



CAMP HORNE

CUB AND WEBELOS RESIDENT CAMP LEADER'S GUIDE

COMING SUMMER 2017

JULY 6- JULY 9 ; JULY 9-JULY 12

CAMP HORNE



It's a bird...

It's a plane...

It's a Cub Scout!

We would like to invite you to join in the adventure as we don our capes and masks to learn about heroism, perseverance, preservation, servanthood, and teamwork while surrounded by the natural beauty of Camp Horne. Cub and Webelos Resident Camp 2017 will be an exciting adventure that uses heroes, both "super" and real-world, to teach the lessons and values of Cub Scouting.

This guide is designed to help you and your unit prepare for summer camp. In addition to activities that focus on the heroes theme, Scouts will work on achievements toward ranks. Cub Scouts will follow adventure paths based on the rank on which they are currently working. First year Webelos will work on Webelos rank achievements, and second year Webelos will focus on achievements for the Arrow of Light. The experience for second year Webelos is designed to aid them in their transition from Cub Scouts to Boy Scouts and will include an overnight experience designed just for them!

We encourage units to prepare for resident camp by reading this guide, attending camp kickoff, and developing activities for your campsites that will focus around the ideas of community service and heroism. Inside this guide you will find a model packing list, a sample daily schedule, as well as forms that you will need to complete the registration process.

It is our hope that your pack will join us for this summer's adventure. If you have not already submitted your campsite request, please do so (the form can be found in this guide)! Please check with your leadership team to make sure that they are all receiving the most up-to-date emails from us.

In Scouting,

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CAMP HORNE 2017

IMPORTANT INFORMATION AT A GLANCE

Dates:

Session 1: July 6-July 9

Session 2: July 9-July 12

Fees:

\$150 in-council

\$175 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 (\$30 in-council; \$55 out-of-council)

April 15, 2017: First Payment Due (\$50)

May 15, 2017: Second Payment Due (\$50)

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

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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 canoeing, rowing, climbing, rappelling, archery, slingshot shooting, bb gun 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. Souvenirs, snacks, and drinks are available at the trading post. Camp Horne is owned and operated by the Black Warrior Council, BSA.

INDIVIDUAL FEES

Cub and Webelos Resident Camp fees for the 2017 season are:

	With Payment Schedule	Without Payment Schedule
In-council Scouts	\$130	\$150
Out-of-council Scouts	\$155	\$175

In order for a pack to receive the discounted fee of \$130 per Scout in-council and \$155 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	\$30 deposit	\$55 deposit
April 15, 2017	\$50	\$50
May 15, 2017	\$50	\$50

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 \$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, 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 camp site 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 pack 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 pack leader so 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 PACKS 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 leader 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 at the council office 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 adults and youth 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, Leader, 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. Packs traveling to camp in personal vehicles should 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 Cubmaster 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 pack in campsite and records tent number and condition of utilized tents.
2. Entire Pack (**all** youth and adults) is led by staff guide to Dining Hall for check-in and orientation.
3. Swim tests are administered or rechecked and swim test forms reviewed.

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 A6)**:

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 the morning of the fourth day 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!

PACK LEADERS

Every pack 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. Every unit must adhere to two-deep leadership while at camp.

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. Boy Scout 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.



People in the Water	Number of Lifeguards Required
1-10	2
11-14	3
15-19	4
20-24	5
25-29	6
30-34	7
35-39	8
40-44	9
45-49	10
50-54	11
55-59	12
60-64	13
65-69	14

*In addition to the number of required lifeguards, qualified lookout and buddy board manager must be present.

SERVICES

CAMP OFFICE AND MAIL

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. The camp mail call stays pretty busy during a typical week at camp. Incoming mail will be delivered to each pack leader on a daily basis. Mail to camp may be addressed as follows:

Scout or Leader's name – Unit #
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. It is important for at least one adult from each pack to arrive early and stay after each meal to help Scouts accomplish these tasks. 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.

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.

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. Brown, P 410

CAMPSITES

Each campsite has large two-man wall tents set up on wooden platforms and are equipped with cots. 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 the first afternoon of your session.

VESPERS AND CHAPEL

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 service will be held during your stay at camp, but the chapel is always available for individuals, small groups, or your entire unit.

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.

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.

EMERGENCY TEXT MESSAGING SYSTEM

Troop leadership is *highly* encouraged to sign up for the camp emergency text messaging system. Sign-up information will be made available at the leader's meeting the first night of each session. This system will be used for emergencies and changes in programming only. In case of emergency, a text will be sent giving exact instructions in support of the official Camp Horne Emergency Procedures. While cell phone reception is good at camp, the Dining Hall bell is the official emergency alarm system for camp. If you hear a continuous ringing of the Dining Hall bell but did not receive a message follow the emergency procedures as written.

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.

