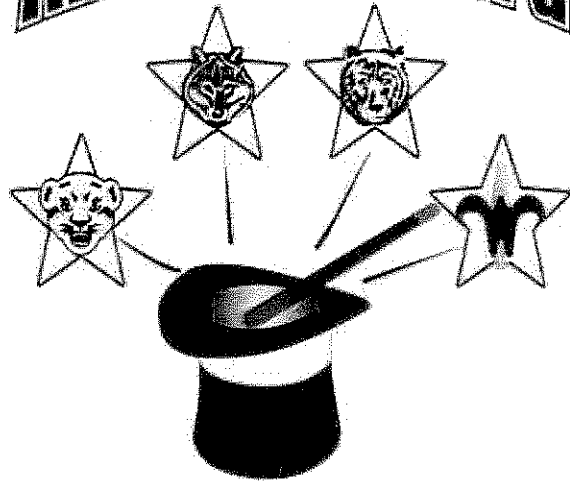
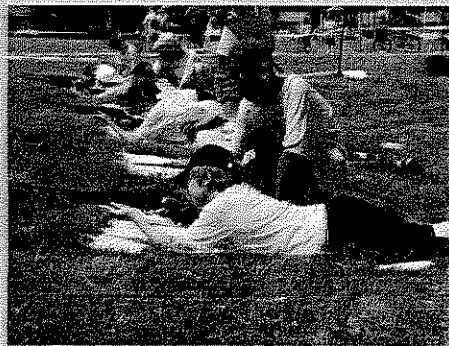


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Calumet Council
Boy Scouts of America

2011 Day Camp Leader & Parent Guide



Dear Scout Leaders:

Thank you for choosing one of the Calumet Council Day Camps for your pack's 2011 summer activity! The staff and I are looking forward to making your time at our Day Camp an unforgettable experience.

The Central Region of the Boy Scouts of America is focusing on quality programming to help retain Cub Scouts in the program. We are striving to improve the quality of our entire program and make the Calumet Council the premier destination for Cub Scouts in our area. Our belief is that Scouts who have a positive summer camp experience will be more likely to stay involved in Scouting. Any contact with the Scouting program, no matter how brief, will have a positive impact on the life of a boy. We want those attending our camp to be able to look back years from now with fond memories of the times spent there. In addition we want to continue the Boy Scouts of America's mission by preparing the youth of today to be the outstanding citizens of tomorrow.

Be assured that we are working hard to have the best staff possible to serve you and your pack while you are attending one of our camps. Our focus is on the experience each individual Scout and Leader will have while they are participating at one of our camps. If there is ever anything we can do to improve your experience, please let us know immediately.

Please read this guide carefully, there are changes to the Day Camp program you need to be aware of.

Again, thank you for joining us for this special summer of Scouting. We are looking forward to providing you and your Scouts with the best Day Camp experience possible.

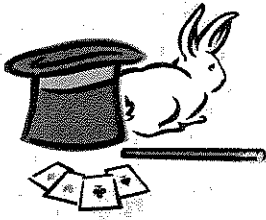
Yours in Scouting,

James R. Lakeman II

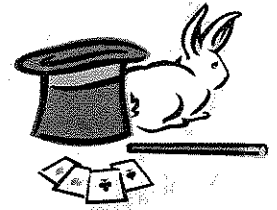
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Day Camp 2011



Cub Scout Day Camp is four days of magical adventure for Cub Scouts who will be in the 1st through 5th grades in the Fall. The Abra-CUB-Dabra theme allows the Scouts to explore the magic of summer fun while providing the Cub Scouts with program and advancement opportunities. Day Camp will run Tuesday through Friday at the location near to you. There are several locations and different weeks offered to best accommodate your Pack's scheduling needs.

Over the four days of Day Camp the Cub Scout Magicians will learn tricks, puzzles, illusions, and work on their presentation skills. They will also develop their own Magical Resource Book and build their own equipment. The new Cub Scout magicians will also participate in the traditional camp activities of Archery, BB guns, and different sporting skills.

This year's camp activity areas are:

Houdini's Handicraft/ Nature – Learn to make and use your own tricks, puzzles, and explore nature's illusions.

Amazing Feet – Fitness skills and teamwork are utilized through playing a sport every day.

Greatest Bow on Earth – Learn the proper way to shoot a bow and arrow.

Copper field's Camp Craft – Work on Scout skills to earn advancement.

Siegfried's Shooting – Learn how to use a BB gun with proper safety.

Magician's Exchange – The trading post for snack, drinks, and souvenirs.

Additional Magical Activities

On your camp's late day, the Scouts pack a raw egg into a box that they make to see if it will break when dropped from over 100 feet in the air. Whether it breaks or not, Scouts receive a star for participating in the egg drop fun. Rules and regulations will be given to you during the week of camp.

