



2017



Boy Scout Resident Camp Leader's Guide



Prepared. For Life.®

Each year we are given a chance during the planning process to reflect on what makes Camp Horne special to each of us. Whether your Camp Horne experience can be best described by the silences at Livingston Chapel, the smells in the Dining Hall, or the sights of smiling Scouts, it is our hope that during the 2017 Boy Scout Resident Camp you can experience everything that makes Camp Horne so important to each of us who have spent any amount of time just off of Keenes Mill Road.

This summer, we will continue to prepare and implement a traditional summer camp experience for your Scouts. While it can be easy to mark anything we've done twice as a "tradition," we have sought to design a program that is fresh and engaging for your Scouts. Additions of programs like Pistol and Cowboy Action Shooting will allow your Scouts to engage with camp differently than years past. Some new merit badge offerings include Home Repair, Disabilities Awareness, Law, Photography, and Search and Rescue. This year also marks the return of a few merit badges whose book covers in the Camp Horne office are dusty from sitting for a few years. Those include Climbing; Signs, Signals, and Codes; and Woodcarving.

Adventure Sessions are still in their second year, and little has changed to the format of these sessions. Scouts are still free to select from daily options with the opportunity to complete a merit badge or other award during this block. In addition to Knot Tying courses, Mile Swim, SCOUTStrong, and Standup Paddleboarding, we are offering sessions that can lead to the completion of Auto Mechanics or Exploration Merit Badge.


Now in its third year, the Camp Horne Trail Crew, sponsored by Aracoma Lodge continues to be a way for older Scouts to participate in camp while taking on new challenges designed specifically for their age group. Each participant in the Trail Crew receives a special patch as well as being able to participate in otherwise limited activities in exchange for service to Camp Horne.

This guide will provide you with the necessary information and forms to prepare your unit for Resident Camp. There is information regarding our program, costs, supplies, and leader information. Please take the time to review the information and to attend one of our camp kickoffs.

We are currently accepting staff applications from both youth and adults through January 31, 2017. Please don't hesitate to contact us directly if you have someone interested in joining our team this summer.

Finally, thank you for considering spending part of your summer with us. The example you provide our Scouts and your dedication to preparing them to become the leaders of tomorrow, is what drives our program. Your support and time are what makes all that we do possible.

Thank you,


Jordan Hammons
Camp Director

jordanhammons@gmail.com
205.799.8043


Nick Dagostino
Program Director

nickdagostino85@gmail.com
205.886.1234



CAMP HORNE 2017

IMPORTANT INFORMATION AT A GLANCE

Dates:

Session 1: June 5-June 11

Session 2: June 12-June 18

Session 3: June 19-25

Fees:

\$250 in-council

\$275 out-of-council

(Payments following the payment schedule receive a \$20 discount)

\$50 campsite deposit (in-council units: can roll over from proceeding / to following year)

Payment Schedule:

March 15, 2017: Deposit Due (\$50 in-council; \$75 out-of-council)

April 15, 2017: First Payment Due (\$90)

May 15, 2017: Second Payment Due (\$90)

A Fee of \$25 will be applied to any registrations after May 15, 2017

Campership Applications Due April 15, 2017

**All adults staying in camp must show proof of completion of the
BSA Youth Protection Training program.**

**Upon arrival, all participants must have up to date
Health and Medical Record parts A, B, and C.**

**Any special needs (including dietary needs) must be reported to the
Camp Director two weeks prior to arrival to ensure accommodation.**

Important Numbers During Planning:

(205) 554-1680 Council Office

(205) 799-8043 Camp Director

GENERAL INFORMATION	1	Outdoor Skills	21
Individual Fees	1	Shooting Sports.....	21
Campsite Reservation and Fee	1	Trail to Eagle	22
Fee Refund Policy	2	Camp Horne Trail Crew.....	22
Campership Fund (In-Council Units only)	2	First Year Camper Program (Trailblazer).....	23
HEALTH AND SAFETY.....	3	Adult Leader Training	23
BSA Health and Medical Form	3	2017 Horne Cup Challenge Series.....	24
Insurance Information.....	3	Honor Troop and Honor Patrol	24
In-Camp Healthcare	3	Evening Activities	24
Risk Factors	3	Camp Horne 2017 Summer T-Shirts	24
Getting Around In Camp.....	3	PERSONAL AND UNIT GEAR CHECKLISTS:.....	25
Personal Prescriptions.....	4	General Gear Info.....	25
Special Needs (Including Dietary Needs).....	4	Checklists	26
CHECK-IN/CHECK-OUT PROCEDURES.....	5	APPENDICES.....	1
Arrival and Checking Into Camp.....	5	Order of the Arrow Membership Information	1
Mandatory Paperwork	5	Order of the Arrow Youth Candidate Nomination Form ..	2
Swimming Pool Orientation and Swim Test	5	Order of the Arrow Adult Candidate Nomination Form ..	3
Checking Out of Camp and Departure	6	Campsite Request Form.....	5
CAMP LEADERSHIP GUIDELINES AND		2017 Troop Roster & Payment Form 1.....	6
RESPONSIBILITIES	7	2017 Troop Roster & Payment Form 2.....	7
Guidelines.....	7	2017 Troop Roster & Payment Form 3.....	8
Unit Leaders	7	2017 Troop Swim Classification Record.....	9
Youth Protection Guidelines	7	Harry E. Bovay, Jr. Foundation Campership	10
SERVICES.....	8	Lee Smith Advised Fund Campership	11
Camp Office.....	8	Camp Map	12
Campsites	8	Annual Health and Medical Record.....	13
Chapel and Chaplaincy	8		
Commissioner's Service.....	8		
Dining Hall	8		
Drinking Water	8		
Health Care	9		
Lost and Found	9		
Mail.....	9		
Program Booklet.....	9		
Trading Post	9		
RULES AND REGULATIONS	10		
General Policies	10		
Dress Code	10		
Visitors Policy	10		
Extra Meal Costs	10		
Prohibited Items.....	11		
Rifles, Shotguns, Ammunitions, and Archery Supplies ..	11		
Water Related Activity Guidelines.....	11		
Transportation and Vehicle Parking	11		
Scout Oath and Law	11		
Table Waiters	12		
Conservation Policy and Leave No Trace	12		
Wildlife.....	12		
Lyme Disease and Prevention	12		
Emergency Procedures	13		
PROGRAM	15		
Daily Schedule	15		
Program Information.....	15		
Selecting Merit Badges	16		
Merit Badge Schedule	16		
Alphabetical List of Merit Badge Offerings	17		
Adventure Session Schedule	18		
Camp Program by Areas	19		
Aquatics (Lakefront)	19		
Aquatics (Pool).....	19		
Climbing.....	20		
Ecology.....	20		
Handicraft	20		



GENERAL INFORMATION

Camp Horne has housed Scouting programs since it opened in 1924. Major program features are along the shore lines of our two lakes or nestled in the rolling hills of West Alabama. Facilities and equipment are available for a number of outdoor activities including standup paddle-boarding, kayaking, canoeing, rowing, climbing, rappelling, archery, rifle shooting, shotgun shooting, and hiking. Prominently featured at the end of a multi-use activities field is our Dining Hall. Livingston Chapel, whose open air view of Horne Lake and the Alabama sky are unparalleled, serves as a place of prayer and reflection. Additionally, Camp Horne has an Olympic-length swimming pool and areas for outdoor skills and ecology instruction. Camp Horne is owned and operated by the Black Warrior Council, BSA.

INDIVIDUAL FEES

Boy Scout Resident Camp fees for the 2017 season are:

	With Payment Schedule	Without Payment Schedule
In-council Scouts	\$230	\$250
Out-of-council Scouts	\$255	\$275

In order for a troop to receive the discounted fee of \$230 per Scout in-council and \$255 per Scout out-of-council, the following payment schedule MUST be maintained:

Date of Payment	In-Council Amount	Out-of-Council Amount
March 15, 2017	\$50* deposit	\$75*deposit
April 15, 2017	\$90	\$90
May 15, 2017	\$90	\$90

One adult leader may attend free for every six (6) paid Scouts.

Scouts	Free Leaders	Scouts	Free Leaders	Scouts	Free Leaders
6-11	1	24-29	4	42-47	7
12-17	2	30-35	5	48-53	8
18-23	3	36-41	6	54-59	9

The fee for leaders exceeding this ratio is \$75 each for both in-council and out-of-council units.

Payment for all adult leaders exceeding the 1:6 ratio is due **May 15, 2017**.

Final payment without the payment schedule is due May 15, 2017. Any registrations or payments made after May 15, 2017 will be charged a \$25 fee per participant (youth or adult).

These fees cover staff training, staff payroll, food, camp patches, program supplies and insurance. Any questions regarding the financing of Camp Horne or the Black Warrior Council should be directed to either the Camp Director or Hayes Looney, Council Program Coordinator.

CAMPSITE RESERVATION AND FEE

The campsite reservation fee is \$50 and must be paid in advance for your unit to secure your campsite. Campsites are assigned based on projected numbers provided by unit leaders and deposits paid. Requests are not guaranteed; however, management will try to honor request when assigning campsites. **If your unit needs more than the 2 person tent ratio used to decide capacity of campsites please indicate the number of tents requested at the time of deposit.**

FEE REFUND POLICY

Initial deposits per Scout made on the payment schedule are NON-REFUNDABLE but are transferable to another Scout's deposit as long as the unit's total registration count does not go down. All payments must be made by the unit leader. Please do not ask individual families to pay directly to the Council office.

If a cancellation is made prior to May 15, 2017 by the unit leader, participants may receive a full refund less the deposit amount. The unit leader will need to submit a written request if the cancellation is made between May 15 and May 31. After June 1, 2017, no fees will be refunded. No-shows will not be issued a refund and their payments may NOT be transferred to another Scout or to the unit's total cost for camp. Scouts that need to leave during camp for illness or behavior issues will not be granted a refund. Refund requests will not be processed until after September 30, 2017, and could take up to 90 days to process.

Campsite Reservation fees are non-refundable.

CAMPERSHIP FUND (IN-COUNCIL UNITS ONLY)

Fees should never prevent a Scout from fully participating in the camp program. Units are encouraged to work with their chartering organization and committee to assist Scouts with financial difficulties. The Black Warrior Council does have a limited camperships available to help Scouts when all other resources have been exhausted. Camperships do require that the Scout complete a service project. Make sure that each family follows the instructions on the application provided in the appendix of this guide.

Camperships will be granted based on need. The Harry E. Bovay, Jr. Foundation provides funds for Scouts in the Black Warrior Council excluding residents of Walker County. For Scouts living in Walker County, Funds are provided through the Lee Smith Advised Fund from the Walker County Community Foundation.

Camperships are awarded for **up to** 50% of the camp fee. Campership applications are not considered forms of payment. Campership money will only apply to the last payment. All applications are reviewed by a volunteer committee.

All applications are due to the Council office by **April 15, 2017**.

Applicants will be notified by April 30, 2017.



HEALTH AND SAFETY

BSA HEALTH AND MEDICAL FORM

All Scouts, leaders, and other adults attending Camp Horne must have a physical examination before coming to camp and have the BSA Health and Medical Form Parts A, B, and C completed. Scouts and leaders whose BSA Health and Medical form are inadequately filled out or are missing upon arrival will be given until 12:00 PM on the following day to complete the forms or the Scout or Scouter will be sent home. The Boy Scouts of America encourages Scouts and Scouters to follow the immunizations recommended within their state. If a Scout or Scouter is unable to comply with the vaccination recommendations for any reasons, a physician's statement to that effect or a State of Alabama Certificate of Religious Exemption should be provided.

