

# CAMP TRACY 2020 DAY CAMPS



BOY SCOUTS OF AMERICA®  
CROSSROADS OF THE WEST COUNCIL

#WEOWNADVENTURE

# Table of Contents

Introduction to Camp .....	3
Non-Discrimination Clause.....	3
Contact Us.....	3
Day Camp Programs .....	4
Jedi Challenges ... ..	4
Skywalker Academy (Obstacle Course).....	4
Space Port (Rockets!) .... ..	4
Mos Eisley’s Cantina (Trading Post) ... ..	4
Solo’s Blaster Range (BB Guns) .....	4
Wookie Training (Archery) ... ..	5
General Information .....	6
Arriving at Camp .....	6
Medical Forms.....	6
Refund Policy .....	6
Insurance .....	6
Leadership Roles .....	6
Emergency Alarm .....	6
First Aid.....	7
Youth Protection.....	7
Buddy System.....	7
Tree Climbing .....	7
Fire.....	7
Firearms, Ammunition & Archery .....	8
Smoking, Alcohol & Drugs.....	8

Lost Camper Prevention .....	8
Facilities and Equipment .....	8
Phone.....	9
Trading Post .....	9
Food Service .....	9

# Introduction to Camp

Camp Tracy offers a balanced day camp programs for Cub Scouts, Webelos Scouts, and Primary youth.

Camp Tracy is a magical place nestled in Millcreek Canyon - only minutes from Salt Lake City, Utah

## **Non-Discrimination Clause**

Camp Tracy does not discriminate against anyone on the basis of race, color, national origin, religion, age, sex, handicap, or any other delineation of peoples.

## **Contact Us**

We're here to help your unit have the most memorable experience at camp. If you have any questions as you prepare for your adventure, please let us know at [program.office@scouting.org](mailto:program.office@scouting.org).

# Day Camp Programs

*Adventures include:*

## **Jedi Challenges ...**

Learn how to unleash the force within you as you master some Jedi skills!

## **Skywalker Academy (Obstacle Course)...**

Participants build on their Jedi skills with our Obstacle Course! They will have the opportunity to climb over rope bridges and test their physical and mental strength! Also, they will learn to control their light sabers with a game of Light Saber Hockey (Pool Noodle Hockey)

## **Ewok's Forest Trail (Nature Walk)...**

Come walk the beautiful forest trails of Endor with us! Participants will learn about birds, reptiles, and all sorts of crawly creatures! Our Jedi Masters will teach the ways of Leave No trace as we explore this beautiful world!

## **Space Port (Rockets!) ....**

Come and have a blast with us as we build and launch our own rockets! Every Jedi needs to know how to fly their own spaceship! This will be a high flying, good time for all!

## **Mos Eisley's Cantina (Trading Post) ...**

Come get refreshed from the day's training at our well-stocked Cantina. You will find such items as drinks, snacks, toys, and other souvenirs to take home with you to remember your time at Camp Tracy!

## **Solo's Blaster Range (BB Guns) ...**

Han Solo was an expert at a blaster! Come and learn from our expert at our BB gun range! This is a favorite activity!

## **Wookie Training (Archery) ...**

Wookie's are notorious fighters! They are experts at the crossbow! Come and experience the thrill of Archery from our trained leaders! This is always a favorite.

# General Information

Please understand that the purpose of camp rules is to insure the safety and convenience of all those who will be living together here at Camp Tracy. These rules make it possible for us to safely do things we would otherwise never attempt. In a very real sense, these rules set us free.

## Arriving at Camp

**Plan to arrive at camp no later than 8:00am.** This will allow your group to check in, find a picnic spot, and attend flag ceremony.

## Medical Forms

All participants (youth & adults) must complete parts A & B of the BSA health form. Bring these forms with you and turn them in at check in.

## Refund Policy

A complete list of required deposits, fee schedules, and information about refunds is available online at [www.utahscouts.org/refund](http://www.utahscouts.org/refund).

