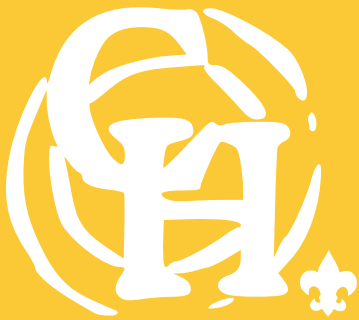




2020 Information & Planning Guide



CAMP HORNE

33° 11' 12" N, 87° 23' 47" W



Prepared. For Life.®

Thank you for allowing Camp Horne to help you build your Scouting legacy! Scout or Volunteer, youth or adult, we look forward to offering you a fantastic program this summer. The goal of our staff, and program is to provide you with the tools, experiences, and opportunities to to better the world, each and every day.

Ultimately, through the Cub Scout program, we are taught the skills of leadership; we are given the chance to become good role models for others. We learn to have and share a vision; to create a goal to we want to accomplish. We are encouraged to think of others above ourselves and to be aware of the effects our words and actions have on those around us. We are inspired to give back and serve others as they do their best to accomplish their goals. It is through that reciprocation of Scouting spirit that we all receive the best rewards. As Scouts, our simple acts of kindness and service to others allow us to show the world our passions; we continue a movement that began long before any of us were born, a movement of the greater good.

We spend quite a bit of our Scouting lives learning how to 'Leave No Trace' on our camping trips. We take extra care to ensure that we leave as insignificant an impact as possible and let others enjoy the unspoiled outdoors. But, you all know that no matter how hard we try, we do leave a trace – a footprint, some matted down grass, a broken twig. When camping, we concentrate on the 'physical' traces we leave behind, but we cannot ignore the 'non-physical' impacts either. Every day, we are leaving impressions in our wake, both positive and negative. Everywhere you go, everyone you meet, and everything you do leaves a trace that you were here—you leave your legacy! Both in what you do, and what you choose not to do, you will **always** leave a trace.

This summer, we will strive to do our part to assist you in becoming your best. We will celebrate your successes and encourage you when you stumble. We will work together to accomplish remarkable things. As a team, we will help each other create a vision to leave this world better than we found it.

Hayes S. Looney | Camp Director, Camp Horne

BOY SCOUTS OF AMERICA
Black Warrior Council

Leroy McAbee Scout Service Center
2700 Jack Warner Parkway NE | P.O. Drawer 3088
Tuscaloosa, Alabama 35403
P (205) 554-1680 | C (205) 310-2590
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CAMP HORNE 2020

Important Information at a Glance

Dates:

Session 1: June 3–6

Fees (please see page 1 for additional information):

\$150 in-council

\$175 out-of-council

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

Important Dates (please see page 1 for additional information):

January 13, 2020: Online Campsite Reservations Open

March 15, 2020: Early Payment Discount Deadline (\$130 in-council; \$155 out-of-council)

May 15, 2020: Final Payment Due

A Fee of \$25 will be applied to any registrations after May 15, 2020

Campership Applications Due March 15, 2020

All adults staying in camp must have current BSA Youth Protection Training.

All participants must have up to date Health and Medical Record parts A and B.

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 Registrar and Technical Support

Online Registration System:

bwarrior.tentaroo.com

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General Information

Camp Horne has housed Scouting programs since it opened in 1924. Major program features are along the shorelines 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. 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. We are accredited through the BSA's National Camp Accreditation program and have received an authorization to operate for 2017-2022.

INDIVIDUAL FEES

Cub Scout Resident Camp fees for the 2020 season are:

	Youth Participant Fee
In-council Scouts	\$150
Out-of-council Scouts	\$175

Packs are billed per registration. To encourage early payment, the Black Warrior Council offers a \$20 discount for each participant fee that is paid in full by **March 15, 2020**. The Black Warrior Council does not track individual payments; rather, we process unit payments. This allows us to maximize the discount extended to the unit. While we do not manage individual accounts, units are encouraged to set up their own internal system for collecting payments from individuals in the unit. When units make payments, they will be asked to complete the appropriate **Unit Roster and Payment Form** and submit that to the Black Warrior Council office along with the payment.

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

The fee for leaders exceeding this ratio is \$45 each for both in-council and out-of-council units.

Payment for all adult leaders exceeding the 1:6 ratio is due **May 15, 2020**.

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

Final payment is due May 15, 2020. Any late registrations or payments will be charged a \$25 fee per participant.