May fill out BSA Health & Medical Part C	May NOT fill out BSA Health & Medical Part C
Physician (MD, DO)	Nurse (LPN, RN)
Nurse Practitioner (NP, RNP, CRNP)	Non-licensed Healthcare Practitioner
Physician's Assistant (PA)	Psychologist or counselor
Chiropractor (DCM)	Orderlies, lab technicians, etc.

INSURANCE INFORMATION

The Black Warrior Council has purchased accident and sickness insurance for every registered Scout and Scouter in the council. This coverage is excess insurance to any health or accident insurance that a family already may have in place. This policy covers the Scouting activities involved with the camp. This insurance does not cover co-pays for the family's primary insurance. Out of council troops must provide proof of accident and sickness insurance upon arrival. Questions may be directed to Hayes Looney, Council Program Coordinator at 205-554-1680.

IN-CAMP HEALTHCARE

Should a Scout or Scouter need medical attention while at Camp Horne, a health officer is onsite 24 hours a day. In the event of a medical issue or emergency, the health officer is qualified to administer first aid and primary care. If a Scout were to need non-emergency medical care from a physician while at camp, the camp office will contact the emergency contact so that the Scout may be taken to his personal physician. In the event of a medical emergency that requires immediate attention, Scouts or Scouters will be taken to DCH Regional Medical Center in Tuscaloosa via ambulance.

RISK FACTORS

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures:

- Excessive body weight
- Heart disease
- High blood pressure
- Diabetes
- Seizures
- Lack of immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological/emotional difficulties

GETTING AROUND IN CAMP

Camp Horne is a walking facility and Scouts and Scouters alike need to be in shape for our "rolling hills" and being in an environment (extreme weather conditions, such as heat or rain) to which they might not normally be accustomed. Be sure adults in your unit who are attending as leaders are aware of their environment. Get in shape for camp by taking some early walks and spending time outdoors before your week at camp.

PERSONAL PRESCRIPTIONS

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, may agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. As stated in *Guide to Safe Scouting*, all medications (including those which are part of first aid kits) must be kept locked up when not in use with the exception of inhalers, Epi-Pens, etc. If the leader does not want to take responsibility for the medication, it can be turned into the health officer at the Health Lodge for dispersal. Important reminders about prescriptions:

- **Must** be in the original container
- **Must** bear the original pharmacy label containing:
 - **Prescription number**
 - **Date filled**
 - **Physician's name**
 - **Directions for use**
 - **Patient's name**
- **Must match** the physician's order, which should accompany the medical form.
- Orders signed by the physician, and the parent/guardian **must be** submitted for the health officer to administer prescription medication. **Important:** Please check forms yearly and delete any medication orders that will not be given at camp that year. All prescription medications sent to camp must be unexpired.

Important Note: If a BSA Annual Health and Medical Record indicates that an individual must have an inhaler, Epi-Pen or similar medical device, the camper must carry the required item with him at all times. This information should also be made known to the leaders of that Scouter and the health officer.

SPECIAL NEEDS (INCLUDING DIETARY NEEDS)

If you have a Scout, Scouter, or other adult with special needs, please contact the Camp Director and the Program Director to make sure special needs can be accommodated. We will do our very best to make the camp a great experience for those with special needs, whether they be physical or dietary. To ensure accommodation, requests should be made **two weeks prior** to your arrival at camp.



CHECK-IN/CHECK-OUT PROCEDURES

ARRIVAL AND CHECKING INTO CAMP

Units should plan to carpool to camp as parking space is extremely limited. If your unit travels to camp in personal vehicles, coordinate to ensure that the entire unit arrives at the same time as check-in is a group process. Only one vehicle will be allowed in the campsite at a time so it is advisable to load gear into a single vehicle prior to arrival to ensure the easiest possible check-in. Upon arrival, you will receive additional directions and information from a staff member located at the front gate. Your check-in guide will greet you in your campsite. Each step of the check-in process is critical, and your guide will help you complete it in a timely manner. The Scoutmaster or a designated leader should report to the Hulsart Center to complete the registration process.

Each unit will be assigned a specific arrival time by May 20, 2017. Units arriving after their assigned check-in time may face longer wait times during the check-in process.

The gates will not be unlocked prior to 2:00 p.m.

Each unit must complete the following steps during check-in:

1. Staff guide meets troop in campsite and records tent number and condition of utilized tents.
2. Entire unit (adults and youth alike) is led to Dining Hall for check-in meeting.
3. During this meeting, the unit will check in with the Health Officer for a medical re-check and buddy tags.
4. Swim tests are administered or rechecked and swim test forms reviewed.
5. The unit goes on a tour of all program areas.

MANDATORY PAPERWORK

1. BSA Tour Plan (www.my.scouting.org, then proceed to legacy site)
2. Current Roster of everyone in camp
3. Swim check forms (if swim check is performed before camp)
4. Youth Protection Certificates or other proof of training (copies) for all adults staying in camp
5. Any other applicable certificates including CPR, Safety Afloat, Safe Swim Defense, etc.
6. BSA Health and Medical form Parts A, B, C for anyone spending time at camp
7. Proof of insurance for out-of-council units

SWIMMING POOL ORIENTATION AND SWIM TEST

Units have the option of arranging for their swim checks to be completed before they arrive at camp. Units wishing to do so must follow these guidelines and **UTILIZE THE SWIM CHECK FORM (page A9)**:

1. Every Scout and leader attending camp must take an annual swim test
2. The requirements for swim qualification for Beginner and Swimmer must be conducted exactly as stated on the Swim Check form
3. A currently certified BSA lifeguard, BSA Aquatic Instructor, YMCA lifeguard or American Red Cross lifeguard must conduct the test. A copy of the instructor's certification showing expiration date must be provided.
4. The unit swim classification record must be used and signed by the certifying lifeguard
5. The Camp Horne Aquatics staff reserves the right to retest any individual to assure the standards have been met

CHECKING OUT OF CAMP AND DEPARTURE

In the event a Scout, Scouter or other adult needs to leave camp temporarily, or permanently, before the end of the session, he must check in and out through the Hulsart Center with a member of the camp administrative staff. **It is essential to the safety of the youth in our care that camp management knows who is on camp property at all times.** Scouters are asked to be aware of the following procedures and make them known to all families to ensure the safety of our Scouts:

1. Check in and out times must be limited to the hours between 7:00 AM and 9:00PM. If Scouts cannot return before this time, parents should bring them back to camp the next morning.
2. While we will assist in locating Scouts for checkout in the event of an emergency, extra staff members are NOT available to search for Scouts who have forgotten ball games or other events.
3. Scouters should be aware of each Scout's schedule for checkout. If at night, someone should meet and walk with the returning Scout back to the campsite. Camp Horne uses the Buddy System. Please review this with Scouts and Scouters prior to arrival.
4. Scouts may only be released to the parent or legal guardian. If another person is checking a Scout out from camp, the unit leader must submit a permission note signed by the child's parent/legal guardian. This note should include the Scout's name, date, time of checkout, and the person's name that has permission to check him out. Identification MUST be shown at the office in order to pick up the Scout.
5. All Scouts and Scouters must check in and out through the Hulsart Center. The person picking up the Scout must sign him out.
6. Any camper who needs to leave for medical purposes must visit and/or inform the Health Officer of the reason. If returning, the camper must check in with the Health Officer before returning to his campsite and schedule.

Units are encouraged to remain in camp through Saturday morning. Detailed instructions will be discussed at the Leader's meeting. Basic check-out procedures is as follows:

1. Unit leader informs Camp Director of departure time (availability determined by schedule).
2. Unit cleans general campsite area, stores equipment and secures tents.
3. Any camp equipment that has been checked out is returned to Hulsart Center.
4. The Camp Director, Program Director, or Commissioner inspects the campsite with a unit leader and both verify the campsite inspection is completed.
5. Arrangements are made for unit and personal equipment to be hauled out to the parking area.
6. Unit Leader picks up medical forms from the Health Officer.
 - All medical forms not picked up will be destroyed at the end of camp.
7. Patches and medical forms will not be issued until the campsite has been inspected by a staff member.



CAMP LEADERSHIP GUIDELINES AND RESPONSIBILITIES

GUIDELINES

1. **Don't be afraid to ask for help!** The staff is **ALWAYS** available for help, regardless of the situation.
2. **Coordinate with your Senior Patrol Leader before and during camp.** Developing leadership skills in a Scout can require lots of planning and patience. Make sure that your Senior Patrol Leader understands *how* he is expected to lead the troop prior to arrival at camp. He will be given a significant amount of paperwork that is essential to the troop's participation in several activities during camp and may require a little extra motivation or guidance to ensure his success as a leader.
3. **Be Prepared.** Be sure that all attending camp know to bring the necessary personal gear, especially rain gear and change of footwear. It is advised that you bring games or other activities in case the weather isn't cooperative.
4. **Understand the program and guide the troop's youth leadership through the activities.** Be on time and accomplish tasks in an enjoyable manner. In guiding your Scouts remember that Boy Scout Resident Camps are not a military institution. Guide, do not command.
5. **Allow your Scouts to fail.** One of the greatest teachers is failure. Even if you can complete a task more quickly or satisfactorily, it is important to give your Scouts the opportunity to attempt things for themselves even if it means they need to try more than once. Remember, you're here to guide them along the journey of development toward becoming successful young adults.
6. **Be sensitive to problems.** Many of the Scouts will be away from home for the first time and might develop homesickness. Some Scouts may at first experience discomfort with the newness of their natural surroundings. Be patient and fair, listen and resolve the problems together. Again, the staff is **ALWAYS** available for help.
7. **Allow the staff to do their job while working with your Scouts.** Adult leaders are encouraged to participate, but do not dictate camp programming. Program areas, particularly aquatics and shooting sports, are not areas under your control. If there is a problem with a staff member, it should be brought to the attention of the Camp Director and appropriate action will be taken.
8. **Remember you set the example!** Be positive role model. We strongly discourage smoking as well as swearing, displays of anger, and unsportsmanlike conduct. Camp rules and policies have been carefully designed over time, complying with the national BSA regulations. Rules have not been implemented arbitrarily and we will gladly explain their purpose. Your cooperation and aid in maintaining our rules/policies is expected and required.
9. **Be aware of medical needs.** The staff will also be aware. This information should **NOT** be shared with everyone.
10. **Enjoy camp!** While the work you do makes a huge difference, don't forget to get some deserved R&R!

UNIT LEADERS

Every unit will need a minimum of two registered leaders in camp at all times. One leader must be at least 21 years of age, while assistants can be 18. Adults in attendance at camp with the unit are responsible for:

- Maintaining order and discipline within the unit
- Ensuring the cleanliness of their campsite during their stay and before departure,
- Remember, Scouts practice Leave No Trace!
- Ensuring the safety of all campers by adhering to all camp guidelines and ensuring the Scouts do the same.

YOUTH PROTECTION GUIDELINES

All BSA Youth Protection Guidelines must be followed at all times during your stay at Camp Horne. Every leader and adult in camp must show proof of course completion in Youth Protection training either prior to or upon arrival at camp. Every unit must adhere to two-deep leadership while at camp.

SERVICES

CAMP OFFICE

The Camp Office is in the Hulsart Center and the phone number is 205-861-4496. This phone is for business and emergency purposes only. Since we have only one phone line, calls to camp should be limited to emergencies. This line is manned most of the time by an answering machine. If unable to contact camp administration, please call the Black Warrior Council office at 205-554-1680.

CAMPSITES

Each campsite has large two-man wall tents set up on wooden platforms and are equipped with cots as well as a limited number of four-man adirondaks. One or more units usually share campsites during each session. Units should consider bringing their own 20 pound propane tank for the water heater. The Ranger will connect the tank to the water heater on Sunday afternoon and disconnect it at check out.