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

****This schedule is temporary and an updated, detailed Cub and Webelos schedule will be made available to unit leaders during Pack check in on Day 1 and at the leader's meeting.**

Day One				
2:00 p.m.	Check-In and Camp Tour			
6:15 p.m.	Flag Ceremony (uniforms)			Parade Field
6:20 p.m.	Dinner			Dining Hall
7:30 p.m.	Leaders Meeting (one per unit)			Hulsart Side Room
8:00 p.m.	Chapel Service			Meet on the Parade Field
8:30 p.m.	Opening Campfire			Sunday Night Campfire Ring
9:00 p.m.	Taps			
Days Two and Three				
	Webelos 2	Webelos 1	Bear	Wolf
7:30 a.m.	Flags	Flags	Flags	Flags
7:35 a.m.	Breakfast	Breakfast	Breakfast	Breakfast
8:15 a.m.	Planned Programming	Planned Programming	Planned Programming	Planned Programming
9:30 a.m.				
10:45 a.m.				
12:00 p.m.	Lunch	Lunch	Lunch	Lunch
12:45 p.m.	Rest	Rest	Rest	Rest
1:30 p.m.	Planned Programming (Includes evening meal)	Planned Programming	Planned Programming	Planned Programming
2:45 p.m.		Free Time	Free Time	Free Time
4:00 p.m.				
4:30 p.m.				
6:15 p.m.		Optional Activity	Optional Activity	Optional Activity
6: 20 p.m.		Flags (Uniforms)	Flags (Uniforms)	Flags (Uniforms)
		Dinner (Uniforms)	Dinner (Uniforms)	Dinner (Uniforms)
7:15 p.m.	Evening Programming	Evening Programming	Evening Programming	Evening Programming
9:30 p.m.	Taps	Taps	Taps	Taps
Day Four				
8:00 a.m.	Breakfast			Dining Hall
9:00 a.m.	Planned Programming			Various
10:30 a.m.	Dismissal			

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.

The 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.

The Scout Law

A Scout is...

Trustworthy	Friendly	Obedient	Brave
Loyal	Courteous	Cheerful	Clean
Helpful	Kind	Thrifty	Reverent

CUB 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. Our theme for this year is *Heroes*. 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 involve unlocking a piece of information regarding what makes a hero. Thematic activities will reinforce the Cub Scout values of courage, health and fitness, perseverance, resourcefulness, respect, and responsibility.

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 Boy Scouts. Both Webelos programs will also include thematic elements from the quest which frames the Cub Scout thematic programming.

EVENING PROGRAMS

Parents are encouraged to visit for our campfires. They should plan their arrival around 7:00 PM and meet the pack as they are coming out of the dining hall. Campfires occur on the first and third night of each session. While the campfire on the opening night is produced and performed by the staff for our campers, the campfire on the third night of each session is centered around recognition as well as skits performed by Packs attending camp.

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 camp.

PARENT'S PAGE AND CHECKLISTS:

PARENT'S PAGE

What to expect for your Scout: 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 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 enjoy an overnight outpost that will help them as they transition from Cub Scouts to Boy Scouts in the upcoming months.

If you plan on attending camp: As a volunteer you will be helping to keep track of the Scouts in your pack and dens to ensure they make it to the different areas of camp in a timely manner. Camp is also about adults having fun, so we strongly encourage you to participate in all activities as much as you can. Our job is to make sure both you and your Scout have fun at camp.

What to leave at home:

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
	Other electronic devices

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. Pocket knives for boys who have earned the Whitlin' Chip are allowed **IF** they carry their Whitlin' 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 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 leaders and other adults going with the Pack will have cell phones that your Scout may use to call home. If you need to contact your Scout, please contact the Pack leaders and not the camp office. Please talk to your Cubmaster to find out how this will be handled for your pack.

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
- Scouts bringing a footlocker or other locking suitcase should bring an extra key and give it to their unit leader. If one key is lost, this will assure there is a spared one available.
- 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 \$40 during their stay in our camp.
- It is a wise idea to bring a sheet of plastic or a tarp to cover bedding. If your 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 be come wet in the event of inclement weather.

CHECKLISTS

Cub and Webelos Checklist

- COMPLETE Cub Scout or Webelos uniform
- T-Shirts, shorts, pants socks, underwear, hat, sweater or jacket
(Scouts should have a change of clothing for each day of camp)
- Swim trunks and towel
- Rain poncho or jacket and extra pair of shoes or boots
- 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
- Footlocker, suitcase or backpack (if locking, give an extra key to their unit leader)
- Spending money (\$40/Scout is the average)
- Sunscreen and Bug Repellent
- Camp chair if desired
- 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.)