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 Hayes Looney, Council Program Director.

We will offer family registrations during summer 2020. This means that non-registered siblings of Scouts will be allowed to attend camp as long as a parent is present. Registered Scouts may still attend without a parent present as long as the appropriate ratio is met. Space is limited and registered Scouts will receive first priority for registration.

REQUIRED ADULT LEADERSHIP RATIO FOR CUB SCOUTS

The minimum leadership requirements for any Cub Scout unit attending resident camp is a ratio of two adults to a maximum of eight Scouts and one additional adult for each four Scouts (or part thereof).

Scouts	Min. Leaders	Scouts	Min. Leaders	Scouts	Min. Leaders
1-8	2	17-20	5	29-32	8
9-12	3	21-24	6	33-36	9
13-16	4	25-28	7	37-40	10

CAMPSITE RESERVATION AND FEE

The campsite reservation fee is \$50 per unit and must be paid in advance for your unit to secure your campsite. To reserve your campsite, please use our online registration at bwarrior.tentaroo.com. Campsite registrations will be accepted starting January 13, 2020 at 5:00pm Central. 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

If a cancellation is made prior to May 15, 2020 by the unit leader, participant fees may be partially refunded. Refunds will be issued to the unit. If a refund is given, a cancellation fee of \$50 will be retained. As most supplies are ordered based on pre-registration numbers, this fee helps us keep costs low. The unit leader will need to submit a written request if the cancellation is made between May 15 and May 31. After June 1, 2020, 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, 2020, 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 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 **March 15, 2020.**

Applicants will be notified by March 30, 2020.



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 and B completed (Part C is recommended but not required). 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.

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 units must provide proof of accident and sickness insurance upon arrival. Questions may be directed to Hayes Looney, Council Program Director 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 | • Seizures | • Allergies/anaphylaxis |
| • Heart disease | • Lack of immunizations | • Muscular/skeletal injuries |
| • High blood pressure | • Asthma | • Psychiatric/psychological/emotional difficulties |
| • Diabetes | • Sleep disorders | |

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, 2020. 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 pack in campsite and records tent number and condition of utilized tents.
2. Entire unit (adults and youth alike) is led to Hulsart 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. Unit Leadership Roster and Unit Roster.
2. Swim check forms (if swim check is performed before camp, but within the calendar year)
3. Youth Protection Certificates or other proof of training (copies) for all adults staying in camp
4. Any other applicable certificates including CPR, Safety Afloat, Safe Swim Defense, etc.
5. BSA Health and Medical form Parts A and B for anyone staying at camp
6. Proof of insurance for out-of-council units
7. Check Out Form for each Scout
8. Shared Full Time Leader Days and Part Time Leader Days forms

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 A8)**:

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, they must be listed on the Scout's Check Out Form (page A7).
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 the final morning of their session. 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. Supervise your pack at all times. Adult leaders are responsible for their Pack's welfare and should make every effort to assure their physical and emotional health. Adult leaders are also responsible for the behavior of their Scouts. Please help the staff to focus on the program by watching your Scouts and being available to deal with discipline issues should they develop.
2. **Be Prepared.** Be sure that all attending camp has 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 does not cooperate with camp programming.
3. **Understand the program and guide the pack through the activities.** Be on time and accomplish tasks in an enjoyable manner. In guiding your Scouts remember that Cub and Webelos Resident Camps are not a military institution. Lead, do not command.
4. **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.
5. **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.
6. **Allow the staff to do their job while working with your dens.** 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.
7. **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.
8. **Be aware of medical needs.** The staff will also be aware. This information should NOT be shared with everyone.
9. **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. Ideally besides two leaders, each pack should have one adult per 5 Scouts. Adults in attendance at camp with the pack are responsible for:

- Maintaining order and discipline within the pack
- Ensuring the cleanliness of their campsite during their stay and before departure,
- Remember, Scouts practice Leave No Trace!
- Ensuring all campers wash their hands prior to every meal or use sanitizing gel
- 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. It is preferred that these be submitted with the **Unit Roster and Payment Form**. Every unit must adhere to two-deep leadership while at camp. You will also need to submit the **Unit Leadership Roster and Pack Roster** upon arrival. This will allow us to best communicate with the leaders from your unit present in camp at a given time.

