

## Troop 614 Summer Camp Guide - 2015

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

	Summer Camp Guide
	BSA Health Form – Parts A, B, and C
	2015 MB List and schedule
	2015 MB sign up worksheet
	Special Needs Notification Form
	Clothing and equipment list
	General permission slip
	Shooting sports permission slip

### Key Milestones and Due Dates

1/29/15	\$100 – first payment due
3/12/15	\$100 – second payment due
3/19/15	MB schedule selection due to Ken Lyles
5/16/15	\$80 – Final payment due
5/28/15	BSA Health Forms due (All three parts)
5/28/15	Special Needs forms due
5/28/15	Parent permission form due

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Location: Camp Cherokee, Yanceyville, NC

Dates: 6/28/15 – 7/4/15

Meet at FVBC parking lot at 10:30AM on 6/28/15. Parents requested to remain until their Scout completes troop check-in.

Return to FVBC parking lot at 12:00PM on 7/4/15.

Travel: We will travel in church vans. Scouts must travel in Class A uniform and carry swimsuit, towel, and Scout Handbook in daypack on van. No food or open drink containers will be permitted in the van. We will stop for fast food style meal enroute to camp – Scout will need money for fast food meal. We will take the swimming safety check upon arrival at camp. All Scouts must wear their swimsuit under their uniform (or carry in daypack) and take a towel in their daypack on the van as we will not have access to any packed gear until we have finished our check in process.

Permission Slips: Each Scout must have a completed activity permission slip. Additionally, any Scout planning to take a shooting merit badge or participate in evening activities in the shooting sports must have a the CSR Shooting Sport permission slip.

Health Forms: Each Scout and adult attending Camp Cherokee must have a current version of the BSA Health Form Parts A, B and C. Part C must be signed by a physician/physician's assistant and must be dated within 12 months of camp (i.e., dated after 7/4/14).

Medications: Please have any medications placed in a zip lock bag with name of Scout and dosage information on a card in the bag. If the prescription bottle is not included, please enclose a copy of the prescription label. These will be given to a Scoutmaster before we depart from church.

Meals: Our first meal at camp on Sunday will be supper and last meal at camp on Saturday is breakfast. Scouts will dine family style with their troop three meals per day. Scouts will take turns serving and cleaning up their troop table throughout the week.

Campsite: Scouts will share two-man tents. These tents are set on wood platforms. Each Scout will have a cot. Each troop campsite has access to running water and latrines. Hot showers are available at shower houses located around the camp.

Trading Post/Money: Camp Cherokee operates a trading post where Scouts can purchase materials for merit badges, snacks, camp t-shirts and other items. Scouts will be responsible for maintaining their own funds. \$30-\$40 for the week should suffice for a t-shirt and an occasional snack. If Scouts are taking a handicraft merit badge (Leatherwork, Basketry, Pottery, Woodcarving, Indian Lore) they should have an additional \$5-\$10 to purchase materials needed. Scouts taking rifle and shotgun shooting should have additional funds to purchase practice ammunition.

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### Additional Cost for Merit Badge materials

Astronomy and Space Exploration	\$10	Cooking	\$10
Energy and Electricity	\$5	Advanced Cooking	\$10
Basketry	\$15	Archery	\$6
Indian Lore and Leatherworking	\$25	Archery Trail Shoot	\$4
Model Design and Building	\$5	Rifle Shooting	\$6
Pottery and Sculpture	\$5	Shotgun Shooting	\$30
Woodcarving	\$5	Home Repairs and Plumbing	\$10
Metalwork	\$15	Advanced Metalwork	\$15
C.O.P.E	\$10	Mountain Biking	\$25
Muzzle Loading Rifle Trail Shoot	\$20		

**Merit Badges:** Scouts should look over the merit badge list and select several of interest to them. Prerequisites, if any, will be discussed with the Scout during the counseling period. There is also a 2015 merit badge schedule so Scouts can get an idea of when merit badges are taught. We will review their selections with the Scouts to make sure they are aware of the requirements before we finalize the schedule on-line. Please note on the equipment list any special equipment to be brought for merit badges. Handicraft merit badges will require purchase of materials at the Trading Post. First year Scouts have an opportunity to participate in the camp F.R.O.G.S. program where they learn basic Scouting skills that will aid the rank advancement in the troop. Scouts who have trouble passing the BSA Swimmers test should enroll in the CATFISH program to improve their swimming ability. We need your input on whether your Scout is a strong swimmer as this will help us guide him to the appropriate level of classes for merit badges and advancement.

