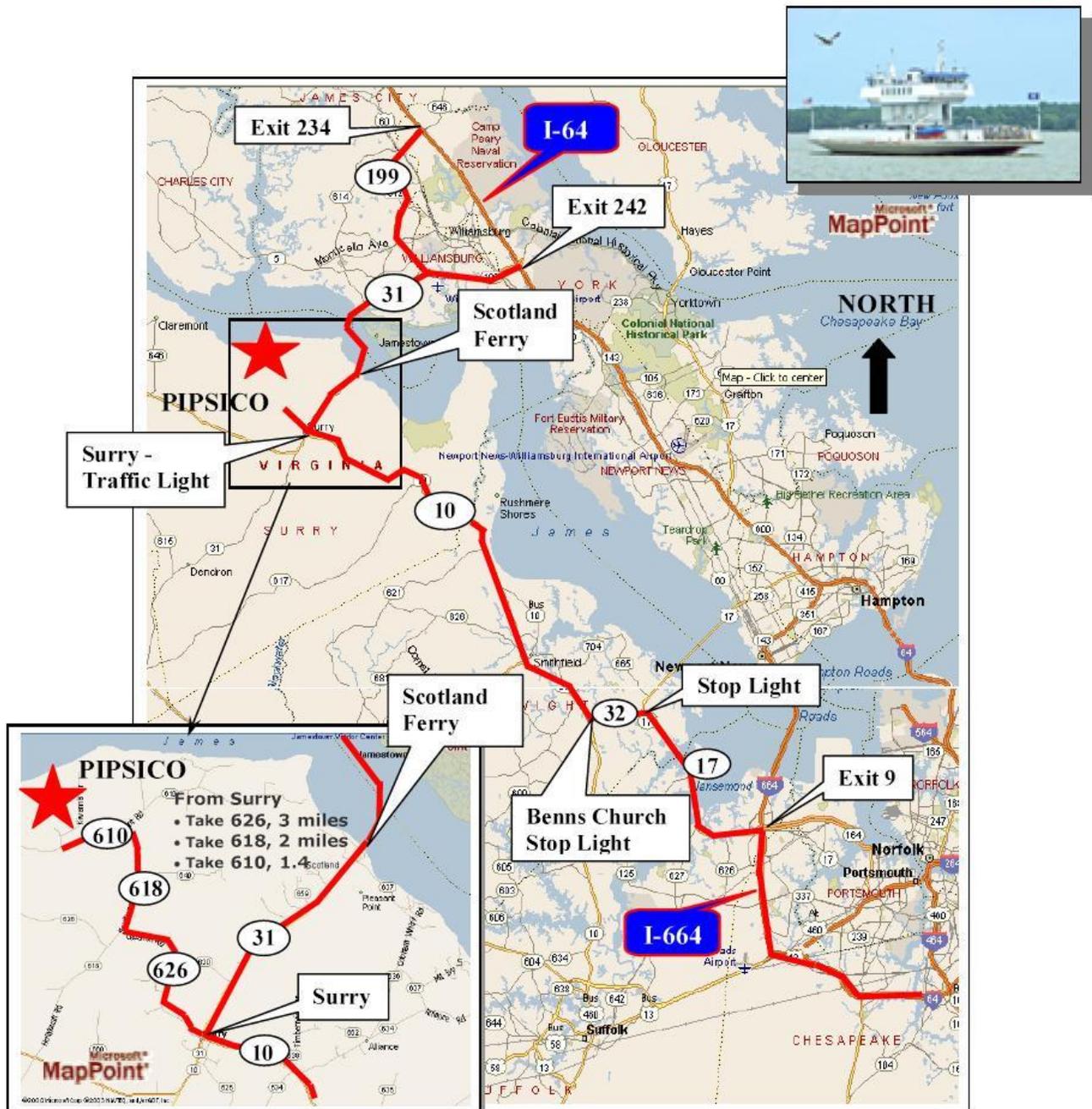




### Getting to the James River Adventure Base:

Take a drive in the country or a ride on a ferry. Whichever route you and your Scouts choose, you are sure to enjoy the trip. From South Hampton Roads, the most direct route is illustrated below. However, some may prefer taking Route 460 to Route 10 North.

For those coming from the Peninsula or interested in something different, the Jamestown- Scotland Ferry is the way to go. However you arrive, traveling to Pipsico will provide a history rich and scenic journey.