WATER RELATED ACTIVITY GUIDELINES

The BSA standards for resident camps state that the ratio of Lifeguards to Cub Scouts is 1:5. 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 trampoline, slide or in a canoe. The rules for Cubs and Webelos riding in a canoe are also included in the standards such that each person in the canoe must have passed the BSA swim test as a swimmer; one person is the Cub or Webelos and the other is an adult. If you have any questions or concerns regarding these standards, please contact the Camp Director or the Aquatics Director.

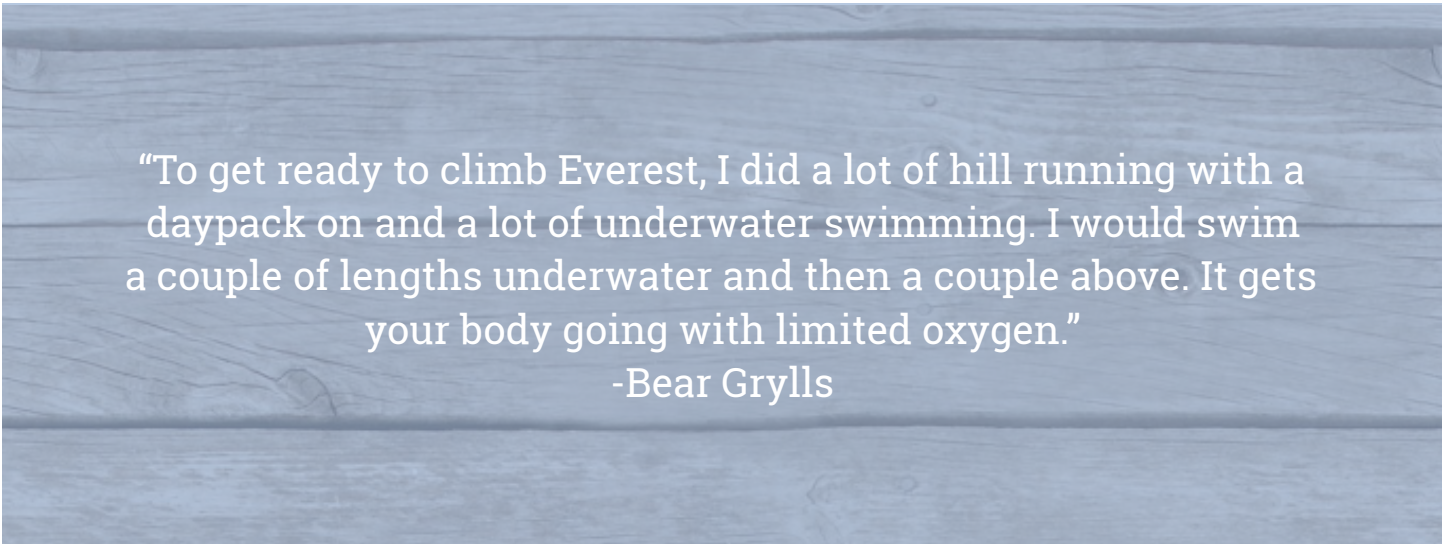
Boating Rules

1. Non-swimmers and beginners may be in row boat that has swimmer adult.
2. Only **swimmers** are allowed in canoes. No adults are needed to use canoes.
3. Cubs and Webelos are **NOT** allowed to use kayaks, paddleboards, funyaks, sailboats, etc.
4. Scouts BSA rules apply to parents/leaders for boating.

Lifeguard Quotas

To ensure the safety of your Scouts, the Boy Scouts of America has established a 1:5 lifeguard to Cub Scout ratio. This can be seen in the table below. Once aquatics areas reach their maximum capacity based on the number of lifeguards present, Scouts may be turned away or asked to wait. This is for their safety. For further information regarding the lifeguard ratio, please see the table below.

Scouts	Lifeguards	Scouts	Lifeguards	Scouts	Lifeguards
1-10	2	25-29	6	45-49	10
11-14	3	30-34	7	50-54	11
15-19	4	35-39	8	55-59	12
20-24	5	40-44	9	60-64	13



“To get ready to climb Everest, I did a lot of hill running with a daypack on and a lot of underwater swimming. I would swim a couple of lengths underwater and then a couple above. It gets your body going with limited oxygen.”

-Bear Grylls

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.

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. Mail to camp may be addressed as follows:

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

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.

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, P 410

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. Cots are provided for tents; however, mattresses are **not** provided for adirondaks.

COMMISSIONER'S SERVICE

The Camp Commissioner is the concierge for your campsite. The Commissioner 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.