CHAPEL AND CHAPLAINCY

Among the many wonderful facilities at Camp Horne is the Ponder-Livingston Chapel. This outdoor chapel is located in a beautiful location overlooking our upper lake. Two camp-wide services will be held during your stay at camp. These services are led by our chaplain as well as Scouts in your units. Each Scout and Scouter will need to bring his booklet to these services (extra copies will be available for visitors). In case of need, the chaplain can be available for counseling or other services. Additionally, a daily devotional program is provided (in the program booklet). All religious programs (vespers, devotionals, etc.) are inter-faith and are pre-approved by the Camp Director. Units may request copies of these materials for review by religious leaders. Scouts are encouraged to practice their own personal faith during camp. If you have any questions, please see the *BSA Declaration of Religious Principle (BSA Charter and Bylaws; Bylaws Article IX, Section 1)* The chapel is always available for individuals, small groups, or your entire unit. For a planned event, please schedule use through the Camp Director.

COMMISSIONER'S SERVICE

The Camp Commissioner and will make sure you have settled into your campsite. On Sunday adults will be recruited to assist as volunteer staff for the week. The Commissioner, along with volunteers, will visit the campsites each day to conduct inspections, visit with leaders, etc. It is the commissioner's job to make sure you have all the supplies and equipment you need. If there is something broken or missing in your site, a member of the commissioner's staff will work to fix it or replace it. If trash needs to be removed from your campsite, you may bring it yourself to the dumpster at the Hulsart parking lot or ask for the Commissioner for help in removing the trash.

DINING HALL

Meals are served in our dining hall each day. Professional cooks prepare breakfast, lunch and supper so your Scout's attention can be on fun. Menus are balanced for the dietary needs of your Scout and approved by a certified dietician. Meals will start on the first day with supper and end on the last day with breakfast. The waiter system is used in the dining hall for setting the tables and cleaning up after meals. Special dietary needs will be accommodated as best we can with the food we have available. Dietary supplements should be brought from home for specific dietary requirements. Any special requests need to be made prior to arrival with the Camp Director **two weeks prior** to your arrival.

DRINKING WATER

Drinking water will be provided at different areas of the camp for participants to fill up their water bottles. It is imperative on summer days to drink plenty of water and stay hydrated.

HEALTH CARE

Should a Scout or Scouter need medical attention while at Camp Horne, a health officer is onsite 24 hours a day. For additional information please see *Health and Safety* (pp.7-8).

LOST AND FOUND

A central lost and found area is located in the Hulsart Center. To simplify the recovery of lost items, Scouts should clearly mark their personal possessions with their name and unit number. All items are discarded or donated at the end of the summer camping season. For Example: J. Stetson, T 410

MAIL

The camp mail call stays pretty busy during a typical week at camp. Incoming mail will be delivered in the dining hall on a daily basis. To ensure that mail arrives, please send all mail no later than Wednesday of your Scout's week at camp. Mail to camp may be addressed as follows:

Scout or Leader's name – Troop #
Camp Horne
13633 Keene's Mill Road
Cottondale, AL 35453

PROGRAM BOOKLET

Each Scout and Scouter will be supplied with a program booklet detailing all pertinent program information for their week at camp. These booklets should be carried at all times as they contain schedules, forms, and programs for various events. If your unit needs any additional program booklets, these can be attained from the Hulsart.

TRADING POST

Camp Horne's trading post is open daily. Scouts can make purchases from its assortment of cold drinks and snacks as well as camp souvenirs. Customized items are available before camp begins, so please make sure to check the council website for order forms.



RULES AND REGULATIONS

GENERAL POLICIES

- Units must maintain two-deep leadership at all times while at camp. No exceptions!
- One-on-one contact between adults and youth members are not permitted
- Youth are only permitted to tent with other youth or their own parent/guardian
- All adults staying in camp must show proof of Youth Protection certification
- All cars must be parked in designated parking areas, not campsites
- Throwing rocks, pebbles, sand, etc. is strictly forbidden
- No running in camp
- No flames, fires, or fuels of any kind are permitted inside tents
- No alcoholic beverages or illegal substances are allowed on camp property
- All guests are required to immediately check in at the Hulsart Center
- No fireworks of any kind are permitted on camp property
- No pets are allowed at Camp Horne.

DRESS CODE

Uniforms: BSA Field Uniforms should be worn on arrival at camp, during the evening meals, at closing flag ceremonies and at the evening campfire programs. Leaders are encouraged to work with their Scouts to assure proper uniforms for camp. Blue jeans and camouflage fatigues **SHOULD NEVER BE WORN** with a Scout uniform shirt and only appropriate Scout hats should be allowed. Consult the *Insignia Guide* for proper placement of patches or other insignia.

At other times Scouts and Scouters must wear a shirt and pants or shorts, unless participating in an aquatic activity where swim trunks are required. Sandals and Croc-style shoes should only be worn in the campsite for shower purposes. At all other times, close-toed shoes must be worn.

VISITORS POLICY

Our greatest concern is the safety and well-being of the Scouts under our care. Adult visitors may be asked to present a valid form of identification upon checkin-in. Visitors should remain with the troop during their stay and remain in the main areas of camp. Visits to the campsites are discouraged, but if planned, the regular camp leaders must be present. No visitor will be allowed to use the aquatics areas without a complete BSA Health and Medical form being on file with the Health Officer.

Children, Brothers, and Sisters – While we recognize that Camp Horne is a great place to be, we must limit camp participation to registered Scouts. Children of leaders and brothers and sisters of Scouts are welcome and encouraged to visit during normal visitor hours. We are not able to allow them to stay overnight or during other extended periods.

Visitors **MUST** sign in at the camp office located in the Hulsart Center and obtain a visitor's pass. All visitors must depart the camp by 9:00 PM. Any exceptions to this must be approved by the Camp Director in advance. Adult visitors over the age of 18 may be asked to show some form of identification when checking in.

EXTRA MEAL COSTS

Visitors are welcome to join us for meals. These meals are by reservations only, based on space, and accepted on a first-come-first served basis. Units need to make their reservations for their visitors during check-in. A visitor pass will be given upon payment for the meal and must be worn to enter the dining hall. Payments for meals must be made at the Hulsart Center. Meal costs, for visitors are as follows:

Breakfast: \$4.00 Lunch: \$5.00

Supper: \$6.00

PROHIBITED ITEMS

Sheath knives, personal rifles or other firearms, ammunition and archery equipment are not allowed in camp; only those supplied by the Shooting Sports area are to be used. Pocket knives are allowed while carrying a Totin' Chip. Any prohibited items found will be confiscated until the unit's departure. It is the responsibility of the unit leader in charge to retrieve these items before departure. Alcoholic beverages and illegal drugs are strictly prohibited at Camp Horne. If any participant is caught with one or both of these substances, he will be sent home.

It is recommended that Scouts not bring items such as radios, CD players, MP3 players, electronic games, iPods, iPads, cell phones and other electronic devices to camp. Summer camp is an outdoor experience and these items distract Scouters from full participation and enjoyment in the programming.

RIFLES, SHOTGUNS, AMMUNITIONS, AND ARCHERY SUPPLIES

Camp Horne is fully equipped to handle your Scouts' need for rifles, shotguns and archery, including ammunition. There is no need for any of this equipment to be brought to camp by Scouts or leaders. Personal firearms and ammunition are prohibited at Camp Horne.

WATER RELATED ACTIVITY GUIDELINES

The BSA standards for resident camps state that the ratio of Lifeguards to Boy Scouts is 10:1. We will strive to have 2-3 lifeguards at the Lakefront during your stay at Camp Horne, but we will need additional lookouts. Lookouts are adults who have passed the BSA swim test as a swimmer and have completed BSA Safety Afloat and Safe Swim Defense. Please bring these certificates with you and turn them into Camp Management during check in. Management will notify the Aquatics Director of adults who are trained. The ratio at the lakefront includes ALL participants who are in the lake whether they are on the blob or in a watercraft. Swimmers may operate any of the water crafts at Camp Horne. Beginners and learners may only use a rowboat if accompanied by a Swimmer. Use of the blob is limited to Swimmers. All water activities are weather dependent and may be suspended due to weather issues.

TRANSPORTATION AND VEHICLE PARKING

Each unit is responsible for the safe transportation of its members to and from camp, and for making sure that all vehicles meet BSA national insurance requirements. In addition, all units attending Camp Horne are responsible for attaining the appropriate tour plan. Vehicles are not allowed in campsites or any program areas; however **one** vehicle will be allowed in the campsite to drop off gear on Sunday and allowed back in on Saturday morning to pick-up gear. All vehicles must be parked and remain in the designated camp parking areas. The parking lot in front of the Hulsart is for visitor parking only, not for adult leaders to use while staying at camp. Golf carts or other vehicles are allowed only with **written** ADVANCE permission of the Camp Director and/or the Ranger and must include headlights, first-aid kit, fire extinguisher and horn. Golf carts **MUST** to be inspected by the **RANGER** before unloading.

Transporting Scouts or Scouters in the bed of a pick-up or trailer – covered or not – IS PROHIBITED.

SCOUT OATH AND LAW

In addition to specifically outlined policies, all campers are asked to measure their conduct by the Scout Oath and Law. Any behavior inconsistent with these principals will not be tolerated.

Scout Oath:

On my honor I will do my best to do my duty to God and my country and to obey the Scout Law; to help other people at all times; to keep myself physically strong, mentally awake, and morally straight.

Scout Law:

A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent.

TABLE WAITERS

Camp Horne utilizes the Table Waiter system. Each unit will be responsible for setting their tables with utensils, cups, and pitchers of drinks. At the end of the meal, the unit is responsible for clearing and cleaning their area. Kitchen staff will call items to bring to the cleaning window one at a time.

CONSERVATION POLICY AND LEAVE NO TRACE

Leave No Trace is one of the many outdoor skills taught to Scouts of all ages. Please help us keep Camp Horne clean by putting your trash in designated trash cans. Units are highly encouraged to participate in a recycling program in their campsites. Please see the Camp Director or Ranger for more information.

WILDLIFE

For many Scouts, Camp Horne is a great place to see many types of wildlife, from plants to animals. Please remind your Scouts that any food in the tents will attract unwanted ants and raccoons. Snakes are another form of wildlife often seen at camp. Scouts and Scouters of all ages should avoid picking up snakes as many in our part of the country are poisonous. It is also a good idea to familiarize yourself and your Scouts with poisonous plants and what they look like. A general rule is "leaves of three, leave them be." In other words, if the plant has clusters of three leaves, don't touch.

LYME DISEASE AND PREVENTION

Lyme disease is carried by ticks. There are ticks at Camp Horne and the best prevention is bug repellent. Please make sure your Scouts and adults utilize this prevention. Also make sure your participants check themselves regularly. If a tick does not remove easily, please go to the Health Lodge to have it removed.



EMERGENCY PROCEDURES

An Emergency Drill will be conducted each session. It will occur within 24 hours of your unit's arrival at camp. Participation in the Emergency Drill is not optional.

Severe Weather (Scattered Thunderstorm or severe lightning watch/warning)

1. If needed, alarm will be sustained ringing of the dining hall bell.
 - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. All aquatic areas will be closed and campers will be moved away from open water.
3. All campers will be instructed to stay away from clearings and solitary trees.
4. Take cover – do not try to get to your campsite and remain with your group.

Severe Weather (Severe Thunderstorms and Tornado watch/warning)

1. Alarm will be sustained ringing of the dining hall bell.
 - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. When a Severe Thunderstorm Warning, Tornado Watch, or Tornado Warning is issued, all campers will be instructed to report to the Dining Hall unless otherwise instructed by camp management. **No one should remain in campsites.**
3. If weather conditions make it unsafe to move to emergency shelter location, move to lowest, safest area with protection. If you must take this action, notify camp management immediately. *This is a last resort.*
4. Stay with your group. Unit leaders will be asked to give a full head count accounting for every member of their units.