## **Planning and Preparation-**

### ***What to Bring:***

#### **Required Items-**

1. Backpack
2. Toiletry kit (including towel)
3. Wool blankets or a sleeping bag with a blanket
4. Clothing
  - 1 pair of earth tone shorts
  - 1 pair of earth tone pants
  - 2 White Undershirts\*
  - 2 pairs of Shoes- **NO flip-flops.** Boat shoes or tennis shoes are OK. All might be exposed to water. A pair of hiking boots is suggested but not required.
  - Underwear and socks(wool preferred) for a week
  - Bandana
  - Two Sets of Class B Clothing (for wear on Ghost Tour and Jamestown Tour)
5. Pocket knife preferably with a belt and belt holder
6. Sunscreen, insect repellent and lip balm w/ sunscreen
7. Mess Kit (Fork, knife, plate, bowl)
8. Rain Gear
9. Pair of Leather gloves

#### **Suggested Items-**

1. No cash money required; however, each individual will be allowed and is encouraged to carry money for personal expenditures. The youth will have access to the camp trading post as well as the facilities and shops at Jamestown. (A suggested amount of \$50.00 is recommended for the week)
2. Camera



\* You will be given a Special Captain John Smith Experience Colonial Era shirt to be worn over these

\*\* Units that are sending several participants the Captain John Smith Experience can create a flag that can be flown during the week.

**DO NOT BRING- Cell Phones, Radios, CD players, iPods, firearms, sheath knives, or any other scouting restricted items.**



### ***Sunday Check In:***

Please plan on arriving between 1:15 and 3:15 PM on Sunday afternoon of your scheduled camp week. If you arrive early, please park and wait in the parking lot of Camp Lions. Registration will be conducted at the Burton Center which is main administration building inside of Camp Lions at Pipsico Scout Reservation. If you plan to arrive late, please notify us in advance so special arrangements can be made. If you are delayed on the way to camp, let us know at (757) 294-3912.

At initial check-in, we will verify the number of campers with your unit, confirm paperwork is in order and assign you to a campsite. Your pre-ordered T-shirts will be given to you at this time.

Next your Camp Guide will meet you. The Camp Guide will escort you through the remaining check-in procedures:

- Your Campsite where you will drop off (but not unpack) your gear. At this time everyone will change into bathing suits. You will be given a pass that allows one vehicle at a time into the campsite. All vehicles (other than trailers) must be moved to the main parking lot by dinner on Sunday.
- OA Shelter, where you will turn in Health Record Forms with the Health and Safety Officer.
- OA Shelter where you will fill out buddy tags.
- Dining Hall for a brief orientation on mealtime procedures.
- Pool for Swim Test: **All participants (youth and adult) are required to pass the BSA Swimmer test.** Change into your swim suits and go to the pool. If a participant is unable to pass the swim test, they will be sent home at their own cost or given the option to participate in regular Boy Scout Camp if space is available.
- To the Dining Hall where you will be introduced to the Captain John Smith Experience Staff and Organized into your colonial settlement group.
- Your campsite to unpack and get settled for the night.
- A meeting for all James River Adventure Base participants will be held at **6:45**, following the conclusion of dinner, at the **Natural History area**. We will review the week's schedule, introduce the staff, and answer any questions at this time. Unit leaders not participating in the program are invited to attend.



### ***Saturday Check Out:***

You can plan on your unit leaving camp between 8:00 and 10:30 AM on Saturday. A continental breakfast will be served between 8:00 and 9:00 AM.

If all gear and equipment **is not** returned to the proper condition on Friday (you will be told this at dinner Friday night), participants should report back to the designated area Saturday morning for a final inspection by the director. Once you have been given the final ok, you may return to your primary campsite for final checkout procedures.

One vehicle at a time may enter the campsite to load gear, no earlier than 7:30 AM. Once your gear is packed out and your campsite and latrine are clean, a staff member will inspect the campsite and release you from camp.

Once you have been checked out of your campsite and picked up your health records and medications from the Health Lodge, we will give you your 2012 The Captain John Smith Experience patches and be wished a safe trip home.





## **Captain John Smith Experience Policies:**

### ***Mail:***

Mail can be sent to Captain John Smith Experience participants throughout the week by using the following address:

Pipsico Scout Reservation  
C/o Scout's Name, Unit Number, CAPTAIN  
JOHN SMITH EXPERIENCE  
57 Pipsico Road  
Spring Grove, VA 23881

### ***Telephones:***

A phone for outgoing calls is available at the Burton Center. An adult leader must be present for a Scout (with his buddy) to use this phone. Calls must be collect or by calling card, and must be limited to five minutes. Should anyone need to contact a camper on an important matter, the number is: **(757) 294-3912** This is our business phone, and cannot be tied up with personal calls, so parents will not be able to speak to their children on this line. Phone messages will be placed in the unit mailbox; emergency messages will be delivered as soon as possible. If adult leaders need to receive regular calls at camp, bring a cell phone or pager, or make arrangements to check with their office on a regular schedule.



In case of emergency while out in the activity areas, the Staff will be in contact with the Camp via cell phone and Radios.