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.

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. One 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. In case of need, the chaplain can be available for counseling or other services. 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.

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.3-4).



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 is not permitted
- Youth are only permitted to tent with other youth or their own parent/guardian
- All adults staying in camp must provide 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. Service animals must have identification.

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 check-in. Visitors should remain with the Pack 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 participants. Children of leaders and brothers and sisters of Scouts are welcome but must either register as participants and pay the full cost. For non-Scout siblings to attend, they must be accompanied by a parent at all times. If a child or sibling is not registered, they must adhere to normal visiting hours and will not be allowed to participate in programs.

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: \$5.00

Lunch: \$6.00

Supper: \$7.00

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 Whitlin' 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 valuables to camp as they may be lost or damaged.

BB GUNS, AMMUNITIONS, AND ARCHERY SUPPLIES

Camp Horne is fully equipped to handle your Scouts' need for BB guns 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.** Anyone found in possession of a personal firearm or ammunition, will be asked to leave the property and will forfeit the remainder of their time at camp. The Scout Executive will be notified and additional action may be taken by him at any future date.

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. 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. **ATVs and UTVs can only be used by camp maintenance staff.**

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 venomous. 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.

TICK BOURNE AND MOSQUITO DISEASES AND PREVENTION

Lyme disease, Rocky Mountain Spotted Fever, etc. are carried by ticks. West Nile, Zika, etc. are carried by mosquitoes. There are ticks and mosquitoes 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.

DAMAGE CHARGES

As we continue to invest in our facilities, we want to thank all the volunteers and donors who have enabled us to add eighteen (18) new tents and forty (40) new Adirondack-style cabins. During check-in a member of our staff will review the campsite condition with the unit leader using the rubric below. Before checking out, a staff member will inspect the condition of the campsite with the unit leader. If damages occur during your stay, your unit may be held accountable for the cost of facility/equipment repairs or replacement. Accidents occur; the fines below are for non-accidental damages. Intentional actions or clear misuse are cause for fines. The equipment at Camp Horne belongs to everyone who uses the facility. We want to ensure that equipment and facilities remain usable for the entire lifetime of the item.

Damage Category	Amount
Cot	\$65-85
Tent Repair	\$50 minimum TBD by Camp Director
Tent Platform Repair	\$25-500 TBD by Camp Director
Tent Replacement	\$775
Tent Frame	\$125
Canvas Canopy	\$240
Picnic Tables	\$20-\$180 TBD by Camp Director
Adirondacks or other buildings	Specific assessment required
Damage to trees	\$20 minimum TBD by Camp Director
Improper disposal of trash or litter	\$10 minimum TBD by Camp Director
Other damages	Specific assessment required
Canoe Repair	\$100 minimum TBD by Camp Director
Canoe Replacement	\$1500
Paddle Replacement	\$50
Kayak Repair	\$50 minimum TBD by Camp Director
Kayak Replacement	\$500
PFD Replacement	\$75
Dining Hall Table Replacement	\$245
Carving or graffiti	\$5 per inch

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

TIME	ACTIVITY	LOCATION
Day One		
2:15 p.m. - 5:30 p.m.	Arrival and Check-In	
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	
Days Two and Three		
7:30 a.m.	Reveille	
7:45 a.m.	Waiters Report to the Dining Hall	
8:00 a.m.	Flag Ceremony	Parade Field
8:05 a.m.	Breakfast	Dining Hall
8:30 a.m. - 11:15 a.m.	Planned Morning Programming	Various
11:15 p.m.	Waiters Report to the Dining Hall	
12:00 p.m.	Lunch	Dining Hall
1:00 p.m. - 2:00 p.m.	Rest Time	
2:15 p.m. - 5:30 p.m.	Planned Afternoon Programming	Various
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	
Day Four		
8:00 a.m.	Flag Ceremony	Parade Field
8:05 a.m.	Breakfast	Dining Hall
8:30 a.m. - 10:15 a.m.	Planned Morning Programming	Various
10:30 a.m.	Dismissal	

**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, including youth and adults to have a spectacular camp experience in a safe environment. Under the supervision of our trained staff, Cubmasters, adult leaders, and adult volunteers, Cub and Webelos Scouts will have the opportunity to work toward rank advancement, belt loops, Webelos activity awards, Scout skills, and special camping awards. Through our program we aim to address the Scout Oath and Law while giving Cub Scouts memories to cherish for life.