Severe Weather (Flash Flood watch/warning)

1. If needed, alarm will be sustained ringing of the dining hall bell.
 - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. All aquatic areas will be closed and campers will be moved away from open water.
3. Avoid low lying areas and areas near water.

Fire (Minor)

1. Put out fire with equipment and manpower available on site.
2. Send for staff help if needed.
3. *Do not attempt to contact outside emergency services.* The Camp Director **will** contact any needed emergency services.
4. Inform Camp Director and Camp Ranger for further evaluation.

Serious Accident or Illness

1. Start first aid at site – do not try to move a seriously injured person.
2. Send for staff-help. Send a runner to health lodge.
3. Do not start rumors; all unneeded people will be kept away from the area of the incident.
4. Inform Camp Director **IMMEDIATELY**. Do not attempt to contact outside emergency services. The Camp Director **will** contact any needed emergency services.
5. Complete notes of incident will be recorded.

Major Fire, Missing Person, Lost Swimmer

1. Alarm will be sustained ringing of the dining hall bell.
 - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. All program areas will be closed in an orderly fashion.
3. All campers (youth and adult) and staff must move to Parade Field *immediately* in an orderly manner and using the buddy system.
4. Campers will line up by unit. Unit leaders will conduct head counts. All campers will wait for instructions from camp management.
5. Unit leaders will report missing campers to the staff.
6. *Do not attempt to contact outside emergency services.* The Camp Director **will** contact any needed emergency services.

High Temperatures, Humidity Problems

1. Camp administration will monitor weather conditions. In situations of high temperatures or high humidity where activities should be limited, all leaders will be informed via announcements, leader's meetings, and/or emergency messaging system.
2. Program Director will work with unit leaders and staff to schedule alternate programs.
3. Hiking and activities that require physical exertion will be postponed.

Intruder

1. Report any unauthorized person to the Camp Director.
 - All visitors must check-in through the Hulsart. Anyone who is not a camper or registered visitor will be considered an intruder.
2. All program areas will be closed and locked down.
3. Depending on the situation, **run** away, or **hide**. As a last resort, **fight** or defend yourself.
4. *Do not attempt to contact outside emergency services.* The Camp Director **will** contact any needed emergency services.

ALWAYS USE THE BUDDY SYSTEM WHILE AT CAMP HORNE

PROGRAM

DAILY SCHEDULE

We strive to support the troop program, not to replace it. Our schedule isn't a program with the expectation that each box will be checked off. Think of the schedule as an instrument for planning and administering the troop program. The schedule gives you a timetable of availability as well as a list of opportunities. It's designed to allow Scouts to experience as much of Camp Horne as they can during their stay, not serve as a list of required activities.

TIME	ACTIVITY	LOCATION
7:00 a.m.	Reveille	
7:15 a.m.	Waiters Report to the Dining Hall	
7:30 a.m.	Flag Ceremony	Parade Field
7:35 a.m.	Breakfast (Senior Patrol Leader Meeting directly after breakfast)	Dining Hall
8:30 a.m. - 9:30 a.m.	Merit Badge Block A	
9:45 a.m. - 10:45 a.m.	Merit Badge Block B	
11:00 a.m. - 12:00 p.m.	Merit Badge Block C	
12:15 p.m.	Waiters Report to the Dining Hall	
12:30 p.m.	Lunch	Dining Hall
1:30 p.m. - 5:30 p.m.	Open Programming (SCOUTStrong, Shooting Sports, Lakefront)	
3:30 p.m. - 5:30 p.m.	Open Programming (Scout Skills, Pool)	
1:30 p.m. - 2:30 p.m.	Merit Badge Block D	
2:45 p.m. - 3:45 p.m.	Adventure Sessions Block E	
6:00 p.m.	Waiters Report to the Dining Hall	
6:15 p.m.	Flag Ceremony	Parade Field
6:20 p.m.	Dinner	Dining Hall
7:30 p.m.	Evening Programming	
10:00 p.m.	Taps / Lights Out	

**This schedule is temporary and an updated, detailed schedule will be made available to unit leaders during check in on Sunday and at the leader's meeting.

PROGRAM INFORMATION

Our first priority at Camp Horne is for everyone to have a spectacular camp experience in a safe environment. Under the supervision of our trained staff, unit leaders, and adult volunteers, Scouts will have the opportunity to work toward rank advancement, Merit Badges, Scout skills, and special camping awards. Personal advancement is only part of the program at Camp Horne. We also offer programs designed to encourage the use of the patrol method. Our program is structured with three morning merit badge sessions as well as one in the afternoon. The fifth block of the afternoon will offer specific activities that may assist in the completion of advancement as well as offering additional skills. Through our program we aim to address the Scout Oath and Law while giving Scouts memories to cherish for life.

SELECTING MERIT BADGES

Camp Horne offers a wide selection of merit badges, rank advancements and enrichment courses. We evaluate our advancement program each year to bring new and exciting opportunities that Scouts may not be able to get elsewhere. We have organized our merit badge information both by area and in list form. Some courses have prerequisites, or requirements that need to be done outside of camp to complete the badge. All badge sessions are limited in size to ensure safety and quality of instruction. Information regarding session size limits and prerequisites can be found in the comments section next to each badge/session listing. To aid in selecting merit badges, each badge has been described as Easy, Moderate, or Difficult. Easy badges are those suitable to all skill levels. Moderate badges are recommended for second or third year campers. Difficult badges are for Scouts with particular skills or significant experience in Scouting. Eagle required merit badges are in SMALL CAPS print. Some courses are in need of instructors. If you have any adults that will be attending camp with expertise in Home Repair or Auto Mechanics merit badges, please ask them to consider instructing one of these courses the week they attend. All offerings are subject to change due to availability and interest.

The experienced Scout Leader:

- Recognizes the boy needs a variety of experiences while in camp
- Counsels a boy so that the badges he attempts to earn reflect his strengths and weaknesses; are challenging but are also within his reach if he makes a good effort
- Makes sure that each Scout has some "down" time
- Understands the best way to motivate a boy along the Scout trail is to be sure he enjoys his journey
- Realizes camp is not a merit badge mill nor is it a classroom setting; the Scout should not be forced to complete the badge at Summer camp

MERIT BADGE SCHEDULE

Block A	Block B		Block C	Block D
EMERGENCY PREPAREDNESS	Archery (BC)			CAMPING
BSA Lifeguard (ABC)				CITIZENSHIP IN THE COMMUNITY
CANOEING (AB)			COOKING	Climbing
Fishing	Entrepreneurship		Fish & Wildlife Management	Disabilities Awareness
Indian Lore	ENVIRONMENTAL SCIENCE		Public Speaking	Home Repair
Law	Fire Safety		Radio	Pistol & Cowboy Action
Photography	FIRST AID		Search and Rescue	Signs, Signals, & Codes
Pioneering	Kayaking (BC)			Soil & Water Conservation
LIFESAVING (AB)			SWIMMING	Swim Instruction
Shotgun Shooting (8:30-10:00)		Rifle Shooting (10:30-12:00)		Wilderness Survival
Scouting Heritage	Law		Textiles	Woodwork
Weather	Leatherwork (9:45-10:15)	Sculpture (10:15-11:00)		
TRAILBLAZER: TENDERFOOT	TRAILBLAZER: 2ND CLASS		TRAILBLAZER: 1ST CLASS	TRAILBLAZER: SWIMMING

ALPHABETICAL LIST OF MERIT BADGE OFFERINGS

Merit Badge	Area Offering	Time	Location
Archery	Shooting Sports	BC	Archery Range
BSA Lifeguard	Aquatics (Pool)	ABC	Pool
CAMPING	Outdoor Skills	D	Outdoor Skills Cabin
CANOEING	Aquatics (Lakefront)	AB	Lakefront
CITIZENSHIP IN THE COMMUNITY	Trail to Eagle	D	Sunday Night Campfire Ring
COOKING	Outdoor Skills	C	Outdoor Skills Upper Area
Disabilities Awareness	Trail to Eagle	D	Parade Field
EMERGENCY PREPAREDNESS	Outdoor Skills	A	Eagle Pavillion
Entrepreneurship	Trail to Eagle	B	Sunday Night Campfire Ring
ENVIRONMENTAL SCIENCE	Ecology	B	Ecology Pavillion
Fire Safety	Ecology	B	Ecology Cove
FIRST AID	Outdoor Skills	B	Eagle Pavillion
Fish & Wildlife Management	Ecology	C	Ecology Pavillion
Fishing	Ecology	A	Ecology Cove
Home Repair	Trail to Eagle	D	TBD
Indian Lore	Trail to Eagle	A	Sunday Night Campfire Ring
Kayaking	Aquatics (Lakefront)	BC	Lakefront
Law	Trail to Eagle	A	TBD
Leatherwork	Handicraft	B* (9:45-10:15)	Hopi Cabin
LIFESAVING	Aquatics (Pool)	AB	Pool
Photography	Handicraft	A	Hopi Cabin
Pioneering	Outdoor Skills	A	Outdoor Skills Cabin
Pistol & Cowboy Action	Shooting Sports	D	Rifle Range
Public Speaking	Trail to Eagle	C	Sunday Night Campfire Ring
Radio	Trail to Eagle	C	TBD
Rifle Shooting	Shooting Sports	BC* (10:30-12:00)	Rifle Range
Scouting Heritage	Trail to Eagle	A	TBD
Sculpture	Handicraft	B* (10:15-11:00)	Hopi Cabin
Search and Rescue	Outdoor Skills	C	Outdoor Skills Cabin

Shotgun Shooting	Shooting Sports	AB* (8:30-10:00)	Shotgun Range
Signs, Signals, & Codes	Outdoor Skills	D	Eagle Pavillion
Soil & Water Conservation	Ecology	D	Ecology Pavillion
Swim Instruction	Aquatics (Pool)	D	Pool
SWIMMING	Aquatics (Pool)	C	Pool
Textiles	Handicraft	C	Hopi Cabin
TRAILBLAZER: 1ST CLASS	Trailblazer	C	Trailblazer Area
TRAILBLAZER: 2ND CLASS	Trailblazer	B	Trailblazer Area
TRAILBLAZER: SWIMMING	Trailblazer	D	Pool
TRAILBLAZER: TENDERFOOT	Trailblazer	A	Trailblazer Area
Weather	Ecology	A	Ecology Pavillion
Wilderness Survival	Outdoor Skills	D	Outdoor Skills Upper Area
Woodwork	Handicraft	D	Hopi Cabin

All times and locations are subject to change based on interest and availability.

ADVENTURE SESSION SCHEDULE

Adventure sessions are designed to allow Scouts to work on specific skills in a non-classroom setting. Some adventure sessions are offered daily while others are offered once a week as part of a running program. Groupings outlined in bold indicate that by completing each session can earn a merit badge or work toward rank advancement. If a Scout lacks one requirement of a merit badge or rank advancement, he may register a single adventure session. This will allow him to work on the missing requirement at camp without having to retake an entire merit badge.

Block E			
Monday	Tuesday	Wednesday	Thursday
Mile Swim (daily)			
SCOUTStrong	SCOUTStrong	SCOUTStrong	SCOUTStrong
Standup Paddleboarding	Standup Paddleboarding	Standup Paddleboarding	Standup Paddleboarding
General Auto Maintenance	Engine, Fuel and Cooling	STOP and GO!	Dashboard and Cleaning
About the Adventure	Planning the Expedition	Preparing for the Journey	Expedition Day!
Knots 101	Knots 102	Square, Round, Diagonal	Free Tie
TRAILBLAZER: SCOUT	TRAILBLAZER: SCOUT	TRAILBLAZER: SCOUT	TRAILBLAZER: SCOUT



CAMP PROGRAM BY AREAS

Camp Horne features a wide variety of open program opportunities at our program areas, supported by key staff members with particular expertise in their program. Listed on the following pages are just some of the program options offered in each area in addition to information about the merit badges being offered by that area. At camp, watch and listen for announcements about special offerings each day.