### ***Attire:***

Class A or Class B uniforms are not required during the activity portion of the week; however, they will be needed for Friday night dinner and for the opening and closing campfires. Proper or appropriate attire must be worn at all times while in the activity area. Shorts and appropriate T-shirts (See equipment list) are recommended for most activities. Closed-toe shoes must be worn at all times; including during activities at the waterfront and on board any boats. The only exceptions are while in a shower building, inside the pools, the pool perimeter fence, or in bed.

Captain John Smith Experience participants may only wear light colored, non-marking soled shoes while aboard the boats. Bathing suits should be conservative; remember, there may be coed participants.

### ***Buddy System:***

All participants of Captain John Smith Experience should use the buddy system while at camp, in the activity area, and while visiting Jamestown. Participant leaders are required to know the whereabouts of their co-participants at all times.

### ***Provisional Campers:***

If a Scout is unable to attend camp with his own unit, or wants to attend a second week of camp, we can arrange for him to attend camp with another unit. Fees for provisional campers are the same as for other Scouts. On occasion, we ask a unit to include a provisional camper in their unit for the week at camp. In such cases, we require that a parent or guardian meet with the unit's camp leader prior to camp or during check-in. Provisional participants will be incorporated into the group participating with in The Captain John Smith Experience.

### ***Lost and Found:***

A lost-and-found bin will be maintained at the Burton Center, and by the staff of The Captain John Smith Experience.

### ***Trading Post:***

In addition to program materials, our Trading Post offers a variety of snacks and drinks, and a wide selection of camping supplies, Scouting materials, and special James River Adventure Base and Pipsico Scout Reservation souvenirs. Remember that the proceeds from the Trading Post support your Scouting programs! It is also stocked with James River Adventure Base apparel and souvenirs, refreshments, and other items. Please encourage your participants to bring spending money (\$50 recommended). There will also opportunities to shop at Jamestown Settlement.





### **Unit Leaders:**

Coed units are **required** to provide a female leader with the female participants. Units also sending four or more participants are encouraged to send an adult with their participants for the best experiences. Please contact us before arrival at camp to make arrangements for provisional participants.

### **Valuables:**

Unfortunately, even in a scouting environment, losses occur. To ensure nothing will happen to your favorite gadgets and gizmos, leave them at home! We do not carry insurance for personal items. Also remember that we will be surrounded by a lot of water and out in unsheltered areas frequently, please make sure items that can not get wet are secured properly.

### **Vehicles:**

While camp is in session, all Scouts, leaders, and visitors are prohibited from driving past the gate in front of the Health Lodge. One vehicle will be allowed into your campsite during check-in to drop off unit gear; as soon as it is unloaded, it must be promptly moved to the Burton Center parking lot.





### ***Prohibited Items:***

The following items and actions are strictly prohibited while at Camp Lions and while participating in Captain John Smith Experience and are a cause for immediate dismissal:

- Alcohol
- Tobacco - The use of tobacco in any form is strictly prohibited for youth participants. Adults who smoke must do so out of sight of any youth members. Smoking is prohibited while on the boats.
- Illegal Drugs
- Fireworks
- Sheath Knives
- Firearms of any kind
- Theft
- Actions that knowingly endanger another participant or staff.
- Intentionally damaging property belonging to another person or Captain John Smith Experience.

### ***Discipline:***

All participants are expected to live up to the principles and values of the Scout Oath and Law and/or the Venturing Code.

- Discipline of Scouts while at camp is the responsibility of unit leaders. If Scouts are disruptive or refuse to comply with camp rules, we will refer the matter to the unit leaders for resolution. If problems recur, we may require the Scout to be sent home.
- In the event that a unit leader is not present during the program, the staff will be responsible for enforcing rules and disciplining those crewmembers who break them.
- If the camp administration believes that further disciplinary action is required of any participant, they will intervene. Chartered partners of the participant's home unit and/or a Council representative will be contacted for serious infractions.
- Any participant who steals, vandalizes, or intentionally places another participant, staff member, or other person in danger will immediately be sent home. The administration reserves the right to take further action themselves if necessary, including sending the entire crew home within 24 hours.
- Hazing or any other such activities are not allowed at any time during The Captain John Smith Experience.



## **Medical Information-**

### ***Medical Forms and Physical Examinations:***

All Captain John Smith Experience participants, both youth and adults, must have a completed and signed Annual BSA Health and Medical Record, parts A, B, & C. (This form is included at the back of this booklet)

Youth participant medical forms must be signed by a parent and include the parent's medical insurance information (a copy of insurance card). Participants without a properly completed Annual BSA Health and Medical Record will not be admitted to the program.

### ***Medications:***

All prescription drugs are kept and administered by the unit. It is to be kept in a secured location out of the reach of the children. If medication requires refrigeration, it can be checked in with the Health Officer during check-in. Please provide a list of medication, dosage and to whom you are administering medication to when you check in with the Health Officer.