## Insurance

- Each group is required to carry adequate and proper liability insurance. Your group will need to bring a copy of this policy when you arrive at camp.
- Please prepare to verify that each camper is protected with personal health insurance - ensure that policy numbers are listed on each medical form.

## Leadership Roles

All groups are required to maintain 2 adult leaders at camp during all times. One additional adult is required for every 10 youth.

## Emergency Alarm

As part of our flag ceremony, we will demonstrate the camp's emergency alarm. Any other alarms during the activity will be real. If you hear the alarm, walk to

the flag pole, join with your group, and ensure all are accounted for. Further instructions will be presented at the flag pole.

## **First Aid**

Our Health Lodge is designed to meet the emergency needs of our campers. All injuries must be reported and properly recorded. We are ready with emergency support and will make necessary contact with local Emergency Medical Services. We will store all medications that require refrigeration and will assist with dispensing if needed.

## **Youth Protection**

The Boy Scouts of America is a leader in the fight against child abuse. We must do everything in our power to prevent physical, emotional, and sexual abuse. To protect youth and adults we must be extremely careful to follow the BSA TWO-DEEP LEADERSHIP policies. The BSA cannot tolerate any activity that can, in anyway, be interpreted as abusive. If you are aware of anything questionable, please report it at once to the Camp Director. Do not become directly involved unless there is an immediate physical threat.

## **Buddy System**

All campers should use the buddy system at ALL times in camp.

## **Tree Climbing**

Camp Tracy has a strict no tree climbing policy. Participants (youth or adult) that are discovered to be climbing trees will be sent home.

## **Fire**

The smallest spark is a deadly threat to wildlife and campers. No fireworks are allowed in camp. All fires must be confined to the designated fire pits in each campsite.



## **Firearms, Ammunition & Archery**

Camp Tracy has adequate equipment and so it is required that no personal firearms, archery equipment or ammunition be brought to camp.

## **Smoking, Alcohol & Drugs**

All buildings and tents are smoke-free. There are designated smoking areas for those who smoke. As a facility of the Boy Scouts of America, possession or consumption of alcoholic beverages is not permitted on the property. Possession of unprescribed drugs, or abuse of prescribed drugs, are expressly prohibited at camp. Individuals or groups found in violation of this policy will be sent home immediately.

## **Lost Camper Prevention**

One should never go where they do not know and one should always take a buddy. Stay on trails, in camp, or with an experienced staff guide. No one should ever go anywhere without telling group leaders where they are going and when they intend to return. Always be prepared with water and proper clothing.

Group leadership should report immediately if someone does not show up when and where they should. Please instruct all scouts and leaders to stop and stay put, “hug a tree”, the moment they realize they are lost.

## **Facilities and Equipment**

Camp Tracy provides all groups with the opportunity to avail themselves of literally hundreds of thousands of dollars’ worth of program equipment during a week of camp. Normal “wear and tear” of equipment is expected; however, careless or intentional mistreatment of equipment is not permitted. All campers should take care of, and have respect for, all camp wide equipment and facilities including: All shower and restroom facilities, camp wide buildings and structures, personal camp equipment belonging to others, program equipment.

Camp Tracy is proud of its equipment and facilities. All campers are politely asked to use the equipment as intended and to have a great time in doing so.

## **Phone**

There is no public phone available. If there is an emergency, call our Service Center at (801) 479-5460.

## **Trading Post**

Camp Tracy has a great store, which provides camp gear, snacks, souvenirs, and program supplies. Some other items available are soda, treats, and camp memorabilia.

## **Food Service**

Youth and leaders will need to bring a sack lunch and a water bottle to camp. Please bring them in a cooler and you can put them on a picnic table in the morning before registration. There are multiple trash cans placed around camp for garbage. Please remember to practice Leave No Trace and leave the camp better than you found it.