CUB SCOUT RESIDENT CAMP PROGRAM

Themed programming allows Scouts to experience the Cub Scout outdoor and advancement programs in an exciting and different way each year they attend camp. Programming will be developed in an innovative and immersive way that teaches advancement oriented skills to our Scouts as they work together on a quest. Every activity will engage directly in the story line related to our theme. Thematic activities will reinforce the the values of the Scout Oath and Scout Law.

WEBELOS RESIDENT CAMP PROGRAM

Webelos programming will be oriented toward the completion of the Webelos rank. Scouts working toward their Arrow of Light will enjoy activities, including an exciting overnight stay, which help them in their transition to Scouts BSA. Both Webelos programs will also include thematic elements from the quest which frames the Cub Scout thematic programming.

CAMP HORNE 2020 SUMMER CAMP 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. Additional items for the 95th Anniversary celebration will be made available by pre-order.



Parent's Page and Checklists:

PARENT'S PAGE

What to expect: Scouts attending camp will be sleeping in wall tents that are on raised platforms or three sided wood adirondacks. Each tent holds two people and will have cots for campers to sleep on. Adirondacks hold four campers each and accommodate air mattresses (not provided). Through the session, Scouts will rotate through a variety of program areas around camp including: swimming, canoeing, archery, BB guns, ecology, and advancement areas. Second year Webelos Scouts will also rotate through the many program areas and activities that will help them as they transition from Cub Scouts to Scouts BSA in the upcoming months.

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 Whittin' Chip are allowed to carry a pocket knife, **IF** they carry their Whittin' 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 expensive items such as MP3 players, tablets, electronic games, cell phones, and other electronic devices not be brought to camp. Please talk to your Cubmaster to find out how this will be handled for your Pack.

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

A Few Helpful 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 \$50-70 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 taste, well, plain. It can be a good idea to pack some water flavoring.
- 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 Cub Scout or Webelos uniform
- T-Shirts, shorts, pants socks, underwear, hat, sweater or jacket (it may be summer in AL but it can get cool at night) (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)
- Sealable water bottle (Disposable cups will not be available)
- Watch
- Washcloth, towel
- Toiletries (soap, shampoo, toothpaste, etc.)
- Flashlight with new batteries
- Sleeping bag or sheets and blanket and a pillow
- Pocket knife and Whittlin' Chip (if applicable)
- Footlocker, suitcase or backpack
- Spending money
- Sunscreen and Bug Repellent
- Bug spray
- Mattress for adirondacks
- Completed Health and Medical Form A,B 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.** Medicines requiring refrigeration may be stored in the Health Lodge medical refrigerator.)

Unit Equipment Checklist

- Pack flag
- Den flag(s) (if applicable)
- First aid kit(s)
- Quiet games
- Lanterns and gas
- Rope
- Extra plastic/tarps
- Propane bottle (for heating showers)
- Tarps (recommended for tents)
- Paper and pens/pencils
- Shared Part Time and Full Time Adult Rosters
- 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

Optional Gear

- Compass
- Sunglasses
- Camera
- Musical instrument
- Twine or rope
- Shower shoes
- Fishing gear
- Religious book
- Hammock
- Camp chairs

What NOT to Bring

- Pets
- Electrical equipment
- Expensive items
- Sheath knives
- Sandals or other open toed shoes (other than shower shoes)
- Fireworks
- Satellite Dish
- Firearms and ammunition
- Bows and arrows
- Tobacco, alcohol, illegal drugs

Appendices

LATRINE AND WAITER DUTY ROTATION ROSTER

Day One

Dinner	
Head Waiter	
Assistant Waiter	

Day Two

Pick Up Trash	Rinse Sink	Sweep Floors	Rinse Floors
Breakfast		Lunch	Dinner
Head Waiter			
Assistant Waiter			

Day Three

Pick Up Trash	Rinse Sink	Sweep Floors	Rinse Floors
Breakfast		Lunch	Dinner
Head Waiter			
Assistant Waiter			

Day Four

Breakfast		Lunch	Dinner
Head Waiter			
Assistant Waiter			

Pack Number: _____

Session: 1

Council: BWC or Other: _____



CAMP HORNE

2020 IN-COUNCIL UNIT ROSTER AND PAYMENT FORM

Please use a separate sheet for every fifteen (15) Scouts or ten (10) Scouters.