By law, medications must be in a container with a typed label from the pharmacy. Medications will be given only in accordance with the label. Handwritten changes will not be accepted.



If no leader from the unit is participating in The Captain John Smith Experience, then the staff will also dispense medication throughout the time spent at the outpost. Participants suffering from asthma may keep their medication with them, but must inform the staff that they have it.



## ***Emergency Medical Treatment:***

Camp Lions has a health officer on duty 24 hours a day. If a medical situation occurs while at the outpost, procedures are in place that will ensure the safety and health of everyone participating. Staff is trained in First Aid with appropriate supplies at the site for many typical injuries. Cell phones and radios will be on hand to call ahead if medical services are required.

The cost of medical treatment away from camp will be billed to the camper's primary insurance carrier. Registered Tidewater Council units are covered by supplemental insurance, which covers certain deductibles and other expenses for injuries and illnesses incurred at camp. Parents must make arrangements for treatment of pre-existing conditions. Tidewater Council's policy does not cover out-of-council units; those units need to submit a certificate of insurance from their home council or unit prior to arriving at camp. We recommend that this be done when making your final camp fee payment.

## **Emergency Procedures-**

### **Missing Participant/ Lost Person:**

As soon as it is suspected that a person is missing, report the incident to the Skipper. Upon notification, the Skipper will:

- Check the Sign-in/Sign-out roster.
- Staff members will search all public and program areas.
- Staff members will inspect the water around the boat.
- If the person is not found, the Camp Director will be notified and will call the participant's home. If the individual is not home, the Camp Director will:
  - Contact the local authorities.
  - Take a crew by crew roll call.
  - Organize a lost person search with local authorities.
  - Contact the Scout Executive or his representative.

### **Serious or Fatal Accident:**

The staff member on scene will notify the Camp Director and then:

The Camp Director will notify the local Rescue Squad

The Camp Director will notify the Scout Executive and the Participant's parents

All other programs will continue their normal activities.

The Camp director will gather all information and complete the BSA Accident Forms

Only the Scout Executive or his representative will respond to questions from the press or other authorities.



## **Photo Release Information-**

During the course of the week photographs or video footage may be taken for promotional purposes. If a parent does not wish for their child to be photographed, you must notify the Council office prior to your unit's arrival at camp. The parent must provide a signed letter stating that their child is not to be photographed. We will depend on the unit leader to make us aware of and individuals that may not be photographed once they arrive on the property. **PLEASE SHARE THIS INFORMATION WITH PARENTS.**

\*The Captain John Smith Experience staff is dedicated to provide you with the best high adventure experience of your scouting summers. Therefore, if you see any areas where we can improve, please write them down at the end-of-week evaluations. If you have any questions about this guide or program, please do not hesitate to call us at (757) 497-2688.

**For more information or updates regarding this and other programs:**

**<http://www.PipsicoBSA.com>**





## **Appendix Table of Contents**

- A. 2013 James River Adventure Base Reservation Form
- B. Annual BSA Health and Medical Record, parts A, B, &C
- C. Prescription Medication Information Form
- D. 2013 Health Info Release Form



# Pipsico Scout Reservation

## James River Adventure Base • 2013 Season



**FOR LOGISTICAL REASONS, THIS FORM SHOULD BE COMPLETED FOR EACH PARTICIPANT**

UNIT: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ COUNCIL: \_\_\_\_\_

**ALL CORRESPONDENCE REGARDING SUMMER CAMP SHOULD BE SENT TO:**

Participant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

**PLEASE CHECK THE WEEK YOU WILL BE ATTENDING CAMP.**

- Week #1 (June 23-29)
- Week #2 (June 30-July 6)
- Week #3 (July 7-13)
- Week #4 (July 14-20)

**PLEASE SELECT YOUR PROGRAM**

	<b>Program</b>	<b>Pricing</b>	<b>Important</b>
<input type="checkbox"/>	<b>SCUBA Camp*</b> (COED / Youth & Adult)	Early Bird - \$495 Regular - \$520	Minimum Age: 13+ by 6/1/13 Must pass BSA swim test.
<input type="checkbox"/>	<b>Sail Hampton Roads</b> (COED / Youth & Adult)	Early Bird - \$495 Regular - +\$25	Minimum Age: 13+ by 6/1/13 Must pass BSA swim test.
<input type="checkbox"/>	<b>PEX (Pipsico Experience)</b> (COED / Youth & Adult)	Early Bird - \$395 Regular - \$420	Minimum Age: 16+ by 6/1/13 Must pass BSA swim test.
<input type="checkbox"/>	<b>Captain John Smith Experience</b> (Boy Scout Youth Only)	Early Bird - \$275 Regular - \$300	Minimum Age: 14+ by 6/1/13 Must pass BSA swim test.