Aquatics (Lakefront)

Horne Lake figures prominently into life at Camp Horne. With a range of activities spanning numerous interests, the lakefront is a great place to spend some time taking in the natural beauty of camp.

Merit Badge or Session	Difficulty	Comments	Time
CANOEING	Moderate	Two-session course; Must pass BSA swimmer's test; Session limited to 20 participants	AB
Kayaking	Moderate	Two-session course; Must pass BSA swimmer's test; Session limited to 12 participants	BC
Standup Paddleboarding	Moderate	Must pass BSA swimmer's test; Limited to 5 participants daily	E

Free Boating: 2:45-5:30 Monday, Tuesday; 2:45-3:00 Thursday; 2:45-4:30 Wednesday Various water crafts are made available to Scouts during this time. It serves as an excellent way to practice skills or explore Horne Lake. Use and distribution of watercraft is based on availability and ability groups. Please approach the Lakefront staff with inquiries.

Aquatics (Pool)

Often referred to as the "cement pond," our swimming pool is ideal for swimming and swimming instruction. There's few things better than spending an Alabama summer day in the water.

Merit Badge or Session	Difficulty	Comments	Time
Lifeguard	Difficult	Three-session course; Must pass BSA swimmer's test as well as 550m swim and complete timed brick retrieval; Adults \$10 fee; Scouts must be 15 yrs old & completed First Aid, Swimming, & Lifesaving MBs.	ABC
LIFESAVING	Difficult	Two-session course; Must pass BSA swimmer's test; Must have Swimming MB; Participants need to bring: long pants, long-sleeved button front shirt, shoes that can get wet.	AB
Mile Swim	Difficult	Must pass BSA swimmer's test	E
SWIMMING	Moderate	Must pass BSA swimmer's test	C
Swimming Instruction	Easy	For Scouts of any swimming ability group who desire to improve their swimming ability.	D
Trailblazer Swimming	Varies	For all Trailblazer program participants who have not completed Swimming MB. Based on swimmer's test ability grouping, Swimming MB or Swimming Instruction will be offered.	D

Free Swim: 3:30-5:00 Monday, Tuesday; 3:30-4:30 Wednesday This time provides a great environment for Scouts to cool off with their friends without the rigors of a merit badge program. Scouts must have a buddy to use the pool who stays in the same ability area. **Night Swim: Arranged** Units have the option to sign-up for a Night Swim during the unit leader's meeting on Sunday night. Lifeguards are **not** provided. Units are required to provide the appropriate number of lifeguards in addition to qualified supervision. One lifeguard per ten participants must be provided.

Climbing

Get vertical at the Camp Horne Climbing Tower! The Black Warrior Council Climbing Committee is currently developing a plan to offer Climbing Merit Badge at Camp Horne in 2017. Additional information will be made available no later than early spring 2017.

Merit Badge or Session	Difficulty	Comments	Time
Climbing	Difficult	More information forthcoming.	TBA
Free Climb: Days and Times TBA Come explore different ways to see camp from a new angle. Climbing and repelling available based on demand and staffing.			

Ecology

The natural habitats at Camp Horne allow Scouts to observe the natural world and our place within it.

Merit Badge or Session	Difficulty	Comments	Time
ENVIRONMENTAL SCIENCE	Difficult	Requires writing as well as observations during free time	B
Fire Safety	Easy	Requirement 11 cannot be completed at camp	B
Fish & Wildlife Manag.	Easy		C
Fishing	Easy	Recommended: Bring personal fishing gear	A
Soil & Water Conserv.	Easy		D
Weather	Easy		A
About the Adventure	Easy	Monday only; Satisfies Exploration 1, 2, 3, 4	E
Planning the Expedition	Easy	Tuesday only; Satisfies Exploration 5, 6	E
Preparing for the Jour...	Easy	Wednesday only; Satisfies Exploration 7	E
Expedition Day!	Easy	Wednesday only; Satisfies Exploration 8	E

Adventure Sessions: If a Scout takes all four Ecology adventure sessions (denoted by bold vertical line), he will complete Exploration Merit Badge.

Handicraft

Whether it's a basket or a leather pouch, no summer camp experience is complete without making a few crafts. Our Handicraft area, located in Hopi Cabin (next to Hopi Campsite), is equipped with numerous supplies and electricity.

Merit Badge or Session	Difficulty	Comments	Time
Leatherwork	Easy	Session limited to 16 participants	D
Photography	Easy	Session limited to 16 participants; 1b must be completed before camp	C
Sculpture	Easy	Session limited to 10 participants	
Textiles	Easy	Session limited to 16 participants	B
Woodwork	Easy	Must have Totin' Chip; Limited to 16 participants	A

Free Time: Handicraft staff are available for assistance with projects during free time by appointment.

Outdoor Skills

Outdoor Skills are at the heart of any Scout camp. Knot tying, survival, navigation, and planning are just a few of the things that can be learned in the Outdoor Skills Area. Most activities are either in Sioux cabin or near it.

Merit Badge or Session	Difficulty	Comments	Time
CAMPING	Easy	Requirements 8d, 9ab cannot be completed at camp Session limited to 20 participants	D
COOKING	Easy	Requirement 4 cannot be completed at camp	C
EMERGENCY PREPAREDNESS	Moderate	Pre-Requisite: First Aid Merit Badge Requirements 2c, 6c, 7, 8bc, 9ab cannot be completed at camp Participants need to bring a personal emergency service pack	A
FIRST AID	Easy	Requirements 2d, 3cb cannot be completed at camp	B
Pioneering	Moderate	Must have Totin' Chip and be First Class Rank	A
Search and Rescue	Difficult	Recommended for older Scouts	C
Wilderness Survival	Moderate	Requirement 5 cannot be completed at camp	D
Knots 101	Easy	Monday only; Square knot, timber hitch, two half hitches	E
Knots 102	Easy	Tuesday only; Taut-line hitch, clove hitch, bowline	E
Square, Round, Diagonal	Easy	Wednesday only; Lashings	E
Free Tie	Moderate	Thursday only; Work on any knot including several advanced knots	E

Adventure Sessions: During Adventure Session Block E, daily sessions to assist with knots are offered. In the event that a Scout needs more than one day to master basic knots, he may return any other day to continue to work toward proficiency on his basic Scout knots.

Shooting Sports

Described as the "hottest" attraction at camp (as well as the loudest), our Shooting Sports area, made possible by a grant from the Alabama Friends of the NRA as well as many donors, houses rifle, shotgun, and archery ranges.

Merit Badge or Session	Difficulty	Comments	Time
Archery	Difficult	Two-session course; Session limited to 10 participants	BC
Pistol & Cowboy Action	Difficult	Must be 14; Not a merit badge; Session limited to 6 participants	D
Rifle Shooting	Moderate	10:30-12:00; Shooting experience recommended; Session limited to 8 participants	BC*
Shotgun Shooting	Moderate	8:30-10:00; Shooting experience recommended; Smaller Scouts may struggle with holding or firing shotgun; Session limited to 6 participants	AB*

Free Shoot: Monday-Tuesday, Thursday 1:30-5:00 p.m. (Archery); Monday-Tuesday, Thursday 2:30-5:00 p.m. (Rifle and Shotgun); Wednesday 7:30-9:30 p.m. Come have some fun on the range during free time. Scouts can take advantage of our ranges even if they aren't signed up for a Shooting Sports merit badge.

NRA Medals: During free time, Scouts can work toward completing the requirements for the NRA marksmanship awards. Additional information can be obtained at camp from the Shooting Sports Director.

Trail to Eagle

On the trail to Eagle, we encounter numerous skills and activities that help us complete our Scouting journey. The merit badges offered by the Trail to Eagle staff, include many of those various skills that help us grow as Scouts.

Merit Badge or Session	Difficulty	Comments	Time
Citizenship in the Comm.	Moderate	Requirement 7c cannot be completed at camp	D
Disabilities Awareness	Easy	Requirement 4 cannot be completed at camp	D
Entrepreneurship	Easy		B
Home Repair	Moderate	Recommended for older Scouts	D
Indian Lore	Easy	Requirement 2 cannot be completed at camp	A
Law	Moderate		A
Public Speaking	Moderate	Requires developing speeches during free time	C
Radio	Easy		B
Scouting Heritage	Moderate	Requirement 6 should be done before camp; Requirement 5 difficult to complete during camp as it requires interviewing past troop members	D
SCOUTStrong	Easy	Daily; Set aside some time to complete your SCOUTStrong Exercises	E
General Auto Maint.	Moderate	Monday only; Satisfies Auto Mechanics 1, 2	E
Engine, Fuel, & Cooling	Moderate	Tuesday only; Satisfies Auto Mechanics 5, 6, 7	E
STOP and GO!	Moderate	Wednesday only; Satisfies Auto Mechanics 4, 8, 9, 10	E
Dashboard and Cleaning	Moderate	Thursday only; Satisfies Auto Mechanics 3, 11, 12	E

SCOUTStrong Booth: 3:30-5:30 p.m. Daily Trail to Eagle Staffers will facilitate the SCOUTStrong booth to assist Scouts and Scouters meet their health goals during camp.

Adventure Sessions: If a Scout takes all four Trail to Eagle adventure sessions (denoted by bold vertical line), he will complete Auto Mechanics Merit Badge.

CAMP HORNE TRAIL CREW



The Camp Horne Trail Crew program is designed for Boy Scouts who are at least 14 years old and have completed the rank of Life (not needing any Eagle required merit badges offered at Camp Horne 2017) or Eagle. The program will blend the history of Camp Horne, leadership, service and trek and high adventure activities. Those participating in the program will not be able to schedule any merit badge courses. Even though this course is designed for youth, adults are welcome to attend any of the sessions.



FIRST YEAR CAMPER PROGRAM (TRAILBLAZER)

The Trailblazer Program is designed to give first-year campers a “hands on” learning experience working with specially trained camp staff. Scouts will have plenty of time to practice and acquire the basic skills that are essential to scouting. Activities planned for Scouts participating in the Trailblazer program are based on Tenderfoot, Second Class and First Class requirements. Actual accomplishments will vary according to the abilities of each Scout. Our staff realizes that youth learn and acquire skills at different paces. The Trailblazer program will follow the Merit Badge schedule; Tenderfoot will be covered in Block A; Second Class in Block B; First Class in Block C. Please register your Trailblazer participants for the Swimming Merit Badge during Block D. It is likely that First Year Campers will be a mixed group including those who have and those who have not completed the Scout Rank. Scout Rank will be offered during Adventure Session E to allow Trailblazer participants who have already completed the Scout Rank to select another

Rank Session	Comments	Time
Tenderfoot	Scouts will work toward the following requirements: 3a, 3b, 3c, 3d, 4a, 4b, 4c, 5a, 5b, 5c, 7a, 8	A
Second Class	Scouts will work toward the following requirements: 2a, 2b, 2c, 2d, 2f, 2g, 3a, 3c, 3d, 4, 5a, 6a, 6b, 6c, 6d, 6e, 8a, 8b, 9a, 9b,	B
First Class	Scouts will work toward the following requirements: 3a, 3b, 3c, 3d, 4a, 4b, 5a, 5b, 5c, 5d, 7a, 7b, 7c, 7f, 9a,	C
Scout Rank	Scouts will work toward the following requirements: 1a, 1b, 1c, 1d, 1e, 1f, 2a, 2b, 2c, 2d, 3a, 4a, 4b, 5	E

*Please note that this program has been updated to follow the 2016 Rank Requirements.

**All requirements listed are tentative.

ADULT LEADER TRAINING

ADULT LEADER TRAINING

Every adult volunteering as a leader in Scouting brings with him an excitement about the opportunities of delivering the best program possible to youth in one of the programs offered.