Unit Leader Information

Name:

Phone:

Email Address:

	Names of Scouts Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

	Names of Scouters Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

FOR OFFICE USE ONLY, PLEASE LEAVE THIS AREA BLANK

EARLY SCOUT REGISTRATION		X \$130	\$
STANDARD SCOUT REGISTRATION		X \$150	\$
TOTAL SCOUTS REGISTERED			
TOTAL SCOUTERS REGISTERED		X \$45	\$
TOTAL FREE SCOUTERS		X -\$45	-\$
TOTAL PARTICIPANTS REGISTERED			
TOTAL LATE FEES CHARGED		X \$25	\$
AMOUNT BILLED AS OF ___/___/20			\$
TOTAL UNIT CAMPERSHIP AWARD			-\$
AMOUNT PAID PRIOR TO 3/15/20			-\$
AMOUNT PAID AFTER 3/15/20			-\$
AMOUNT OWED AS OF ___/___/20			\$

NOTES:

Submit form and payments to:

Black Warrior Council
PO Drawer 3088
Tuscaloosa, AL 35403

Pack Number: _____

Session: 1

Council: BWC or Other: _____



CAMP HORNE

2020 OUT-OF-COUNCIL UNIT ROSTER AND PAYMENT FORM

Please use a separate sheet for every fifteen (15) Scouts or ten (10) Scouters.



Unit Leader Information

Name:

Phone:

Email Address:

	Names of Scouts Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

	Names of Scouters Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

FOR OFFICE USE ONLY, PLEASE LEAVE THIS AREA BLANK

EARLY SCOUT REGISTRATION		X \$130	\$
STANDARD SCOUT REGISTRATION		X \$150	\$
TOTAL SCOUTS REGISTERED			
TOTAL SCOUTERS REGISTERED		X \$45	\$
TOTAL FREE SCOUTERS		X -\$45	-\$
TOTAL PARTICIPANTS REGISTERED			
TOTAL LATE FEES CHARGED		X \$25	\$
AMOUNT BILLED AS OF ____/____/20			\$
TOTAL UNIT CAMPERSHIP AWARD			-\$
AMOUNT PAID PRIOR TO 3/15/20			-\$
AMOUNT PAID AFTER 3/15/20			-\$
AMOUNT OWED AS OF ____/____/20			\$

NOTES:

Submit form and payments to:

Black Warrior Council
PO Drawer 3088
Tuscaloosa, AL 35403

Pack Number: _____

Session: 1

Council: BWC or Other: _____



CAMP HORNE

2020 CHECK OUT FORM



Scout's Name	Unit

I the parent/guardian of _____ do hereby give my consent and authorization for the following person(s) to check my child out from Camp Horne. I understand that no individual will be allowed to check my child out if they are not listed on this form.

Name	Relationship to Scout

Parent Guardian Signature:	Date:
----------------------------	-------

Pack Number: _____

Session: 1

Council: BWC or Other: _____



CAMP HORNE

2020 UNIT LEADERSHIP ROSTER



Please indicate the hours each day a Scouter is expected to be onsite.

	Scouter's Name	1	2	3	4	Phone #
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Pack Number: _____

Session: 1

Council: BWC or Other: _____



CAMP HORNE

2020 PACK 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

HARRY E. BOVAY, JR. FOUNDATION CAMBERSHIP
RESIDENTS OF ALL COUNTIES EXCEPT WALKER COUNTY
Camp Horne Summer Camp – Cub Scout and Webelos Summer Resident Camp 2020

Applicant Information				
Last Name:		First Name:		M.I.:
Address:				Appt #:
City:		County:	State:	ZIP Code:
Pack:	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 Director, 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

- Register the Scout in the pack through which they are applying for the campership.
- Obtain a medical examination by a physician before the Scout 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 \$ 65.00 toward the total camp fee of \$130.00 if fee paid in full by May 15, 2020.
No more than \$65.00 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 \$ 65.00 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 _____ Signature _____
(District Executive) (Chairman of Campership Committee)

All camperships must be submitted, approved and received at the Council office by MARCH 15, 2020.