	<b>Early Bird Price</b>	<b>Regular Price</b>
<b>Important Payment Deadlines</b>	\$75 deposit by 3/23/13 & Paid in full by 5/4/13	Paid in full after 5/4/13

\*SCUBA Camp participants are required to complete a SCUBA physical. SCUBA participants are also required to bring (or purchase) their own mask, snorkel, fins, boots & mask cleaner.

*Please attach a check made payable to "Tidewater Council, BSA" for the appropriate fee.*

**RETURN THIS RESERVATION FORM TO:**

TIDEWATER COUNCIL, B.S.A., 1032 HEATHERWOOD DRIVE, VIRGINIA BEACH, VA 23455

Please see <http://www.PipsicoBSA.com> for additional resources.

### REFUND POLICY

*In cases of death of an immediate family member, sickness or injury, or military transfer, we will refund all but \$100 of fees paid until 6/1/13 when verified by a physician, military commander, or such official. The Tidewater Council, BSA strives to provide the very best program. We contract staff and vendors in February. Cancellations after April 1 inhibit our ability to provide this quality program. Reasons such as vacation schedule, summer school, and last minute changes of mind are not acceptable reasons for refunds. Camper deposits are transferrable within a unit, but are not refundable. After 6/1/13 no refunds are available for any reason.*

### OFFICE USE ONLY

ACCT # 1-2630-421-00 SW =6967 until 12/31/12  
ACCT # 1-6701-421-21 SW =6968 on/after 01/01/13

# Annual Health and Medical Record Registro Médico y de Salud Anual Part A/Parte A

**High-adventure base participants:  
Participantes en la base de aventura extrema:**  
Expedition/crew No. \_\_\_\_\_  
Expedición/grupo no.: \_\_\_\_\_  
or staff position \_\_\_\_\_  
o puesto fijo: \_\_\_\_\_

## GENERAL INFORMATION/INFORMACIÓN GENERAL

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female  
Nombre \_\_\_\_\_ Fecha de nacimiento (MM/DD/Year) - (MM/DD/Año) Edad \_\_\_\_\_ Masculino Femenino

Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
Domicilio \_\_\_\_\_ Grado escolar completado (sólo niños)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código postal \_\_\_\_\_ No. telefónico \_\_\_\_\_

Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
Líder de la unidad \_\_\_\_\_ Nombre y no. del concilio \_\_\_\_\_ No. de unidad \_\_\_\_\_

Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
No. de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento) \_\_\_\_\_ Preferencia religiosa \_\_\_\_\_

Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Compañía de seguro médico/accidental \_\_\_\_\_ No. de póliza \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.  
ANEXAR UNA FOTOCOPIA DE AMBOS LADOS DE LA TARJETA DEL SEGURO. SI USTED NO TIENE SEGURO MÉDICO, ESCRIBA "NINGUNO."**

## In case of emergency, notify/En caso de emergencia, notificar a:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Nombre \_\_\_\_\_ Parentesco \_\_\_\_\_

Address \_\_\_\_\_  
Domicilio \_\_\_\_\_

Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Mobile phone \_\_\_\_\_  
Teléfono de casa Teléfono de oficina Teléfono móvil

Alternate contact name \_\_\_\_\_ Alternate's phone \_\_\_\_\_  
Nombre de contacto alternativo Teléfono del contacto alternativo

## HEALTH HISTORY/HISTORIAL MÉDICO

Do you currently have, or have you ever been treated for any of the following?  
¿Tiene actualmente, o ha tenido alguna vez los siguientes?

Please fill in the bubbles as indicated below:  
Por favor rellene los círculos tal como se indica a continuación:  
Incorrect:     Correct:

Yes/Sí	No/No	Condition/Padecimiento	Explain/Explique
<input type="checkbox"/>	<input type="checkbox"/>	<b>Asthma</b> Asma Last attack: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Último ataque: (MM/AA)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Diabetes</b> Diabetes Last HbA1c: (Percentage) <input type="text"/> <input type="text"/> . <input type="text"/> % Última HbA1c: (Porcentaje)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Hypertension (high blood pressure)</b> Hipertensión (presión alta)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Heart disease/heart attack/chest pain/heart murmur</b> Enfermedad del corazón/infarto/dolores de pecho/soplo cardíaco	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Stroke/TIA</b> Apoplejía/Accidente isquémico transitorio	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Lung/respiratory disease</b> Enfermedades pulmonares/respiratorias	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Ear/sinus problems</b> Problemas del oído/senos paranasales	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Muscular/skeletal condition</b> Condiciones musculares/óseas	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Menstrual problems (women only)</b> Problemas menstruales (sólo mujeres)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Psychiatric/psychological and emotional difficulties</b> Dificultades psiquiátricas/psicológicas y emocionales	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Behavioral/neurological disorders</b> Trastornos de conducta/neurológicos	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Bleeding disorders</b> Enfermedades hemorrágicas	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Fainting spells</b> Desmayos	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Thyroid disease</b> Enfermedades de la tiroides	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Kidney disease</b> Enfermedades del riñón	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sickle cell disease</b> Anemia falciforme	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Seizures</b> Last seizure: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Convulsiones Última convulsión: (MM/AA)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sleep disorders (e.g., sleep apnea)</b> Trastornos del sueño (por ejemplo, síndrome de apnea-hipopnea durante el sueño)	Use CPAP: <input type="radio"/> Yes <input type="radio"/> No Usa CPAP <input type="radio"/> Sí <input type="radio"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<b>Abdominal/digestive problems</b> Problemas abdominales/digestivos	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Surgery</b> Last surgery: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Cirugía Última cirugía: (MM/AA)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Serious injury</b> Lesión grave	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Excessive fatigue or shortness of breath with exercise</b> Fatiga en exceso o dificultad para respirar al hacer ejercicio	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b> Otro	