# “Skywalker Training” Cub Scout Day Camp Schedule

8:00 AM – 8:50 AM	Leader Check-in at Fort & Scout Games in Field
8:55 AM – 9:10 AM	Opening Flag Ceremony
9:15 AM – 9:50 AM	Station 1 Archery – Wookie Training
9:55 AM – 10:30 PM	Station 2 BB Guns – Solo’s Blaster Range
10:35 AM – 11:10 AM	Station 3 Obstacle Course – Skywalker Academy
11:15 AM – 11:50 AM	Station 4 Teamwork – Jedi Challenges
11:55 PM – 12:35 AM	Lunch
12:40 PM – 1:15 PM	Station 5 Trading Post – MOs Eisley Cantina
1:20 PM – 1:55 PM	Station 6 Rockets – Space Port
2:00 PM – 2:35 PM	Station 7 Nature – Ewok’s Forest Trail
2:40 PM – 3:00 PM	Closing Flag Ceremony

**See you next year. Safe Travels!**

## Rotation Schedule by Group/Name

<b>Team Jedi</b>	<b>Team Droids</b>	<b>Team Padawan</b>	<b>Team Yoda</b>
Archery	BB Guns	Obstacle Course	Jedi Challenges
BB Guns	Obstacle Course	Jedi Challenges	Trading Post
Obstacle Course	Jedi Challenges	Trading Post	Rockets
Jedi Challenges	Trading Post	Rockets	Nature
Trading Post	Rockets	Nature	Archery
Rockets	Nature	Archery	BB Guns
Nature	Archery	BB Guns	Obstacle Course
<b>Team Ewok’s</b>	<b>Team Starfighters</b>	<b>Team Wookie</b>	
Trading Post	Rockets	Nature	
Rockets	Nature	Archery	
Nature	Archery	BB Guns	
Archery	BB Guns	Obstacle Course	
BB Guns	Obstacle Course	Jedi Challenges	
Obstacle Course	Jedi Challenges	Trading Post	
Jedi Challenges	Trading Post	Rockets	

# “Skywalker Training” Webelos Day Camp Schedule

8:00 AM – 8:50 AM	Leader Check-in at Fort & Scout Games in Field
8:55 AM – 9:10 AM	Opening Flag Ceremony
9:15 AM – 9:50 AM	Station 1 Archery – Wookie Training
9:55 AM – 10:30 PM	Station 2 BB Guns – Solo’s Blaster Range
10:35 AM – 11:10 AM	Station 3 Obstacle Course – Skywalker Academy
11:15 AM – 11:50 AM	Station 4 Earth Rocks
11:55 PM – 12:35 AM	Lunch
12:40 PM – 1:15 PM	Station 5 Trading Post – MOs Eislely Cantina
1:20 PM – 1:55 PM	Station 6 Rockets – Space Port
2:00 PM – 2:35 PM	Station 7 Nature – Ewok’s Forest Trail
2:40 PM – 3:00 PM	Closing Flag Ceremony

**See you next year. Safe Travels!**

## Rotation Schedule by Group/Name

<p><b>Team Jedi</b></p> <p>Archery</p> <p>BB Guns</p> <p>Obstacle Course</p> <p>Earth Rocks</p> <p>Trading Post</p> <p>Rockets</p> <p>Nature</p>	<p><b>Team Droids</b></p> <p>BB Guns</p> <p>Obstacle Course</p> <p>Earth Rocks</p> <p>Trading Post</p> <p>Rockets</p> <p>Nature</p> <p>Archery</p>	<p><b>Team Padawan</b></p> <p>Obstacle Course</p> <p>Earth Rocks</p> <p>Trading Post</p> <p>Rockets</p> <p>Nature</p> <p>Archery</p> <p>BB Guns</p>	<p><b>Team Yoda</b></p> <p>Earth Rocks</p> <p>Trading Post</p> <p>Rockets</p> <p>Nature</p> <p>Archery</p> <p>BB Guns</p> <p>Obstacle Course</p>
<p><b>Team Ewok’s</b></p> <p>Trading Post</p> <p>Rockets</p> <p>Nature</p> <p>Archery</p> <p>BB Guns</p> <p>Obstacle Course</p> <p>Earth Rocks</p>	<p><b>Team Starfighters</b></p> <p>Rockets</p> <p>Nature</p> <p>Archery</p> <p>BB Guns</p> <p>Obstacle Course</p> <p>Earth Rocks</p> <p>Trading Post</p>	<p><b>Team Wookie</b></p> <p>Nature</p> <p>Archery</p> <p>BB Guns</p> <p>Earth Rocks</p> <p>Obstacle Course</p> <p>Trading Post</p> <p>Rockets</p>	