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 2020 Session 1

**LEE SMITH ADVISED FUND CAMBERSHIP
WALKER COUNTY RESIDENTS ONLY**

Applicant Information					
Last Name:		First Name:			M.I.:
Address:					Appt #:
City:		County:	State:		ZIP Code:
Pack:	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 Director, 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

- Register the Scout in the Pack through which they are applying for the campership.
- Obtain a medical examination by a physician before the Scout 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 \$ 65.00 toward the total camp fee of \$130.00 if fee paid in full by May 15, 2020.
No more than \$65.00 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 \$ 65.00 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)

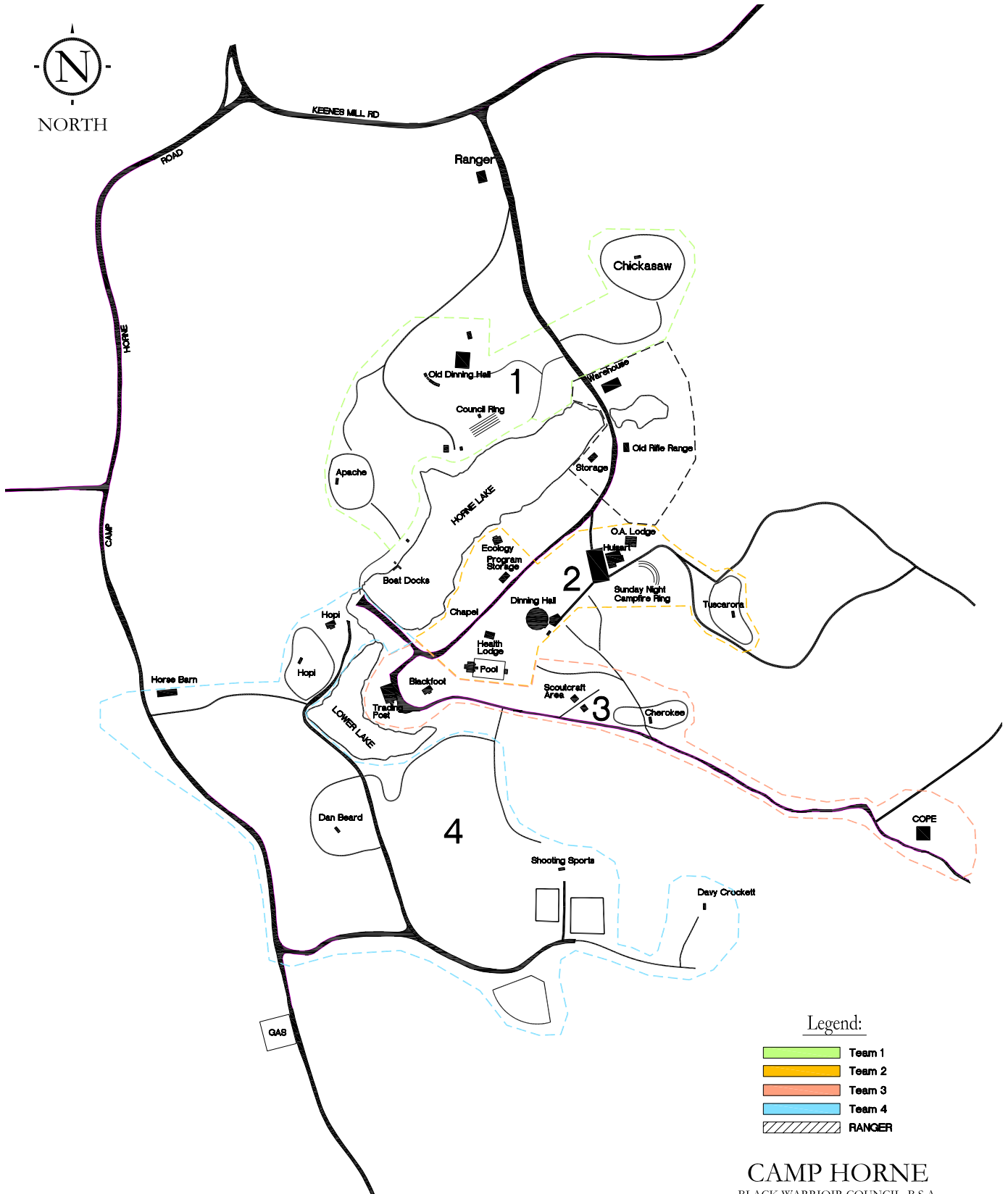
All camperships must be submitted, approved and received at the Council office by MARCH 15, 2020.

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 2020 Session 1

CAMP MAP



Legend:

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

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



PART A

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____ High-adventure base participants:
Date of birth: _____ Expeditioner No. _____
or visit position

Participant and parent/guardian (if under 18) must sign to acknowledge the informed consent and release on this page.