**Uniform:** Your Scout must have a Class A uniform (shirt with all required patches and badges, green shorts/trousers, kerchief with slide, troop hat). This is the traveling uniform (minus the kerchief and merit badge sash and OA sash which should be packed) as well as being required for evening color ceremony each evening at camp. Only closed toe and close heel shoes (no sandals) are permitted outside the troop campsite.

**Activities:** In addition to the full day of merit badge and F.R.O.G.S courses, CC opens several program areas to general use so Scouts can swim, boat, shoot and visit other Scouts. Camp Cherokee holds a campfire ceremony on Thursday night for the entire camp. There are events available every evening and we will be encouraging Scouts to partner up and participate. They will also have the chance to meet Scouts from other troops other councils and other states.

**Contact Info:**

Mailing Address (mail by Tuesday to arrive)

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### Scout's Name

Troop 614 / Saura campsite  
Cherokee Scout Reservation  
3296 Boy Scout Camp Road  
Yanceyville, NC 27379

### Emergency Contact:

Camp Office (only for dire emergency) 336-694-6440

Ken Lyles (Scoutmaster) 919-539-9413

Jon Wock (Asst Scoutmaster) 929-810-5667

Personal Electronics: We ask that Scouts leave their electronic devices at home to avoid their missing one of the points of being at camp – living with their fellow Scouts in the great outdoors. Having said that, we recognize that smart phones are also cameras and can also be used to help perform research for some merit badges. There is very limited cell service at Camp Cherokee and limited recharging opportunities. While this is a Scout camp, there is always the chance of someone who has not completely subscribed to the Scouting virtues stealing unsecured property/. Scoutmasters can't take responsibility for securing each Scout's property. Additionally, our campsite does not have electric power for recharging/powering electronics.

Family Visitation: Camp Cherokee hosts a family night on Thursday and although this may sound unnecessarily harsh and non-family friendly, I ask that families consider simply wishing their Scouts well on departure Sunday and greeting them heartily on our return Saturday. While it is natural to want to see what your Scout has done during the week, you will leave on Thursday night and he still has two nights remaining. Home sickness is very real and is difficult for Scoutmasters to overcome. The initial bout of home sickness on Sunday night has pretty much worked its way out by mid-week and having families and an opportunity to go home quickly restarts the process when the Scout should be enjoying the last two days of camp.

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## CHEROKEE SCOUT RESERVATION SPECIAL NEEDS REQUEST

The staff at Cherokee Scout Reservation will do everything in its power to accommodate participants with special needs. Please complete this form and return it to your unit by 5/28/15

Unit Number: 614

Council/District: Occoneechee / Black River

Week Attending Camp: 3 (6/29 – 7/4/15)

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

Is there any physical limitations for your Scout? \_\_\_\_\_

Food Allergies / Dietary Restrictions (please be specific and suggest alternatives):

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Medical Alerts and other special needs:

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## Day Pack

- Swimsuit (if not worn under uniform)
- Towel
- Canteen (filled)
- Notebook and pen
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## Base Campers Personal Equipment and Clothing List

- BSA Field Uniform (Class A w/neckerchief and OA sash as applicable)
- Troop hat
- Bible
- Sweater or jacket
- Rugged pants (2 pr)
- Short pants (4 pr)
- Swim trunks (1 pr)
- T-shirts (6 including Troop 614 t-shirt)
- Rain gear (poncho or rain jacket)
- Underwear (6 pr)
- Socks and extra socks (6+)
- Pajamas/sleepwear
- Bath towels (3 – one each for swimming, showers and extra)
- Washcloths (2)
- Sleeping bag (40 degree) or blankets and sheets & pillow
- Water bottle (1 or 2 liter - reusable/Nalgene)
- Toiletries (soap and soapdish, toothpaste/toothbrush, deodorant, comb/brush)
- Tennis shoes (soft soled shoes required for Climbing Merit Badge)
- Hiking boots/Shoes (ONLY CLOSED TOE AND HEEL FOOTWEAR MAY BE WORN AT CAMP)
- Shower sandals (may be worn at shower house only)
- Watch
- Pens/pencils/paper/notebook
- Money for Trading Post (\$30-\$40)
- Scout Handbook
- Flashlight w/extra batteries
- Completed Medical Forms (turned into troop)
- Medications w/ labels
- Insect repellent
- Sunscreen
- Rope/parachute cord – 25' (for clothes line)

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NOTE: Label all articles of clothing and personal gear with scout's name and unit.