Additional Equipment for Second Year Webelos

- Tent
- Backpack (day pack will work)
- Mess kit and utensils
- Pocket Knife and Whitlin' chip

Unit Equipment Checklist

- Pack flag
- Den flag (if applicable)
- First aid kit(s)
- Quiet games
- Lanterns and gas
- Rope
- Extra plastic/tarps
- Propane bottle (for heating showers)
- Tarps (optional)
- Paper and pens/pencils

Cub and Webelos Leaders Checklist

- Same as Scout and Equipment checklist
- Medical forms on all Scouts, Leaders and other Adults
- Finalized Roster
- Final payments if not already made
- Youth Protection documentation on all participating Leaders and Adults
- Games for down times or inclement weather
- Props for skit or song
- Water Cooler (optional)



APPENDICES

TABLE WAITER FORM



CAMP HORNE



2017 Cub Scout Summer Resident Camp Campsite Request Form

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

Please mark your session preference. Each session has a maximum of 160 participants. We reserve the right to assign sessions based on availability.

- ☐ Session 1 (7/5/2017-7/9/2017)
☐ Session 2 (7/9/2017-7/12/2017)

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

- | | |
|--|--|
| <input type="checkbox"/> Apache (max. 50) | <input type="checkbox"/> Dan Beard (max. 32) |
| <input type="checkbox"/> Cherokee (max. 38) | <input type="checkbox"/> Hopi (max. 40) |
| <input type="checkbox"/> Chickasaw (max. 50) | <input type="checkbox"/> 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

Pack Number: _____

Session: 1 2

Council: BWC or Other: _____



CAMP HORNE

2017 PACK ROSTER & PAYMENT FORM 1

Camp Deposit (\$30 in-council \$55 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

Pack Number: _____

Session: 1 2

Council: BWC or Other: _____



CAMP HORNE

2017 PACK ROSTER & PAYMENT FORM 2

Camp Deposit (\$50)



	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**

Pack Number: _____

Session: 1 2

Council: BWC or Other: _____



CAMP HORNE

2017 PACK ROSTER & PAYMENT FORM 3

Camp Deposit (\$50)



	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:

May 15, 2017

Unit Leader Information
Name:
Phone:
Email Address:

Submit form and payment to: **Black Warrior Council****PO Drawer 3088****Tuscaloosa, AL 35403**

Pack Number: _____

Session: 1 2

Council: BWC or Other: _____



CAMP HORNE

2017 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

RESIDENTS OF ALL COUNTIES EXCEPT WALKER COUNTY
Camp Horne Summer Camp – Cub 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 \$ 65.00 toward the total camp fee of \$130.00 if payment schedule is followed and fee paid in full by May 15, 2017. The total fee increases to \$150.00 if payment schedule is not followed. After May 15, 2017 a \$25 late fee will be added. 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 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

LEE SMITH ADVISED FUND CAMPERSHIP
WALKER COUNTY RESIDENTS ONLY
Camp Horne Summer Camp – Cub Scout Summer Resident Camp 2017

Applicant Information				
Last Name:		First Name:		M.I.:
Address:				Appt #:
City:		County: Walker	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.
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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)