# Tracy – 2020 Cub Scout Day Camp

Below is a list of what could be done during Day Camp this year – sometimes due to time or other reasons they may not all be done so please keep track of what is done at each station.

Make sure each participant DID these before you sign them off. Leaders please **help out** as much as possible at each station. This is your chance to make sure they are able to pass things off.

You are the leader; you will need to help the participants during each station. Be involved in the experience, **help out** where and when needed.

Station 1: Archery

Station 2: BB Gun Range

Station 3: Obstacle Course

Station 4: Jedi Challenges

Station 5: Trading Post

Station 6: Rockets

Station 7: Nature

## Pre-Camp (Completed by the Pack)

Lions:

- Mountain Lion
  - REQUIREMENT 1. Gather the outdoor items you need to have with you when you go on an outdoor adventure and understand how they are used. Also understand and commit to practicing the buddy system

Wolf:

- Call of the Wild
  - REQUIREMENT 1C. Attend day camp.
  - REQUIREMENT 2. List possible weather changes and how to be prepared for each.

Bear:

- Bear Necessities<sup>[1]</sup><sub>[SEP]</sub>
  - REQUIREMENT 1C. Attend day camp
  - REQUIREMENT 2. Make a list of items that you should take along on the activity selected in Requirement 1
  - REQUIREMENT 3. Make a list of equipment that the group should bring along in addition to each Scout's personal gear for the activity selected in Requirement 1.

## During-Camp (Completed by the Pack)

Wolf

- Paws on the Path
  - REQUIREMENT 5. Go on a 1-mile (*you and your Scouts will walk a mile plus while at camp*) hike with your den or family. Find two interesting things that you have never seen before and discuss with your den or family.<sup>[1]</sup><sub>[SEP]</sub>
  - REQUIREMENT 6. Name two birds, two insects, and/or two other animals that live in your area. Explain how you identified them.<sup>[1]</sup><sub>[SEP]</sub>

Bear:

- Fur, Feathers, and Ferns
  - REQUIREMENT 1. While walking a mile (*you and your Scouts will walk a mile plus while at camp*) identify six signs that any mammals, birds, insects, reptiles or plants are living near the place where you choose to hike or walk.
- Paws In Action
  - Requirement 4A. Do a cleanup project that benefits your community (*clean up liter found while walking at camp*)

### **Station: Rockets**

Lion:

- Gizmos and Gadgets
  - REQUIREMENT 3. Use household materials to create a use object

Tiger:

- Sky Is the Limit
  - REQUIREMENT 3. Find out about two astronauts who were scouting when they were younger

Wolf:

- Hometown Hero
  - 1. Eagle Scout Astronauts are heroes

### **Station: Nature**

Lion:

- Mountain Lions
  - REQUIREMENT 3. Demonstrate and understanding of respect for animals and nature, when participating in a learning hike.