### OPTIONAL

- Digital Camera (required for Photography Merit Badge)
- Compass (required for Surveying, Orienteering and Geocaching Merit Badges)
- Sewing kit
- Fishing gear (required for Fishing Merit Badge)
- Pocketknife (folding style – ToteNChip card required to have and use knife)
- Small camp stool/chair
- Merit Badge books for classes (NOT AVAIL AT CAMP CHEROKEE)

DO NOT BRING: Scouts should not bring portable gaming devices, iPads/CD players, DVD players sheath knife, fireworks, laptop/tablet, cell phones, etc. as CC is not responsible for lost or stolen items. Cell phones do not work at CC.

Some merit badges may require specific additional clothing or equipment.

First Year Scouts participating in F.R.O.G.S. program must also bring:

- Daypack
- Compass
- Pocket knife (folding)
- Bandana/neckerchief
- Personal First Aid Kit containing:
  - o 5 band aids
  - o 1 tube antiseptic cream
  - o Latex gloves
  - o 2 roller bandages
  - o Alcohol swabs
  - o Moleskin
  - o Tweezers
  - o Calamine lotion

Scouts taking Swimming or Life-Saving Merit Badge:

- Belt
- Long sleeved button front shirt
- Long trousers
- Shoes that can get wet

Scouts taking First Aid Merit Badge must bring:

- Personal First Aid Kit (see above)

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Scouts taking Camping or Wilderness Survival Merit Badges must bring:

- Camping equipment for overnight
- Sleeping bag
- Poncho / ground cloth
- Mess kit
- Personal survival kit

All gear and clothing should be packed in a single Action Packer.



# 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 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.

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.

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.

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.

(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.

!

**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: \_\_\_\_\_

# Part B: General Information/Health History

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

DOB: \_\_\_\_\_

**High-adventure base participants:**

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



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



**In case of emergency, notify the person below:**

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

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

Yes	No	Condition	Explain
<input type="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/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head Injury/concussion	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral/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: General Information/Health History

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

**High-adventure base participants:**  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

## Allergies/Medications

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

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

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

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.  IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

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

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

## Immunization

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

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

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

**DO NOT WRITE IN THIS BOX**  
 Review for camp or special activity.  
 Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Further approval required:  Yes  No  
 Reason: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_

# Part C: Pre-Participation Physical

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

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

**High-adventure base participants:**

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

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

DOB: \_\_\_\_\_

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

**Examiner: Please fill in the following information:**

		Yes	No			Explain
Medical restrictions to participate		<input type="checkbox"/>	<input type="checkbox"/>			
Yes	No	Allergies or Reactions		Explain		
<input type="checkbox"/>	<input type="checkbox"/>	Medication				
<input type="checkbox"/>	<input type="checkbox"/>	Food				
Yes	No	Allergies or Reactions		Explain		
<input type="checkbox"/>	<input type="checkbox"/>	Plants				
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings				
Height (inches): _____		Weight (lbs.): _____		BMI: _____		Blood Pressure: _____ / _____
						Pulse: _____

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

## Examiner's Certification

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

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	<b>For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.</b>

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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## 2015 Program Information

### Aquatics

Swimming  
Canoeing/Kayaking (combo)  
Rowing  
Lifesaving  
Small Boat Sailing  
Catfish (Learn to Swim)  
Paddlecraft Safety  
Swimming and Water Rescue  
BSA Lifeguard

### **Fishing** **S.T.E.M.**

Surveying **NEW!**  
Nature/Mammal Study (combo)  
Astronomy/Space Exploration (combo)  
Fish and Wildlife Management  
Forestry/Plant Science (combo)  
Weather  
Reptile and Amphibian Study  
Environmental Science  
Energy/Electricity **NEW!**