2011 DAY CAMP DATES & LOCATIONS

Illinois Locations

Orland Park Camp Week 1
July 12-15
Christ Evangelical Lutheran Church
14700 S. 94th Ave.
Orland Park, IL 60462

Directors

Laura Engelthaler
312-317-8811
12lae22@comcast.net

Jen Majewski
708-873-0176
tonynjenifer@aol.com

Country Club Hills Camp Week 3
July 19-22
St. Johns Church
4247 183rd st
Country Club Hills

Director

Serene Grage,
708-557-7523
s.grage@comcast.net
Aaron Beatty
Samantha Gills
708-388-5028

Homewood Camp Week 5
July 26-29
Izaak Walton Forest Preserve
1100 Ridge Road
Homewood, IL 60430-1907
(708) 798-1850

Director

Tim Joy 1-708-497-8313
timjoy81@yahoo.com

Jen Fortson
708-268-7147
Pack304@aol.com

Indiana Locations

Hammond Camp Week 2
July 12-15
Pulaski Park
139th & Sheffield Ave
Hammond, IN 46327

Director

Keith Halper
219-384-3109
dakkenci@yahoo.com

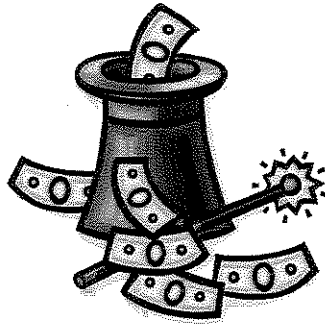
Toni Rickert
219-844-3083
219-670-8538
mccamp07@yahoo.com

Merrillville Camp Week 4
July 19-22
International Union of
Operating Engineers
2193 W 84th Pl
Merrillville, in

Director

Nicole Schultz, Director
(219)663-1499
njschultz7@sbcglobal.net

Day Camp Fees



Registering for Camp:

Scouts should register for Day Camp through your Pack with the Day Camp Coordinator. The full fee and Day Camp Health Form must accompany each registration for Scouts to be counted as “fully registered”.

2011 Day Camp Fees:

- Early registration Jan 11- May 1st, 2011 \$60.00
- Regular registration May 3 – June 30, 2011 \$80.00
- “Brother discount” Jan 11 – June 30 -\$5 for 2nd and 3rd brother

Registration Fee Includes:

- Program supplies
- 1 Name tag
- 1 Plastic Mug
- 1 Patch (Extra Patches are \$4.00)
- 1 T shirt (Extra T shirts are \$5.00 for scouts, \$7.00 for Adults and \$10.00 for 2x and 3x) All T- Shirt are pre order, if you want an additional T-shirt please make sure to order one.

T shirts are used for security and must be worn every day. T shirts are available in the following sizes.

Youth Sizes

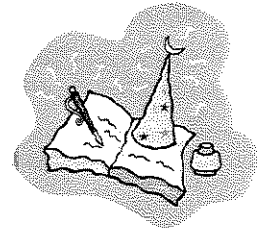
Large

Adult Sizes

Small, Medium, Large, X Large, XX Large, XXX Large

Refund Policy:

Refund requests must be submitted in writing to the Camp Director please be sure to include all information that is asked for on the refund sheet. All refunds will be acted upon after the Camp season is over. A nonrefundable \$15.00 fee will be applied to all refunds. Refunds after June 30th 2011 will be refunded at the rate of 50%.



Day Camp Guidelines

Parent Accompaniment:

BSA policy requires adults to accompany, assist, and supervise each group of Scouts with at least “2 deep leadership” and at least one adult for every group of 5 Scouts. Packs sending groups of Cubs & Webelos will need leadership for each group. Tiger Cubs should have a Tiger Cub Adult Partner accompany them individually.

Discipline:

Discipline is a Pack responsibility. A disruptive Scout will be verbally warned to improve his behavior by the accompanying adults. If behavior fails to improve, the Camp Director will take appropriate action following BSA policies and Youth Protection guidelines. This action could include a call to his parents to come to camp and either individually accompany that Scout for the duration of the camp or remove him from camp entirely.

“Tag-A-Longs”:

The accompanying adults may need to bring siblings along to camp. These siblings must remain with the parent and the campers group. These tag-a-longs are **NOT** registered campers and they are not covered with our insurance. They will not be able to participate in archery or BBs. The cost is \$10.00 per day of camp.

Things NOT ALLOWED in Camp:

Alcohol, Pets, Controlled Substances, Fireworks, Firearms, Knives, and Foul Language are not allowed in Camp. Smoking is allowed only in designated areas away from campers.

Participant’s Checklist

Scouts:

- Closed Toe Shoes (No Flip Flop’s)**
- Hat
- Lunch
- Sunscreen
- Rain Gear
- Medications
- Trading Post \$\$
- Backpack

Leaders:

- Closed Toe Shoes (No Flip Flop’s)**
- Hat
- Lunch
- Sunscreen
- Rain Gear
- Medications
- Trading Post \$\$
- Backpack
- Youth & Adult Roster
- Cooler for Lunches
- BRING YOUR GOOD ATTITUDE!**

Parent Information Handout

Daily Program Schedule:

Tues, Wed, & Fri.