Emergency contact No.:  
Teléfono en caso de emergencia

Allergies:  
Alergias

DOB:  
Fecha de nacimiento

Part A Full name:  
Parte A Nombre completo

**HEALTH HISTORY/HISTORIAL MÉDICO**

Are you allergic to or do you have any adverse reaction to any of the following?  
 ¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated:  
 Por favor rellene los círculos tal como se indica:

Incorrect:     Correct:

Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
<input type="radio"/>	<input type="radio"/>	Medication Medicamentos	
<input type="radio"/>	<input type="radio"/>	Food, plants, or insect bites Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. **La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años.** Por cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

Immunized? ¿Vacunado?		Immunizations Vacunas	Date (MM/YY) Fecha (MM/AA)	Had Disease? ¿La ha padecido?		Date (MM/YY) Fecha (MM/AA)
Yes/Sí	No/No			Yes/Sí	No/No	
<input type="radio"/>	<input type="radio"/>	Tetanus Tétano	<input type="text"/> /	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Pertussis Tos ferina		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Diphtheria Difteria		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Measles Sarampión		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Mumps Paperas		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Rubella Rubéola		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Polio Polio		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Chicken pox Varicela		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis A Hepatitis A		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis B Hepatitis B		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Meningitis Meningitis		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Influenza Influenza		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Other (i.e., HIB) Otra (por ejemplo, HIB)		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<b>Exemption to immunizations claimed (form required).</b> Exención de vacunas solicitada (formulario obligatorio).					

**MEDICATIONS** List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

No medications  
Sin medicamentos

**MEDICAMENTOS** Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

Additional medications (sheet attached)  
Medicamentos adicionales (hoja anexa)

Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____
Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____

Administration of the above medications is approved by (if required by your state):  
 La administración de los medicamentos arriba mencionados está aprobada por (si lo requiere su estado)

Parent/guardian signature  
 Firma del padre o tutor

and/or  
 y/o

MD/DO, NP, or PA signature  
 Firma del Dr., Enfermera profesional, Asistente médico

**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.**

**Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.**

Part A Full name:   
 Parte A Nombre completo   
 DOB:   
 Fecha de nacimiento

DOB:

Fecha de nacimiento

Part B  
Parte B

Full name:  
Nombre completo

**High-adventure base participants:**

**Participantes en la base de aventura extrema:**

Expedition/crew No./Expedición/grupo no.: \_\_\_\_\_

or staff position/o puesto fijo: \_\_\_\_\_

**Part B/Parte B**

**INFORMED CONSENT AND RELEASE AGREEMENT**

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I 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 claims or liability arising out of this participation.

Without restrictions./Sin restricciones.

With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes/Si

No/No

**NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD**

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

**ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:**

You must designate at least one adult. Please include a telephone number.

1. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

2. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

3. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

2. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

3. Name/Nombre \_\_\_\_\_ Telephone/Teléfono \_\_\_\_\_

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 risk advisories explained in Part D, 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.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, incluyendo los requisitos y restricciones de estatura y peso, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

DOB: \_\_\_\_\_  
Fecha de nacimiento

Participant's name/Nombre del participante \_\_\_\_\_

Participant's signature/Firma del participante \_\_\_\_\_ Date/Fecha \_\_\_\_\_

Parent/guardian's signature/Firma del padre o tutor \_\_\_\_\_ Date/Fecha \_\_\_\_\_  
(if participant is under the age of 18/si el participante es menor de 18 años)

Second parent/guardian signature/Firma del otro padre o tutor \_\_\_\_\_ Date/Fecha \_\_\_\_\_  
(if required; for example, CA/si se requiere; por ejemplo en CA)

**This Annual Health and Medical Record is valid for 12 calendar months.  
Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.**

Part B Full name: \_\_\_\_\_  
Parte B Nombre completo

# Part C/Parte C Pre-participation Physical Examen físico previo a la participación

**High-adventure base participants:  
Participantes en la base de aventura extrema:**  
Expedition/crew No. \_\_\_\_\_  
Expedición/grupo no.: \_\_\_\_\_  
or staff position \_\_\_\_\_  
o puesto fijo: \_\_\_\_\_

**TO THE EXAMINING HEALTH CARE PROVIDER**  
(Certified and licensed physicians [MD, DO], nurse practitioners, and physician assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience as described in Part D. For individuals who will be attending a high-adventure program, either unit-based or at one of the national high-adventure bases, please refer to Part D for additional information.