Adult Education Session	Comments	Time
Climb On Safely	Must be 16 or older to complete	TBD
CPR	\$10 for issued CPR Card	TBD
Red Cross Wilderness First Aid	16 Hour Course; Must be 14 or older to complete	TBD
Safety Afloat	Must be 16 or older to complete	TBD
Safe Swim Defense	Must be 16 or older to complete	TBD
Scoutmaster Specific	5 Hour Course, Must be 18 or older to complete	TBD
Trek on Safely		TBD
Troop Committee Challenge	2.5 Hour Course	TBD
Youth Protection		TBD

2017 HORNE CUP CHALLENGE SERIES

This summer, the Horne Cup will return! Troops will be given daily and week-long challenges that focus on various Scout skills and abilities. Points are awarded for participation so it is to each troop's benefit to participate in every challenge activity. The winner of the Horne Cup must complete the Honor Troop criteria.

HONOR TROOP AND HONOR PATROL

The guidelines for the Honor Troop and Honor Patrol awards will be distributed during the first Senior Patrol Leader's Meeting on Monday morning. These criteria are designed to encourage participation in the camp program as a patrol and as a unit. The patrol method is one of the methods of Scouting and is essential at camp. It is a good idea to encourage your patrols to meet prior to camp to ensure that their patrol flag is up-to-date and that each member of the patrol knows the yell, call, or signal for their patrol.

EVENING ACTIVITIES

Sunday: On Sunday nights, Scouts will participate in Vespers at Livingston Chapel followed by an opening campfire. It is best if guests do not try to attend the opening campfire as seating is extremely limited.

Thursday: Thursday nights are generally a very busy time at Camp Horne. Thursday's main attraction is the Order of the Arrow Calling Out Ceremony. Guests who would like to attend this ceremony are welcome. Chapel and supper precede the ceremony; however, if guests would like to join us for supper, please make a reservation two weeks prior to your units arrival for all planned guests.

Friday: Friday night is often viewed as a camp-wide celebration of what the Scouts (and Scouters) at camp have achieved over the preceding days. Guests are encouraged to visit for supper and the Closing Campfire. If your unit will have guests for supper, please make a reservation for all guests two weeks prior to your arrival.

CAMP HORNE 2017 SUMMER T-SHIRTS

T-Shirts will be made available at a later date; units will be made aware of this in time to order for camps.



PERSONAL AND UNIT GEAR CHECKLISTS:

GENERAL GEAR INFO

What to expect: Scouts attending camp will be sleeping in wall tents that are on raised platforms. Each tent holds two people and will have cots for campers to sleep on. Through the session, Scouts can participate in activities at variety of program areas around camp including: swimming, canoeing, archery, shooting sports, ecology, and advancement areas. Some merit badges include an overnight outpost. If you sign-up for one of those badges, plan accordingly.

What to leave at home: Sheath knives, personal rifles or other firearms, ammunition, and bows are not allowed in camp; only those supplied by the shooting sports area will be used. Scouts who have earned the Totin' Chip are allowed to carry a pocket knife, **IF** they carry their Totin' Chip with them. If a Scout has his knife out and is asked for his card, but does not have it, his knife can be confiscated and turned into his unit leader until his card is produced. We also recommend that items such as radios, CD players, MP3 players, iPods, iPads, electronic games, cell phones, and other electronic devices not be brought to camp. Summer camp is an outdoor experience and these items distract Scouts from participating in and enjoying that experience. Your Scout's unit leaders and other adults going with the Troop will have cell phones that your Scout may use to call home. If you need to contact your Scout, please contact the unit leaders and not the camp office. Please talk to your Scoutmaster to find out how this will be handled for your troop.

Not Allowed at Camp	Recommended to Leave at Home
Personal firearms	Cell Phones
Personal ammunition	Music Players (MP3, CD)
Personal bows and arrows	iPads and other tablets
Sheath knives	Electronic games
Personal pets	Other electronic devices

Tips:

- Packing in a plastic tote or footlocker as opposed to a suitcase or duffle bag is a good idea as items are more likely to stay dry in a plastic case than in a cloth backpack or suitcase.
- Due to the heat and humidity of June, it would be advisable to have your Scout bring a change of clothing for each day of camp.
- Camp Horne has a Trading Post where snacks, drinks, souvenirs, and program materials can be purchased. Most Scouts spend approximately \$60 during their stay in our camp.
- It is a wise idea to bring a sheet of plastic or a tarp to cover bedding. If a Scout covers his bed with plastic each morning and places a weather-proof footlocker on top of his cot each morning, it is less likely that his items will become wet in the event of inclement weather.
- Sometimes plain water can feel, well, plain. It can be a good idea to pack some water flavoring like Crystal Lite or Mio.
- If your unit wants to bring snacks, pack them in a shared locking plastic tub. This decreases the chance of bugs, raccoons, or other wildlife from enjoying your snacks for you.
- Packing close toed water shoes is a great idea. Especially for Scouts participating in the Lakefront Challenge.
- Wicking or dry-fit underwear as well as regular application of powder will help prevent chafing. In the Alabama heat, these items are more than just advisable items to pack.
- Leave expensive items that you wouldn't want to ruin or lose at home.

CHECKLISTS

Personal Gear Checklist

- COMPLETE Boy Scout uniform (including *Boy Scout Handbook*)
- T-Shirts, shorts, pants socks, underwear, hat, sweater or jacket (Scouts need clean clothing for each day of camp)
- Swim trunks and towel
- Rain poncho or jacket
- Extra pair of shoes or boots (close toed)
- Water bottle (cups will NOT be provided)
- Watch
- Washcloth, towel
- Toiletries (soap, shampoo, toothpaste, etc.)
- Flashlight with new batteries
- Sleeping bag or sheets and blanket and a pillow
- Pocket knife and Totin' Chip

Unit Equipment Checklist

- Troop flag
- Patrol flag(s)
- First aid kit(s)
- Quiet games
- Lanterns and gas
- Rope
- Extra plastic/tarps
- Propane bottle (for heating showers)
- Tarps (optional)

Optional Gear

- Compass
- Sunglasses
- Camera
- Musical instrument
- Twine or rope

What NOT to Bring

- Pets
- Electrical equipment
- Expensive items
- Sheath knives
- Sandals or other open toed shoes (other than shower shoes)
- Fireworks

- Footlocker, suitcase or backpack
- Spending money
- Sunscreen and Bug Repellent
- Work gloves
- Long pants and long-sleeved shirt
- Bug spray
- Camp chair if desired
- Merit Badge supplies and pamphlets
- Check Merit Badge listings for specific items
- Completed Health and Medical Form A,B,C and any personal medicines
(Medicines should be in original containers labeled & kept in a ziplock bag. Epi-pens & inhalers should be carried at all times.)

- Paper and pens/pencils
- Tour Plan
- Duty Rosters (waiters, latrine, etc.)
- Clothes line/pins
- Games for downtimes or inclement weather
- Youth Protection documentation on all participating Scouters and adults
- Props for skit or song
- Water Cooler

- Shower shoes
- Fishing gear
- Religious book
- OA Sash

- Satellite Dish
- Firearms and ammunition
- Religious book
- Bows and arrows
- Tobacco, alcohol, illegal drugs

APPENDICES

ORDER OF THE ARROW MEMBERSHIP INFORMATION



To become eligible for election, a Boy Scout must be registered with the Boy Scouts of America and have the approval of his unit leader **prior** to the election. The unit leader must certify his Scout spirit (i.e., his adherence to the Scout Oath and Law and active participation in unit activities). The unit leader must also certify that the nominee meets all specified requirements at the time of this annual election.

Youth membership qualifications. All members of, or candidates for membership in, the Order of the Arrow who are under 21 years of age shall be considered youth members or candidates for youth membership, subject to meeting the following requirements:

- Be a registered member of the Boy Scouts of America.
- Hold the First Class rank of the Boy Scouts of America, as a minimum.
- After registration with a troop, have experienced 15 days and nights of Boy Scout camping during the two-year period prior to the election. The 15 days and nights must include one, but no more than one, long-term camp consisting of six consecutive days and five nights of resident camping, approved and under the auspices and standards of the Boy Scouts of America. The balance of the camping must be overnight, weekend, or other short-term camps.

Candidates for youth membership shall be elected by other youth members in accordance with policies set forth by the national Order of the Arrow committee.

Adult membership qualifications. All members of, or candidates for membership in, the Order of the Arrow who are 21 years of age or older and who are registered members of the Boy Scouts of America shall be considered adult members or candidates for adult membership. Individuals shall be selected as candidates based on the following:

Adult leaders in units: Each year, upon holding a troop election for youth candidates that results in at least one youth candidate being elected, the unit committee may nominate adults to the lodge adult selection committee. The number of adults nominated can be no more than one-third of the number of youth candidates elected, rounded up where the number of youth candidates is not a multiple of three. In addition to the one-third limit, the unit committee may nominate the currently-serving unit leader (but not assistant leaders), as long as he or she has served as unit leader for at least the previous 12 months. Recommendations of the adult selection committee, with the approval of the Scout executive, serving as Supreme Chief of the Fire, will be candidates for induction, provided the following conditions are fulfilled:

- Selection of the adult is based on the ability to perform the necessary functions to help the Order fulfill its purpose, and not for recognition of service, including current or prior achievement and positions.
- The individual will be an asset to the Order because of demonstrated abilities that fulfill the purpose of the Order.
- The camping requirements set forth for youth members are fulfilled.
- The adult leader's membership will provide a positive example for the growth and development of the youth members of the lodge.

If you have additional questions, contact our Vice Chief of Inductions at vcinductions@aracoma481.org

**from Guide for Officers and Advisors (2012 Printing)*



Troop: _____

Session (circle one) 1 2 3

Date of Election: ____/____/20____ Number of registered active youth: ____ Number present at election: _____

Note: at least half of the registered active youth must be present to conduct an election

Number of members eligible: ____ Number of ballots turned in: _____ Number required to be elected: _____

Fully complete the below table for those scouts **who were elected** (continue on back if needed):

Full Name	Rank	Date of Birth	Mailing Address	Email Address	BSA ID#

I certify that this election was conducted in accordance with the Order of the Arrow's guidelines and the listed names were duly elected to become candidates for membership in the Order of the Arrow.

Scoutmaster Name: _____ Signature: _____

List names of scouts and/or scouters who conducted the election:

--

Scan and email completed form to **vcinductions@aracoma481.org** or mail to scout office. Keep a copy for your records and bring to camp.

**Black Warrior Council, BSA
ATTN: Aracoma
PO Drawer 3088
Tuscaloosa, AL 35403**

A fillable PDF of this form is available at **www.aracoma481.org**
****This form is due no later than May 30, 2017****

ORDER OF THE ARROW ADULT CANDIDATE NOMINATION FORM

Each year, upon holding a troop or team election for youth candidates that results in at least one youth candidate being elected, the unit committee may nominate registered unit adults (age 21 or over) to the lodge adult selection committee. The number of adults nominated can be no more than one-third of the number of youth candidates elected, rounded up where the number of youth candidates is not a multiple of three. In addition to the one-third limit, the unit committee may nominate the currently-serving unit leader (but not assistant leaders), as long as he or she has served as unit leader for at least the previous 12 months. Recommendations of the adult selection committee, with the approval of the Scout executive, serving as Supreme Chief of the Fire, will be candidates for induction, provided all conditions are fulfilled.

Please print clearly and complete all of the information requested.

Nominee Information		
Last Name:	First Name:	M.I.:
Address:		Appt #:
City:	State:	ZIP Code:
Phone:	Position:	Date of Birth:
Years As Adult:	Years as Youth/Rank Attained:	Age:
Email Address:	Camping Requirement:	
Training Completed:	Community Activities:	

The camping requirement set forth for youth candidates must be fulfilled by adults for them to be considered. To be eligible, the adult must have completed 15 days and nights of Boy Scout camping during the two-year period prior to nomination. The 15 days and nights must include one, but no more than one, long-term camp consisting of six consecutive days and five nights of resident camping, approved and under the auspices and standards of the BSA. The balance must be overnight, weekend, or other short-term camps. Include above the dates and location of the resident camping experience.