Tiger:

- My Tiger Jungle
  - REQUIREMENT 1. With your parent/guardian or other caring adult (referred to in the handbook as “your adult partner”), go for a walk outside, and pick out two or more sights or sounds of “nature” around you. Discuss with your partner or den.
- Tigers in the Wild
  - REQUIREMENT 2. Go for a short hike with your den or family and carry your own gear. Show you know how to get ready for this hike.
  - REQUIREMENT 3A. Listen while your leader reads the Outdoor Code. Talk about how you can be clean in your outdoor manners.
  - REQUIREMENT 3B. Listen while your leader reads the Leave No Trace Principles for Kids. Discuss why you should “Trash Your Trash.”
  - REQUIREMENT 3C. Apply the Outdoor Code and Leave No Trace Principles for Kids on your Tiger den and pack outings.

Wolf:

- Code of the Wolf
  - REQUIREMENT 2. Complete one of the following:
    - A. With other members of your den or family, identify three different types of shapes that you see in nature
- Call of the Wild
  - REQUIREMENT 3
    - A. Recite the Outdoor Code with your leader.
    - B. Recite the Leave No Trace Principles for Kids with your leader. Talk about how these principles support the Outdoor Code.

- Paws on the Path
  - REQUIREMENT 4. Before hiking, recite the Outdoor Code and the Leave No Trace Principles for Kids with your leader.

Bear:

- Fur, Feathers, and Ferns
  - REQUIREMENT 3. Name one animal that has become extinct in the last 100 years and one animal that is currently endangered. Explain what caused their declines.
  - REQUIREMENT 4. Observe wildlife from a distance. Describe what you saw. (*This will depend on the day. Encourage your scouts to view animals while in nature*).

### **Station: Trading Post**

Lion:

- Lion's Honor
  - REQUIREMENT 4. Show teamwork and good sportsmanship by playing a game with your den

Tiger:

- Tiger-iffic!
  - REQUIREMENT 1a. Play two initiative or team building games with members of your den.
  - REQUIREMENT 6. Play a team game with you den

Bear:

- Bear Claw:
  - REQUIREMENT 1. Learn about three kinds of pocket knives

### **Station: Obstacle Course**

Lion:

- On Your Mark
  - REQUIREMENT 2. Participate in an obstacle course relay.

Wolf:

- Running with the Pack
  - REQUIREMENT 2. Practice balancing as you walk forward, backward, and sideways.
  - REQUIREMENT 3. Practice flexibility and balance by doing a front roll, a back roll, and a frog stand
  - REQUIREMENT 5. Do at least two of the following: frog leap, inchworm walk, kangaroo hop, or crab walk

# Tracy – 2020 Webelos Day Camp

Below is a list of what could be done during Day Camp this year – sometimes due to time or other reasons they may not all be done so please keep track of what is done at each station.

Make sure each participant DID these before you sign them off. Leaders please help as much as possible at each station. This is your chance to make sure they can pass things off.

You are the leader; you will need to help the participants during each station. Be involved in the experience, help where and when needed.

Station 1: Archery Range

Station 2: BB Guns

Station 3: Obstacle Course

Station 4: Earth Rocks

Station 5: Trading Post

Station 6: Rocket Launching

Station 7: Nature

## Requirement During Camp:

### Arrow of Light Adventure: Outdoor Adventurer:

- Option B
  - 1. With the help of your den leader or family, plan and participate in an outdoor activity.

### Station: Nature

- **Into the Woods - Elective**
  - 1. Identify two different groups of trees and the parts of a tree.
  - 2. Identify four trees common to the area where you live. Tell whether they are native to your area. Tell how both wildlife and humans use them.
  - 3. Identify four plants common to the area where you live. Tell which animals use them and for what purpose.
  - 6. Explain how the growth rings of a tree trunk tell its life story. Describe different types of tree bark and explain what the bark does for the tree.
  