Any participation restrictions should be listed here.

NOTE: Due to the nature of the program, participants must be at least 18 years old to participate in high-adventure activities. If a participant is under 18, a parent or guardian must sign the form. If a participant is 18 or older, they must sign the form. If a participant is 18 or older and has a medical condition, they must also sign the form. If a participant is 18 or older and has a medical condition, they must also sign the form.

I understand that, if any information is provided to me, I may feel and/or eliminate the opportunity for participation in any event or activity. I am participating in this event or activity on my own behalf and I am not being coerced or influenced by anyone. I understand that the participant will not be allowed to participate in applicable high-adventure programs if these requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me on 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: _____

Complete this section for youth

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include:

Name: _____ Phone: _____
Name: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Phone: _____
Name: _____ Phone: _____



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PART B1

Part B1: General Information/Health History

Full name: _____ High-adventure base participants:
Date of birth: _____ Expeditioner No. _____
or visit position

Remember to attach a photo copy of both sides of the insurance card.

Age: _____ Gender: _____
Address: _____
City: _____
Unit leader: _____
Council Number: _____
Health/Occident 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: _____ Cell phone: _____
Alternate contact name: _____ Alternate's phone: _____

Health History

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

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease (heart attack, chest pain, angina, heart failure, coronary artery disease, any heart surgery or procedure, Explain all "yes" answers)	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 55	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Autoimmune/inflammatory diseases	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COVID-19	
<input type="checkbox"/>	<input type="checkbox"/>	Severe/chronic sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscle/bone/joint condition (muscle or bone injury)	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury (concussion/TBI)	
<input type="checkbox"/>	<input type="checkbox"/>	Allergic reactions	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/neurological disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/blood cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/thoracic/other problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/obstructive sleep apnea	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Let all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Let any other medical conditions not covered above	



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PART B2

Part B2: General Information/Health History

Full name: _____ High-adventure base participants:
Date of birth: _____ Expeditioner No. _____
or visit position

List all allergies or reactions here.

ALLERGIES/MEDICATIONS
DO YOU USE AN EPIPEN/EPINEPHRINE AUTO-INJECTOR? Exp. date (if any): _____ YES ☐ NO ☐
DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if any): _____ YES ☐ NO ☐

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

List all medications currently used, including any over-the-counter medications. Check here if no medications are routinely taken. If additional medications are taken, list them below.

Medication	Dose	Frequency

List all medications taken here.

YES ☐ NO ☐ I have a medical condition that requires medication administration to be performed with these receptors.
Administration of the above medication is required by: _____

Even if you don't have any prescription medicine, you must check YES to authorize the Health Officer to administer any non-prescription medications (over the counter meds).

Immunization

The following immunizations are recommended. Indicate if you have had the disease. Check the disease column and the immunization column.

Yes	No	Had 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"/>		MMR
<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 (if not MMR)
<input type="checkbox"/>	<input type="checkbox"/>		Describe all immunizations (Name required)



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PART C: RECOMMENDED NOT REQUIRED

Healthcare provider completes this part. Only certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants may complete this part.

I am being asked to certify that this individual has no contraindications for participation in a Scouting experience. For individuals who will be attending a high-adventure program, I am being asked to certify that this individual has no contraindications for participation in a Scouting experience. This participant will not be participating in a Scouting experience.

Please fill in the following information:

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

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

Height (inches)	Weight (lbs.)	BMI	Shoulder Girth (inches)	Pulse

Examiner's Certification

I certify that I have reviewed the health history and assessed the person and their medical condition for participation in a Scouting experience. This participant will not be participating in a Scouting experience.

Yes	No	Explain
<input type="checkbox"/>	<input type="checkbox"/>	

Healthcare provider must sign here.

Signature of Examiner: _____ Date: _____
Examiner's 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.

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
48	105	50	115	52	125	54	135
49	112	51	122	53	132	55	142
50	119	52	129	54	139	56	149
51	126	53	136	55	146	57	156
52	133	54	143	56	153	58	163



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Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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



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

List participant restrictions, if any:

☐ **None**

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Name: _____

Phone: _____

Phone: _____

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

Name: _____

Name: _____

Phone: _____

Phone: _____



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Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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

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



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

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

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

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

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

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

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

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



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

Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Part C: Pre-Participation Physical

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

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in 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. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

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

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

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
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		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.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's 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



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