Please also make a brief statement regarding the individual for each item on the back of this page.

Unit Recommendation: The adult leader, who fulfills the above requirements, is recommended for membership consideration in the Order of the Arrow. **Date:** ____/____/____

Unit Leader: _____
Print Name Signature

Committee Chairman: _____
Print Name Signature

-OR-

District/Council Recommendation: The adult leader, who fulfills the above requirements, is recommended for membership consideration in the Order of the Arrow. **Date:** ____/____/____

Nominator: _____
Print Name Signature

ORDER OF THE ARROW ADULT CANDIDATE NOMINATION FORM, CONTINUED.

1. Selection of the adult is based upon the ability to perform the necessary functions and not for recognition of service, including current or prior achievement and position. The individual's abilities include:

2. As Scouting's National Honor Society, our purpose is to:

- Recognize those who best exemplify the Scout Oath and Law in their daily lives and through that recognition cause others to conduct themselves in a way that warrants similar recognition.
- Promote camping, responsible outdoor adventure, and environmental stewardship as essential components of every Scout's experience, in the unit, year-round, and in summer camp.
- Develop leaders with the willingness, character, spirit and ability to advance the activities of their units, our Brotherhood, Scouting, and ultimately our nation.
- Crystallize the Scout habit of helpfulness into a life purpose of leadership in cheerful service to others.

This adult will be an asset to the Order of the Arrow due to demonstrated skills and abilities, which fulfill the purpose of the Order of the Arrow, in the following manner:

3. This adult leader's membership will provide a positive role model for the growth and development of the youth members of the lodge because:



CAMP HORNE



2017 Boy Scout Summer Resident Camp Campsite Request Form

Unit Information			
Troop:	District:	Council:	
Expected <u>Youth</u> Attendance:		Expected <u>Adult</u> Attendance:	Expected Total:

Please rank your session preferences from 1 (highest preference) to 3 (lowest preference). Each session has a maximum of 160 participants.

- ___ Session 1 (6/11/2017-6/17/2017)
- ___ Session 2 (6/18/2017-6/24/2017)
- ___ Session 3 (6/25/2017-7/1/2017)

Please rank your campsite preferences from 1 (highest preference) to 6 (lowest preference):

- | | |
|-------------------------|-------------------------|
| ___ Apache (max. 50) | ___ Dan Beard (max. 32) |
| ___ Cherokee (max. 38) | ___ Hopi (max. 40) |
| ___ Chickasaw (max. 50) | ___ Tuscarora (max. 50) |

Unit Leader Information		
Last Name:	First Name:	M.I.:
Address:		Appt #:
City:	State:	ZIP Code:
Primary Phone:	Best Time To Call:	
Secondary Phone:	Best Time To Call:	
Email Address:		

A deposit fee of \$50 is due with this reservation form.

This \$50 fee is not transferable to any other fees. In-council units may roll over their deposit year to year. Out-of-Council units must pay the deposit each year; however, the amount will be applied to the unit's final payment for the summer.

Mail to: Black Warrior Council PO Drawer 3088

Tuscaloosa, AL 35403

Troop Number: _____ Session: 1 2 3 Council: BWC or Other: _____



CAMP HORNE

2017 TROOP ROSTER & PAYMENT FORM 1

Camp Deposit (\$50 in-council \$75 out-of council)



	Scout's Name	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	SCOUT SUBTOTAL	

	Scouter's Name	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	SCOUTER SUBTOTAL	

SCOUT SUBTOTAL	
SCOUTER SUBTOTAL	
TOTAL PAYMENT	

This form and payment due:

March 15, 2017

Unit Leader Information
Name:
Phone:
Email Address:

Submit form and payment to: **Black Warrior Council**

PO Drawer 3088

Tuscaloosa, AL 35403

Troop Number: _____ Session: 1 2 3 Council: BWC or Other: _____



CAMP HORNE

2017 TROOP ROSTER & PAYMENT FORM 2

Camp Payment #2 (\$90)



	Scout's Name	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	SCOUT SUBTOTAL	

	Scouter's Name	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	SCOUTER SUBTOTAL	

SCOUT SUBTOTAL	
SCOUTER SUBTOTAL	
TOTAL PAYMENT	

This form and payment due:

April 15, 2017

Unit Leader Information
Name: _____
Phone: _____
Email Address: _____

Submit form and payment to: **Black Warrior Council**

PO Drawer 3088

Tuscaloosa, AL 35403

Troop Number: _____ Session: 1 2 3 Council: BWC or Other: _____



CAMP HORNE

2017 TROOP ROSTER & PAYMENT FORM 3

Final Camp Payment (\$90)



	Scout's Name	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
	SCOUT SUBTOTAL	

	Scouter's Name	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	SCOUTER SUBTOTAL	

SCOUT SUBTOTAL	
SCOUTER SUBTOTAL	
TOTAL PAYMENT	

This form and final payment due:

May 15, 2017

Unit Leader Information
Name: _____
Phone: _____
Email Address: _____

Submit form and payment to: **Black Warrior Council**

PO Drawer 3088

Tuscaloosa, AL 35403

Troop Number: _____ Session: 1 2 3 Council: BWC or Other: _____



CAMP HORNE

2017 TROOP SWIM CLASSIFICATION RECORD

Follow **ALL** Guidelines Listed Below:



1. Every Scout and leader attending camp **MUST TAKE AN ANNUAL SWIM TEST** regardless of swimming proficiency or badges earned.
2. The requirements for swim test qualifications (For "Beginner" or "Swimmer") must be conducted exactly as stated below.
3. A currently certified BSA Lifeguard, Aquatics Instructor, YMCA Lifeguard, or Red Cross Lifeguard must conduct the swim tests. A copy of the instructor's certification (showing expiration date) must be provided.
4. **It must be understood that the Camp Horne Aquatics Director reserves the right to re-test any individual to assure that standards are met.**

Beginner's Test: Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to the starting place.

Swimmer's Test: Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breast stroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include one sharp turn. After completing the swim, rest by floating.

Scout's Name (Please Print)		Swim Classification (Please Initial)			Youth or Adult
1		LEARNER	BEGINNER	SWIMMER	
2		LEARNER	BEGINNER	SWIMMER	
3		LEARNER	BEGINNER	SWIMMER	
4		LEARNER	BEGINNER	SWIMMER	
5		LEARNER	BEGINNER	SWIMMER	
6		LEARNER	BEGINNER	SWIMMER	
7		LEARNER	BEGINNER	SWIMMER	
8		LEARNER	BEGINNER	SWIMMER	
9		LEARNER	BEGINNER	SWIMMER	
10		LEARNER	BEGINNER	SWIMMER	
11		LEARNER	BEGINNER	SWIMMER	
12		LEARNER	BEGINNER	SWIMMER	
13		LEARNER	BEGINNER	SWIMMER	
14		LEARNER	BEGINNER	SWIMMER	
15		LEARNER	BEGINNER	SWIMMER	

A COPY OF THE TESTER'S CURRENT CERTIFICATION MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED! NO EXCEPTIONS!

Person Conducting Test (Please Print)

Signature

Unit Leader's Name (Please Print)

Signature

RESIDENTS OF ALL COUNTIES EXCEPT WALKER COUNTY
Camp Horne Summer Camp – Boy Scout Summer Resident Camp 2017

Applicant Information					
Last Name:			First Name:		M.I.:
Address:					Appt #:
City:		County:	State:		ZIP Code:
Troop:	District: (circle) River Mountain Prairie		School:		Date of Birth:
Parent's Name:			Emergency Phone:		
Email Address:			Annual Household Income:		

Camperships are ONLY for registered Scouts and will be allotted under the direction of a volunteer committee and the Council Program Coordinator, to families who need the help. A Scout can attend only one week of summer resident camp with a campership.

Campership funds are provided by the Harry E. Bovay, Jr Foundation and other gifts made by Friends of Scouting.

SCOUT OBLIGATION

Prior to submission of application, carry out a Service Project for a Church, the community, an elderly person, a sick person, handicapped person, the unit's charter organization or a Black Warrior Council camp to earn the campership. Send report of service with the application.

PARENT OBLIGATION

- Pay reservation deposit fee (non-refundable). Reservation fee must be paid before March 15, 2017.
- Register the boy in the troop through which he is applying for the campership.
- Obtain a medical examination by a physician before the boy attends camp and have the BSA Health and Medical Record parts A, B, and C filled out, including shot record, and signed. Please send a copy of these forms.
- Provide spending money.
- Provide personal equipment. (See Scoutmaster for list of supplies needed.)
- Pay \$ 115.00 toward the total camp fee of \$230.00 if payment schedule is followed and fee paid in full by May 15, 2017. The total fee increases to \$250.00 if payment schedule is not followed. After May 15, 2017 a \$25 late fee will be added. No more than \$115.00 will be provided for a campership.

COUNCIL AND CAMP RESPONSIBILITY

1. Provide tents and health service at camp
2. Camp provides 3 meals each day in the dining hall
3. Camp provides opportunities for swimming, Scout activities, rifle range, archery, hiking, and campfires
4. Provide a campership in the amount not to exceed \$ 115.00 Amount requesting \$ _____

I (We) have read the above requirements for the campership and agree to the provisions.

Date _____ Signature _____ Signature _____
(Parent or guardian) (Scoutmaster)

Signature_____

(District Executive)

Signature_____

(Chairman of Campership Committee)

All camperships must be submitted, approved and received at the Council office by APRIL 15, 2017.

All signatures required for application to be considered.

CAMP RESERVATION INFORMATION (You MUST check camp and circle week you are attending.)

CAMP: Camp Horne Summer Camp 2017 Session 1 2 3

LEE SMITH ADVISED FUND CAMBERSHIP

WALKER COUNTY RESIDENTS ONLY

Camp Horne Summer Camp – Boy Scout Summer Resident Camp 2017

Applicant Information				
Last Name:		First Name:		M.I.:
Address:				Appt #:
City:		County:	State:	ZIP Code:
Troop:	District: (circle) River Mountain Prairie	School:		Date of Birth:
Parent's Name:			Emergency Phone:	
Email Address:			Annual Household Income:	

Camperships are ONLY for registered Scouts and will be allotted under the direction of a volunteer committee and the Council Program Coordinator, to families who need the help. A Scout can attend only one week of summer resident camp with a campership.

Campership funds are provided by the Lee Smith Advised Fund, Walker County Community Foundation and other gifts made by Friends of Scouting.

SCOUT OBLIGATION

Prior to submission of application, carry out a Service Project for a Church, the community, an elderly person, a sick person, handicapped person, the unit's charter organization or a Black Warrior Council camp to earn the campership. Send report of service with the application.

PARENT OBLIGATION

- Pay reservation deposit fee (non-refundable). Reservation fee must be paid before March 15, 2017.
- Register the boy in the troop through which he is applying for the campership.
- Obtain a medical examination by a physician before the boy attends camp and have the BSA Health and Medical Record parts A, B, and C filled out, including shot record, and signed. Please send a copy of these forms.
- Provide spending money.
- Provide personal equipment. (See Scoutmaster for list of supplies needed.)
- Pay \$ 115.00 toward the total camp fee of \$230.00 if payment schedule is followed and fee paid in full by May 15, 2017. The total fee increases to \$250.00 if payment schedule is not followed. After May 15, 2017 a \$25 late fee will be added. No more than \$115.00 will be provided for a campership.