- **Into the Wild - Elective**
  - 4. Learn about the bird flyways closest to your home. Find out which birds use these flyways.
  - 5. Watch at least four wild creatures (reptiles, amphibians, arachnids, fish, insects, or mammals) in the wild. Describe the kind of place (forest, field, marsh, yard, or park) where you saw them. Tell what they were doing.
  - 6. Identify an insect, reptile, bird, or other wild animal that is found only in your area of the country. Tell why it survives in your area.
  - 7. Give examples of at least two of the following:
    - A. A producer, a consumer, and a decomposer in the food chain of an ecosystem
    - B. One-way humans have changed the balance of nature
    - C. How you can help protect the balance of nature



- 8. Learn about aquatic ecosystems and wetlands in your area. Talk with your Webelos den leader or family about the important role aquatic ecosystems and wetlands play in supporting life cycles of wildlife and humans, and list three ways you can help.
- **Webelos Walk A-Bout**
  - Plan a hike or outdoor activity
  - With you webelos den or with a family member, hike 3 miles. Before you hike, plan, and prepare a nutritious lunch or snack. Enjoy it on your hike, clean up afterward.
  - Describe and identify from photos any poisonous plants and dangerous animals and insets you might encounter on your hike or activity.

### Station: Rocket

- **Adventures in Science**
  - 1: "Fair Test" Control variable = Gas treatment  
Independent variables = Borax and Calcium Chloride  
Dependent variable = Color Change
  - 3. D. With adult supervision, build and launch a model rocket. Use the rocket to design a fair test to answer a question about force or motion
- **Build My Own Hero**
  - 5. Learn about a Scout hero

### Station: Obstacle Course

- **Stronger, Faster, Higher – Required**
  - 4. Try a new sport that you have never tried before
- **Sports – Elective**
  - 1. Show the signals used by officials in one of these sports: hockey
  - 2. Participate in two sports, either as an individual or part of a team.

### Station: Trading Post

- **Scouting Adventure – Required**
  - 6. Demonstrate your knowledge of the pocketknife safety rules and the pocketknife pledge. If you have not already done so, earn your Whittling Chip Card.

### Station: Earth Rocks

- **Earth Rocks – Elective**
  - 1. Do the following:
    - A. Explain the meaning of the word "geology."
    - B. Explain why this kind of science is an important part of your world.
  - 2. Look for different kinds of rocks or minerals while on a rock hunt with your family or your den.
  - 3. Do the following:
    - A. Identify the rocks you see on your rock hunt. Use the information in your handbook to determine which types of rocks you have collected.
    - B. With a magnifying glass, take a closer look at your collection. Determine any differences between your specimens.
    - C. Share what you see with your family or den.
  - 4. Do the following:

- A. With your family or den, make a mineral test kit, and test minerals according to the Mohs scale of mineral hardness.
- B. Record the results in your handbook.
- 5. Identify on a map of your state some geological features in your area.
- 6. Do the following:
  - A. Identify some of the geological building materials used in building your home.
  - B. Identify some of the geological materials used around your community

**Requirements earned by attending Day Camp**

- **Outdoorsman – Required**

- **Option 2**

- 1. With the help of your den leader or family, plan and participate in an outdoor activity



BOY SCOUTS  
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CROSSROADS OF THE WEST COUNCIL

# Day Camp Group Roster

**Instructions:**

- This form is to be used by units attending Day Camp programs and to be submitted at camp during check-in.
- Complete the form by listing the youth that will attend Day Camp programs.
- For Cub Scout groups: Verify BSA membership registration for each youth and adult through local BSA Service Center. This must be verified: in person, emailed (program.office@scouting.org), at least 2 days prior to attending camp.
- Attach receipt for payments made within 7 days prior to arrival.

Unit # \_\_\_\_\_ Camp: \_\_\_\_\_ Camp Date: \_\_\_\_\_ District: \_\_\_\_\_

Unit Leader Name (First & Last): \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

Adult Leader Names & Email

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Youth Names & Parent's Email

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All youth & adults that attend camp must be registered members of the Boy Scouts of America. If a youth or adult is not currently registered when this roster is verified, a digital BSA Membership Form will be emailed to the individual(s).

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**



**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

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

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

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

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

#### Adults NOT Authorized to Take Youth to and From Events:

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

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

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

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



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

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



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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 list 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. 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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