**PARA EL PROVEEDOR DE SERVICIOS DE SALUD QUE REALICE EL RECONOCIMIENTO** (Médicos certificados y licenciados, enfermeras profesionales y asistentes médicos)

Se les está solicitando que certifiquen que este individuo no tiene contraindicación para participar en una experiencia Scouting tal como se describe en la Parte D. Para individuos que estarán participando en un programa de aventura extrema, ya sea en la unidad o en una de las bases nacionales de aventura extrema, por favor consulte la Parte D para información adicional.

Height (inches) [ ][ ] . [ ] Weight (pounds) [ ][ ][ ] . [ ] Maximum weight for height [ ][ ][ ]  
 Estatura (pulgadas) [ ][ ] . [ ] Peso (libras) [ ][ ][ ] . [ ] Máximo peso para la estatura [ ][ ][ ]  
 Blood pressure [ ][ ][ ] / [ ][ ][ ] Pulse [ ][ ][ ] Percent body fat (optional) [ ][ ][ ] . [ ]  
 Presión arterial [ ][ ][ ] / [ ][ ][ ] Pulso [ ][ ][ ] Porcentaje de grasa corporal (opcional) [ ][ ][ ] . [ ]  
 Meets height/weight limits Cumple con los límites de estatura/peso  
 Yes/Sí  No/No

If you exceed the maximum weight for height as explained on the next page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisers of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a hydrostatic weighing or DXA test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted **no podrá** participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría ósea para determinarlo). Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

DOB: Fecha de nacimiento

**Examiner: Please fill in the information.  
Examinador: Favor de completar la información.**

Please fill in the bubbles as indicated:  Incorrect:    Correct:    
 Por favor rellene los círculos tal como se indica: Incorrecto    Correcto

	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía	Range of Mobility Rango de movilidad	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía
<b>Eyes</b> Ojos	<input type="radio"/>	<input type="radio"/>		<b>Knees (both)</b> Rodillas (ambas)	<input type="radio"/>	<input type="radio"/>	
<b>Ears</b> Oídos	<input type="radio"/>	<input type="radio"/>		<b>Ankles (both)</b> Tobillos (ambos)	<input type="radio"/>	<input type="radio"/>	
<b>Nose</b> Nariz	<input type="radio"/>	<input type="radio"/>		<b>Spine</b> Espina	<input type="radio"/>	<input type="radio"/>	
<b>Throat</b> Garganta	<input type="radio"/>	<input type="radio"/>					
<b>Lungs</b> Pulmones	<input type="radio"/>	<input type="radio"/>					
<b>Neurological</b> Neurológico	<input type="radio"/>	<input type="radio"/>		<b>Other</b> Otro	<b>Yes</b> Sí	<b>No</b> No	<b>Explain</b> Explique
<b>Heart</b> Corazón	<input type="radio"/>	<input type="radio"/>		<b>Personal or family history of heart disease</b> Historial personal o familiar de enfermedad cardíaca	<input type="radio"/>	<input type="radio"/>	
<b>Abdomen</b> Abdomen	<input type="radio"/>	<input type="radio"/>		<b>Medical equipment (i.e., CPAP, oxygen)</b> Equipo médico (por ejemplo, CPAP, oxígeno)	<input type="radio"/>	<input type="radio"/>	
<b>Genitalia/hernia</b> Genitales/hernia	<input type="radio"/>	<input type="radio"/>		<b>Contacts</b> Lentes de contacto	<input type="radio"/>	<input type="radio"/>	
<b>Skin</b> Piel	<input type="radio"/>	<input type="radio"/>		<b>Dentures</b> Dentaduras	<input type="radio"/>	<input type="radio"/>	
<b>Emotional adjustment</b> Ajuste emocional	<input type="radio"/>	<input type="radio"/>		<b>Braces</b> Tratamientos de ortodoncia	<input type="radio"/>	<input type="radio"/>	

Part C Full name: Parte C Nombre completo

Tuberculosis (TB) skin test (if required by your state for BSA camp staff):  Negative/Negativo  Positive/Positivo  
 Prueba de Tuberculosis (TB) (si lo requiere su estado para personal del campamento BSA)