COUNCIL AND CAMP RESPONSIBILITY

1. Provide tents and health service at camp
2. Camp provides 3 meals each day in the dining hall
3. Camp provides opportunities for swimming, Scout activities, rifle range, archery, hiking, and campfires
4. Provide a campership in the amount not to exceed \$ 115.00 Amount requesting \$ _____

I (We) have read the above requirements for the campership and agree to the provisions.

Date _____ Signature _____
(Parent or guardian)

Signature _____
(Scoutmaster)

Signature _____
(District Executive)

Signature _____
(Chairman of Campership Committee)

All camperships must be submitted, approved and received at the Council office by APRIL 15, 2017.

All signatures required for application to be considered.

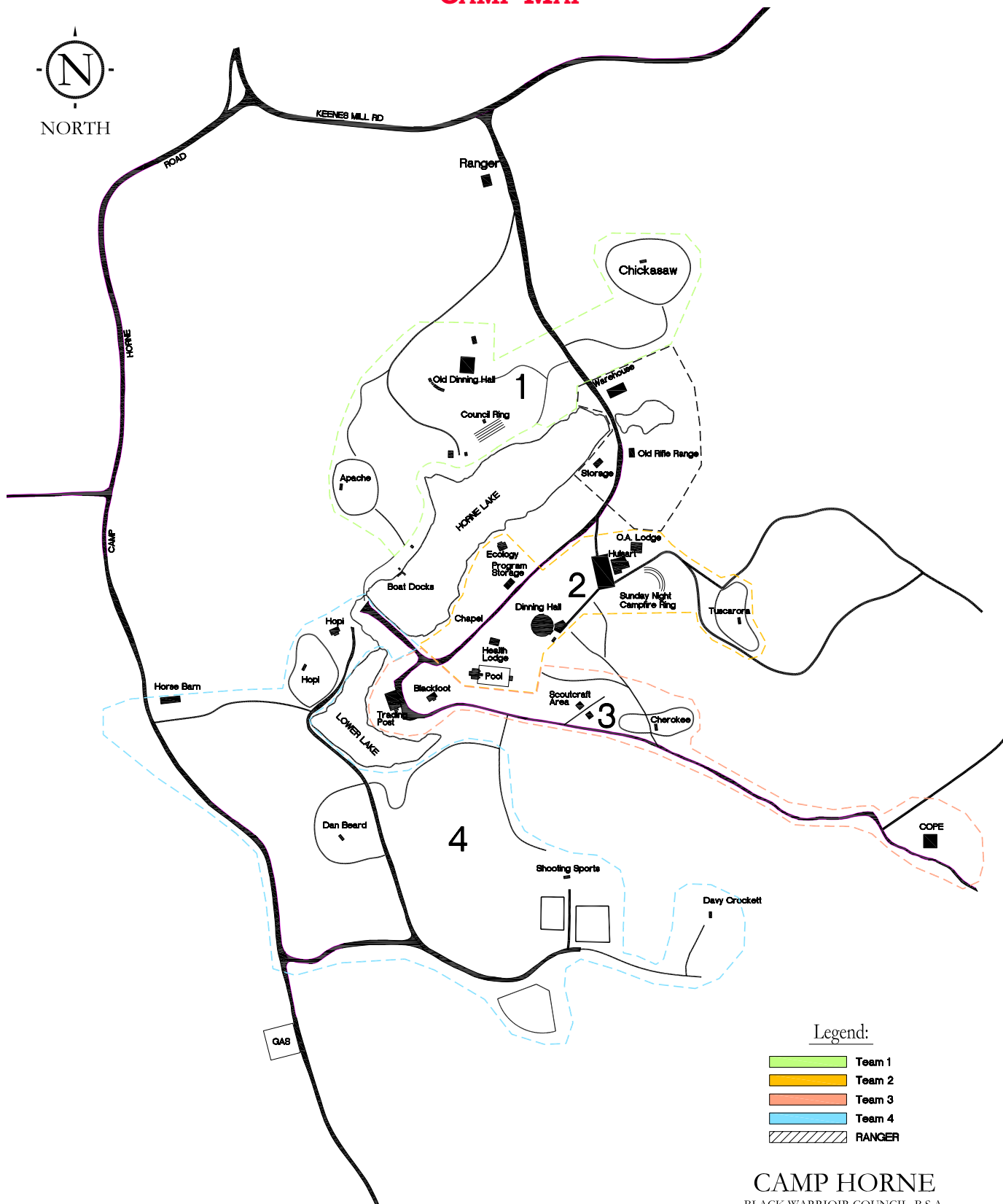
CAMP RESERVATION INFORMATION (You MUST check camp and circle week you are attending.)

CAMP: Camp Horne Summer Camp 2017 Session 1 2 3

CAMP MAP



NORTH



Legend:

- Team 1
- Team 2
- Team 3
- Team 4
- RANGER

CAMP HORNE
BLACK WARRIOR COUNCIL, B.S.A.



PART A - Page 1

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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

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

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 that authorized representative, the right and permission to use and publish the photographs/video/audio/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/video/audio/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continuously 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 further authorize the sharing of this 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.

I understand that, if any information I 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, or the Summit Institute, I have also read and understand the supplemental risk advisories, including weight and weight equipment 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's 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, the parent/guardian's signature is required.

Participant's signature: _____

Parent/guardian signature for youth: _____ (If participant is under the age of 18)

Second parent/guardian signature for youth: _____ (If required, for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Telephone: _____

Prepared. For Life.® BSA 001 2014 Printing

PART B - Page 1

Part B: General Information/Health History

Full name: _____
DOB: _____

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

Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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

Health/accident insurance company: _____ Policy No.: _____

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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<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 (myocardial infarction) coronary artery disease. Any heart surgery or procedure. Explain if "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	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"/>	Ears/nose/throat problems	
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Allergic diseases	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Endocrine/hormonal 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	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"/>	Excessive fatigue	
<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	

Prepared. For Life.® BSA 001 2014 Printing

Include insurance information and attach a copy of the participant's insurance card.

PART B - Page 2

Part B: General Information/Health History

Full name: _____
DOB: _____

Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<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 INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason
------------	------	-----------	--------

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

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

Immunization

The following immunizations are recommended by the BSA. Immunization is required. Check the disease column and list the date. If immunized, check yes and provide the year.

Yes	No	Disease	Immunization
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<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 (e.g., HIV)	
<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Reason: _____

Approved by: _____

Date: _____

Prepared. For Life.® BSA 001 2014 Printing

List all allergies, and medications taken here.

Even if you don't have any prescription medication, you must check "yes" to authorize use of non-prescription medication.

Parent and physician must sign to authorize medication.

Even if you don't have any prescription medication, you must sign to authorize use of non-prescription medication.

PART C - Page 1

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD).

Full name: _____
DOB: _____

You are being asked to certify that this individual has no contraindications for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to supplemental information on the following pages or the form provided by your patient.

Examiner: Please fill in the following information:

Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medical restrictions to participate

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ Pulse: _____

Normal	Abnormal	Explain Abnormalities
--------	----------	-----------------------

Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
------	--------------------------	--------------------------	--

Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
------------------	--------------------------	--------------------------	--

Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
-------	--------------------------	--------------------------	--

Heart	<input type="checkbox"/>	<input type="checkbox"/>	
-------	--------------------------	--------------------------	--

Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
---------	--------------------------	--------------------------	--

Genitals/Hernia	<input type="checkbox"/>	<input type="checkbox"/>	
-----------------	--------------------------	--------------------------	--

Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
-----------------	--------------------------	--------------------------	--

Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
--------------	--------------------------	--------------------------	--

Other	<input type="checkbox"/>	<input type="checkbox"/>	
-------	--------------------------	--------------------------	--

Examiner's Certification
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):

☐ Has no uncontrolled psychiatric diseases.

☐ Has had no seizures in the last 12 months.

☐ Does not have poorly controlled diabetes.

☐ If less than 18 years of age, is not planning to scuba dive, does not have diabetes, asthma, or sickle cell disease. If high-adventure participant, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions
If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
-----------------	-------------	-----------------	-------------	-----------------	-------------	-----------------	-------------

60	165	65	225	70	255	75	285
----	-----	----	-----	----	-----	----	-----

61	172	66	231	71	263	76	297
----	-----	----	-----	----	-----	----	-----

62	179	67	237	72	269	77	304
----	-----	----	-----	----	-----	----	-----

63	186	68	244	73	276	78	311
----	-----	----	-----	----	-----	----	-----

64	193	69	250	74	282	79 and over	325
----	-----	----	-----	----	-----	-------------	-----

Prepared. For Life.® BSA 001 2014 Printing

Health care professional completes this page.

Health care professional must sign here.

Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting <http://www.scouting.org/HealthandSafety/ahmr.aspx>.

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

All Scouting Events. All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

Part A is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

Part B is general information and a health history.

Going to Camp? A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

Part C is your pre-participation physical certification.

Planning a High-Adventure Trip? Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

Prescription Medication. Taking prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

Risk Factors. Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting http://www.scouting.org/HealthandSafety/risk_factors.aspx

Questions?

Q. Why does the BSA require all participants to have an Annual Health and Medical Record?

A. The AHMR serves many purposes. Completing a health history promotes health awareness, collects necessary data, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors have led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required the use of standardized health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, this Annual Health and Medical Record also serves as a tool that enables councils to operate day and resident camps and adhere to state and BSA requirements. The Boy Scouts of America Annual Health and Medical Record provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at www.scouting.org/HealthandSafety/Resources/MedicalFormFAQs.aspx.

Download a free QR reader for your smartphone at scan.mobi.



Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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



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



List participant restrictions, if any: _____

☐ None

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

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

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Prepared. For Life.®

680-001
2014 Printing

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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



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



List participant restrictions, if any: _____

☐ None

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

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

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Prepared. For Life.®

680-001
2014 Printing

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

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

Unit leader: _____ Mobile phone: _____

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

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



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



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



Prepared. For Life.®

680-001
2014 Printing

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="radio"/>	<input type="radio"/>	Medication		<input type="radio"/>	<input type="radio"/>	Plants	
<input type="radio"/>	<input type="radio"/>	Food		<input type="radio"/>	<input type="radio"/>	Insect bites/stings	

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

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by: _____

Parent/guardian signature

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



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



Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Tetanus	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Pertussis	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Diphtheria	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Polio	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Chicken Pox	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Hepatitis A	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Hepatitis B	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Meningitis	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Influenza	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Other (i.e., HIB)	
<input type="radio"/>	<input type="radio"/>	<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: _____



Prepared. For Life.®

680-001
2014 Printing

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.



Examiner: Please fill in the following information:

		Yes	No	Explain	
Medical restrictions to participate		<input type="radio"/>	<input type="radio"/>		

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="radio"/>	<input type="radio"/>	Medication		<input type="radio"/>	<input type="radio"/>	Plants	
<input type="radio"/>	<input type="radio"/>	Food		<input type="radio"/>	<input type="radio"/>	Insect bites/stings	

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="radio"/>	<input type="radio"/>	
Ears/nose/throat	<input type="radio"/>	<input type="radio"/>	
Lungs	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	
Abdomen	<input type="radio"/>	<input type="radio"/>	
Genitalia/hernia	<input type="radio"/>	<input type="radio"/>	
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	
Neurological	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	

Examiner's Certification

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):

True	False	Explain
<input type="radio"/>	<input type="radio"/>	Meets height/weight requirements.
<input type="radio"/>	<input type="radio"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="radio"/>	<input type="radio"/>	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.
<input type="radio"/>	<input type="radio"/>	Has no uncontrolled psychiatric disorders.
<input type="radio"/>	<input type="radio"/>	Has had no seizures in the last year.
<input type="radio"/>	<input type="radio"/>	Does not have poorly controlled diabetes.
<input type="radio"/>	<input type="radio"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="radio"/>	<input type="radio"/>	For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



Prepared. For Life.®

680-001
2014 Printing