### Handicraft

Indian Lore/Leatherwork (combo)  
Pottery/Sculpture (combo)  
Photography  
Model Design and Building  
Woodcarving  
Basketry  
~~Fingerprinting~~

### Outdoor Skills

Camping  
Orienteering/Geocaching (combo)  
Cooking  
Advanced Cooking **NEW!**  
Pioneering  
Wilderness Survival  
F.R.O.G.S. (1<sup>st</sup> Year Camper)

### Shooting Sports

Rifle  
Archery  
Archery Trail Shoot  
Shotgun  
Muzzle Loading  
5-Stand Clay Shoot  
NRA Marksman Qualification Shoot

### Health Lodge

First Aid  
Safety/Fire Safety (combo)  
Emergency Preparedness  
Personal Fitness

### High Adventure

Climbing  
C.O.P.E.  
Mountain Biking  
The Summit Trek Adventure **NEW!**  
**Search & Rescue**  
Trade Skills

Plumbing/Home Repair (combo)  
Auto. Maintenance/Traffic Safety (combo)  
Metalwork  
Advanced Metalwork **NEW!**

### Adult Leader Training

Scoutmaster/Assistant Scoutmaster Specific  
Youth Protection  
Merit Badge Counselor  
Troop Committee Challenge  
CPR/AED/1<sup>st</sup> Aid  
Growing Your Troop - Webelos to Scout  
Transition  
Venture Leader Specific  
Safe Swim Defense/Safety Afloat  
Eagle Scout Service Project Workbook

	Period 1 9:00-10:15	Period 2 10:30-11:45	Period 3 2:00-3:15	Period 4 3:30-4:45	Twilight
<b><u>AQUATICS</u></b>					
Swimming	100	101	102	103	Snorkeling
Rowing		104			Free Swim
Canoeing and Kayaking	105	106		107	Free Boat
Lifesaving			108		Blobbering
Fishing	109				
Small Boat Sailing			110		
Catfish	111		112		
Paddlecraft Safety	113				
Swimming and Water Rescue			114		
BSA Lifeguard	115				
<b><u>STEM</u></b>					
Surveying	200				Nova Awards
Nature and Mammal Study	201		202		
Astronomy and Space Exploration		203		204	
Fish and Wildlife				205	
Forestry and Plant Science		206			
Weather	207				
Reptile and Amphibian Study	208			209	
Environmental Science		210	211	212	
Energy and Electricity			213		
<b><u>Handicraft</u></b>					
Indian Lore and Leatherwork	300	301	302	303	
Pottery and Sculpture	304		305		
Photography	306		307		
Model Design and Building		308		309	
Woodcarving		310		311	
Basketry					312



<b><u>Outdoor Skills</u></b>					
Camping	400		401		
Orienteering and Geocaching	402				
Cooking		403		404	
Advanced Cooking			405		
Pioneering		406			
Wilderness Survival				407	
FROGS	408		409		
<b><u>Shooting Sports</u></b>					
Rifle	500	501	502	503	Rifle Fun Shoot
Archery	504	505	506		Archery Fun Shoot
Archery Trail				507	Frontier Heritage Night
Shotgun	508	509	510		
Muzzle Loading				511	
<b><u>Health Lodge</u></b>					
First Aid	600	601	602	603	
Search and Rescue			604		
Emergency Preparedness	605		606		
Personal Fitness		607		608	
<b><u>High Adventure</u></b>					
Mountain Biking	700		701		Mountain Biking
Climbing	702				Free Climb
COPE			703		
<b><u>Trade Skills</u></b>					
Plumbing Home Repair	800				
Automotive Mechanics and Traffic Safety			802		
Metalwork	803		804		
Advanced Metalwork		805			



Scout:

Rank:

Using the MB schedule,

List merit badge / programs by name and course number. X the period(s) you want to take that course.

Provide alternate merit badges / programs in case your first choices are filled.

Indicate your priority merit badge / program by answering this question - "If I do nothing else, I want to earn \_\_\_\_\_!" Put an \*\* beside that course name.

Merit Badge / Program			Period 1	Period 2	Period 3	Period 4
Name	Course Number		9:00 - 10:15	10:30 - 11:45	2:00 - 3:15	3:30 - 4:45
		1st choice				
		Alternate				
		1st choice				
		Alternate				
		1st choice				
		Alternate				
		1st choice				
		Alternate				

Remember that some courses have pre-requisites that must be done prior to camp and some courses have an additional cost that you must pay at camp.



# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

## FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at [www.scouting.org/forms](http://www.scouting.org/forms).

Se recomienda que la unidad use este formulario para obtener la aprobación y consentimiento para los Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers e invitados (si es que aplica) menores de 21 años que participen en un viaje, expedición o actividad del den, pack, equipo, tropa o grupo. Este formulario es obligatorio junto con los permisos de vuelo y deben adjuntarse a la solicitud de permiso de vuelo. Se recomienda que los padres de familia guarden una copia del formulario y se pongan en contacto con el líder de la excursión si es que tienen alguna pregunta o en caso de que se necesite un contacto de emergencia. Las copias adicionales de este formulario junto con la *Guía para un Scouting seguro* se encuentran disponibles para descargar desde Scouting Safely en [www.scouting.org/forms](http://www.scouting.org/forms).

<small>First name of participant Nombre del participante</small>	<small>Middle initial Inicial del segundo nombre</small>	<small>Last name Apellido</small>	<small>Birth date (month/day/year) ____/____/____ Fecha de nacimiento (día/mes/año)</small>	<small>Age during activity Edad al momento de realizar la actividad</small>
<small>Address Domicilio</small>				
<small>City Ciudad</small>	<small>State Estado</small>		<small>Zip Código postal</small>	

Has approval to participate in (Name of activity, orientation flight, outing trip, etc.) Summer Camp, Cherokee Scout Reservation, Yanceyville, NC  
 Tiene la aprobación para participar en (Nombre de la actividad, vuelo de orientación, excursión, etc.)

From 6/28/15 to 7/4/15  
(Date) (Date)  
(fecha) (fecha)

Without restrictions Sin restricciones       Special considerations or restrictions: \_\_\_\_\_  
Consideraciones o restricciones especiales:

### HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

### ACUERDO DE INDEMNIZACIÓN Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. He considerado cuidadosamente el riesgo involucrado y doy mi consentimiento para mi mismo o mi hijo para participar en la actividad. Entiendo que la participación en la actividad es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes. Libero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, partes relacionadas u otras organizaciones asociadas con la actividad de cualquiera y todas las demandas o responsabilidades que surjan de esta participación.

En caso de una emergencia que tenga que ver con mi hijo, sé que se harán todos los esfuerzos necesarios para contactarme. En caso de que no me contacten, autorizo al proveedor médico seleccionado por el líder adulto encargado, de asegurarse de que se le ofrezca a mi hijo el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamento. Los proveedores médicos están autorizados para informar al adulto encargado los hallazgos de la exploración física, los resultados de pruebas y el tratamiento otorgado con el propósito de una evaluación médica del participante, seguimiento y comunicación con los padres o tutores del participante y/o la determinación de la capacidad del participante para continuar en las actividades del programa.

<small>Participant's signature Firma del participante</small>	<small>Date Fecha</small>
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<small>Parent/guardian printed name Nombre con letra de moide del padre de familia/tutor</small>	<small>Parent/guardian signature Firma del padre de familia/tutor</small>	<small>Date Fecha</small>
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<small>Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)</small>	<small>Email (for use in sharing more details about the trip or activity) Correo electrónico (para más detalles sobre el viaje o actividad)</small>
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Contact the adult tour leader with any questions:  
 Póngase en contacto con el líder adulto de la excursión si es que tiene preguntas:

<small>Name Nombre</small> <u>Ken Lyles</u>	<small>Phone Teléfono</small> <u>919-539-9413</u>	<small>Email Correo electrónico</small> <u>kyles501@gmail.com</u>
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2012 Printing

**Permission to Participate in Boy Scout Shooting Sports Activities**

I give permission for \_\_\_\_\_ to participate in Boy Scout shooting sports activities conducted by the Old North State Council. The activities may include the handling and use of rifles, shotguns and black powder rifles.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date Signed

Name of Minor \_\_\_\_\_

Date of Birth \_\_\_\_\_

Troop \_\_\_\_\_

This permission is required by North Carolina law in order for youth under the age of 12 to participate in Old North State Council shooting sports activities.