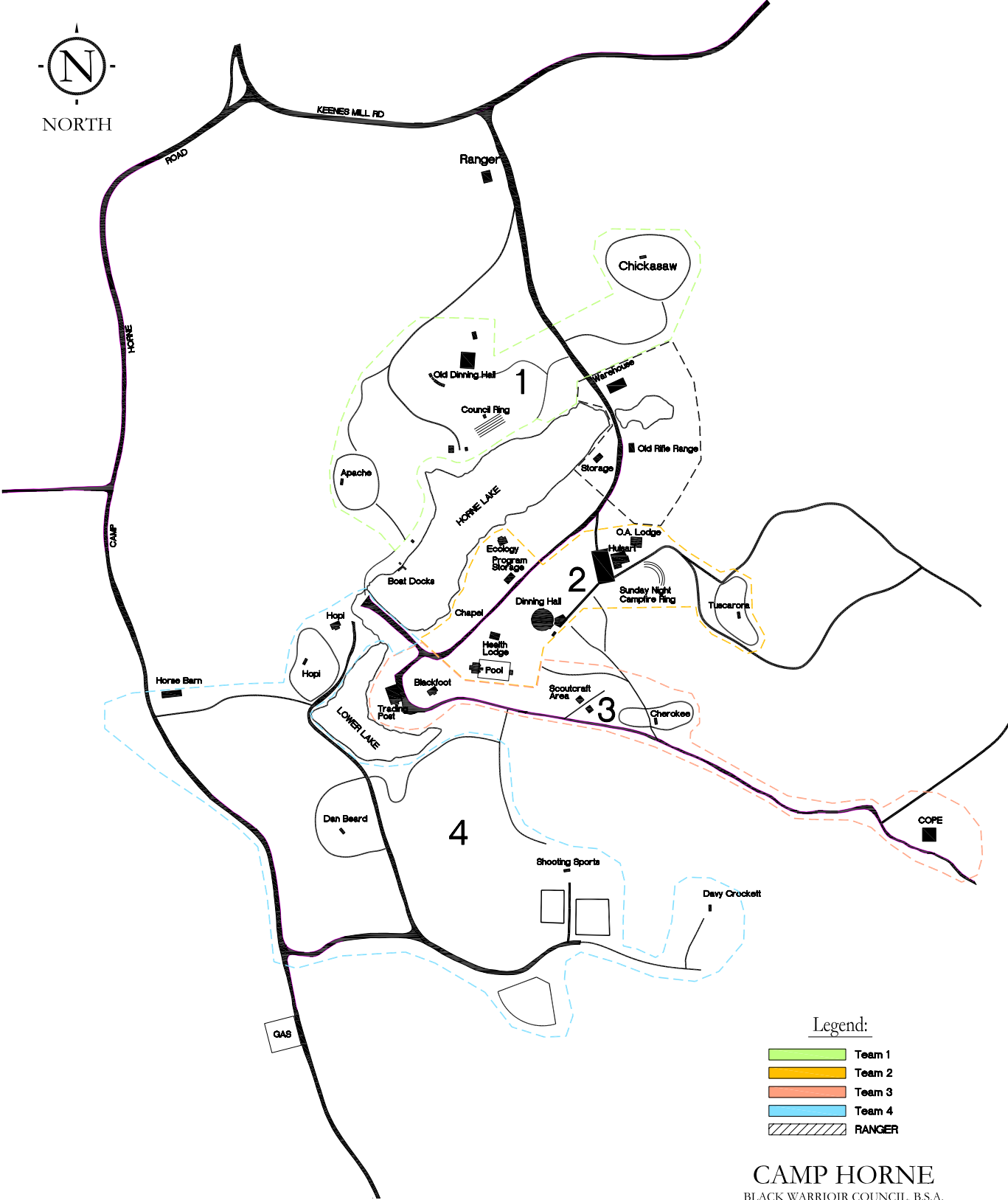
All camperships must be submitted, approved and received at the Council office by APRIL 15, 2017.

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

CAMP HORNE MAP



Legend:

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

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



CAMP MAP

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 offered. Information about those activities may be obtained from the venue, activity coordinator, 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.

Participant and parents (if participant is under 18) must sign to acknowledge the informed consent and release on this page.

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

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 coordinator, 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, video, and 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 coordinator, 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, and 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, but 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've 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 at Camp Merit, I also understand that I have read and understand the supplemental risk activities, including height and weight requirements, 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 participation in high-adventure activities is subject to the participant's signature and 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: _____

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PART B - Page 1

Part B: General Information/Health History

Full name: _____
 DOB: _____
 Expedition/crew No.: _____
 or staff position: _____

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

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____
 Address: _____ State: _____ Telephone: _____
 City: _____ Mobile phone: _____
 Unit leader: _____ Unit No.: _____
 Council Name/No.: _____ 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 (angina/heart murmur/conduction artery disease. Any heart surgery or procedure. Explain all "yes" answers).	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date:
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPO	
<input type="checkbox"/>	<input type="checkbox"/>	Ears/nose/throat problems	
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal condition/muscle or bone issue	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Allergic sickness	
<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/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	

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PART B - Page 2

Part B: General Information/Health History

Full name: _____
 DOB: _____
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

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	

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

NO Non-prescription medication administration is authorized with the signature of the parent/guardian for youth by: _____
 MD/DO, NP, or PA signature (if your state requires signature)

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

Immunization

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"/>	Mumps/chickenpox	
<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)	

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PART C - Page 1

Part C: Pre-Participation Physical

Full name: _____
 DOB: _____
 Expedition/crew No.: _____
 or staff position: _____

Health care professional completes this page.

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 council.

Medical institutions to participate: ☐ Yes ☐ No

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	

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

Normal	Abnormal	Explain Abnormalities
<input type="checkbox"/>	<input type="checkbox"/>	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/urinary
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal
<input type="checkbox"/>	<input type="checkbox"/>	Neurological
<input type="checkbox"/>	<input type="checkbox"/>	Other

Examiner's Certification
 I certify that I have reviewed the health history and examined the person shown no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

Health care professional must sign here.

Address: _____ City: _____ State: _____ ZIP code: _____
 Office phone: _____

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	165	65	205	70	255	75	305
61	172	66	210	71	260	76	310
62	176	67	215	72	265	77	315
63	183	68	220	73	270	78	320
64	189	69	225	74	275	79 and over	325

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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: _____



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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: _____



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



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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
		Medication				Plants	
		Food				Insect bites/stings	

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

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

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



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



Immunization

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

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



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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					

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				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			
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.
		Does not have uncontrolled heart disease, asthma, 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 less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		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



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