**Allergies/Alergias:**  No/No  Yes/Sí (explain to what agent, type of reaction, treatment/explique a qué agente, tipo de reacción, tratamiento): \_\_\_\_\_

**Medical restrictions to participate/Restricciones médicas para participar:**  No/No  Yes/Sí (explain/explique): \_\_\_\_\_

**EXAMINER'S CERTIFICATION  
CERTIFICACIÓN  
DEL EXAMINADOR**

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above):

Certifico que he revisado el historial médico, examinado a esta persona y no encuentro contradicciones para su participación en una experiencia Scouting. Este participante (con las restricciones descritas anteriormente):

Please fill in the bubbles as indicated:  
Por favor rellene los círculos tal como se indica:

**True**    **False**  
**Cierto**   **Falso**

Incorrect:      
Correcto:

- Meets height/weight requirements**  
Cumple con los requisitos de estatura/peso
- Does not have uncontrolled heart disease, asthma, or hypertension**  
No tiene cardiopatía, asma o hipertensión incontrolados
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician**  
No ha tenido una lesión ortopédica, problemas musculoesqueléticos o cirugía ortopédica en los últimos seis meses o posee una carta de autorización por parte de su cirujano ortopédico o médico
- Has no uncontrolled psychiatric disorders**  
No tiene trastornos psiquiátricos incontrolados
- Has had no seizures in the last year**  
No ha tenido convulsiones en el último año
- Does not have poorly controlled diabetes**  
No tiene diabetes mal controlada
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures**  
Si tiene menos de 18 años de edad y piensa realizar buceo, no tiene diabetes, asma o convulsiones
- I have reviewed Part D for high-adventure activities.**  
He revisado la Parte D para actividades de aventura extrema.

Provider printed name  
Nombre del proveedor \_\_\_\_\_

Address  
Domicilio \_\_\_\_\_

City, state, zip  
Ciudad, estado, código postal \_\_\_\_\_

Office phone  
Teléfono del consultorio \_\_\_\_\_

Date  
Fecha \_\_\_\_\_

**Examiner signature in the box below.**  
**Firma del examinador en el recuadro de abajo.**

Height (inches) Estatura (pulgadas)	Recommended Weight (lbs) Peso recomendado (libras)	Allowable Exception Excepción permitida	Maximum Acceptance Aceptación máxima
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

**DO NOT WRITE IN THIS BOX  
NO ESCRIBA EN ESTE RECUADRO**

REVIEW FOR CAMP OR SPECIAL ACTIVITY/REVISIÓN PARA CAMPAMENTO O ACTIVIDAD ESPECIAL

Reviewed by  
Revisado por \_\_\_\_\_

Date  
Fecha \_\_\_\_\_

Further approval required     Yes     No  
Se requiere aprobación adicional     Sí     No

Reason  
Razón \_\_\_\_\_

Approved by  
Aprobado por \_\_\_\_\_

Date  
Fecha \_\_\_\_\_

Click [here](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) for more information regarding high-adventure outings or go to [www.scouting.org/filestore/HealthSafety/pdf/part\\_d.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf).  
Haga clic [aquí](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) para obtener más información sobre las excursiones de aventura extrema o visite [www.scouting.org/filestore/HealthSafety/pdf/part\\_d.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf).

DOB: Fecha de nacimiento

Part C Full name: Nombre completo



## Prescription Medication Information Form

Unit #: \_\_\_\_\_ Council: \_\_\_\_\_ Date Attending Camp: \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medication / Strength:** \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

When was medication started?: \_\_\_\_\_ Temporary: \_\_\_\_ Permanent: \_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Special storage instructions:

\_\_\_\_\_  
\_\_\_\_\_

**Medication / Strength:** \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

When was medication started?: \_\_\_\_\_ Temporary: \_\_\_\_ Permanent: \_\_\_\_

Side effects (reactions to food, dehydration, stress, iodine, other medications, decreased balance, motor activity, concentration, drowsiness, lethargy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Special storage instructions:

\_\_\_\_\_  
\_\_\_\_\_



## Authorization for Release of Health Information

I, \_\_\_\_\_, the parent / legal guardian of  
\_\_\_\_\_ (Scout), hereby authorize any doctor or hospital treating the  
Scout while he is at camp to discuss and release information regarding such treatment or follow-  
up care to any of the following representatives of the BOY SCOUTS OF AMERICA, Tidewater  
Council.

- Evan Sommerfeld, Reservation Director
- Pam, Vickrey, Council Camping Secretary
- Camp Business Manager
- Camp Health and Safety Officer

The authorization will remain in effect while the scout is at summer camp and will expire no  
later than August 08, 2013.

\_\_\_\_\_  
Signature of Parent / Legal Guardian Date

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please attach a copy of the front and back of your current insurance card.  
Check that dates have not expired.