Arrive 8:30 a.m.

Opening Ceremony 9:00 a.m.

Closing 3:00 p.m.

Dismissal 3:15-3:30 p.m.

Thurs.

Arrive 12:00 p.m.

Opening Ceremony 12:30 p.m.

Closing/Family Picnic 6:00 p.m.

Evening Program 7:00 p.m.

Late Arrival/Early Departure:

Campers arriving late or leaving early MUST check in/out with the Camp Director at the camp office.

Visitors:

Visitors are WELCOME, but must register at the camp office upon arrival and check out upon departure.

Camp Uniform:

Fees include a Day Camp T-shirt. T-shirts are part of our security and identify the registered campers. These T-shirts must be worn **each day**. Campers showing up without Day Camp T-shirts will be issued new ones and charged for the 2nd shirt.

Inclement Weather:

Day Camp will open regardless of weather. During inclement weather, campers are brought under shelters. If camp needs to be closed for **SEVERE** weather, your on-site Pack Leader will contact parents to come and get their children.

Transportation:

Transportation to and from Camp is the responsibility of parents and/or the Pack. If carpools are used, BSA policy requires that there be a seatbelt for each Scout. State laws on booster seats vary and should be abided by.

Lunches:

Everyone attending Camp should bring a lunch. Leaving camp to purchase lunches is discouraged. Packs should provide coolers to store campers' lunches.

Trading Post:

A trading post will be available for snacks, cold drinks, and souvenirs.

Thursday Night Program:

Families are invited to a picnic on Thursday evening beginning at 6 pm. Families should bring their own dinner for this picnic. Following sufficient time for eating, an evening program will begin. This usually involves an egg drop/launch. Details will be provided the first day of Day Camp.

Advancement:

On the last day of Camp, Pack Leaders will receive patches & advancement sheets listing achievements, electives and activity badges that Scouts worked on at camp. These can be applied to the Scouts' upcoming ranks in the fall.

Walkers

You are very important to run a successful Day camp. Each pack will need at least 2 Walkers for every 1-10 scouts. One additional Walker for each additional 1-5 scouts. Walkers need to be 18 years old and preferably current Pack Leaders or parents of your scouts. Responsibilities are as follows:

- Check yourself in and your scouts.
- Enforce the buddy system.
- Escort your scouts to each station.
- Provide discipline for your pack.
- Provide assistance at each station.
- Supervise lunch for your scouts.
- Communicate with Camp Staff
- Help the scouts keep track of their belongings.

Station Leaders

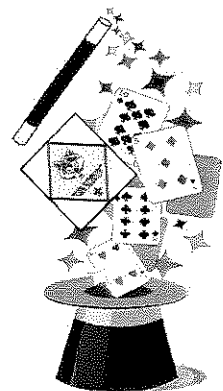
Each station requires at least 2 adults, or 1 adult and 1 mature Youth Volunteer. You will be responsible for setting up your station (with assistance from camp staff) before camp begins and clean up afterwards. Anyone interested in working the Range must be 18 years old and has attended a BB Gun certification course (good for two years).

The Buddy System

Each pack is required to organize their boys into a Buddy System. No boy is allowed to go anywhere without another Scout or Buddy, this includes the restroom. Please discuss the Buddy System with your scouts and all Walkers before coming to camp. This will help keep your group together and safe.

Trading Post

Each camp will have a Trading Post where snack foods, candy, cold drinks, camp t shirts, and scout souvenirs can be purchased. Proceeds from the Trading Post help keep the cost of camp down. The Trading Post is usually located near the Check- in area.



Pack Registration & Attendance

The Pack Camp Coordinator's Job Description

- Coordinate with your Pack Committee to pick a week or weeks for your Pack to attend Day Camp.
- Call the Day Camp Director to schedule a Pack promotional presentation
- Collect the completed medical forms and fees from the Scout's guardian.
- Recruit parents to accompany , assist, and supervise your Scouts at Day Camp
- Insure all parents and accompanying adults understand their Role
- T-Shirts are used for security and are to be worn every day.
- Scout discipline is a Pack responsibility
- The Pack adults directly supervise Scouts before and after Camp and during lunch.
- Adults need to assist the Scouts with their projects at the Craft Stations
- Sibling tag-a-longs are the parent's responsibility. No program is provided.
- Designate an onsite leader for each day if the Pack Coordinator is not going to be onsite.
- The onsite leader for each day must have completed and be current in with Youth Protection Training and will carry the Pack's emergency contact list.
- Submit the completed Pack Registration form and the Pack Supervision form, completed medical forms and full fees to council office by the proper due date.
- Coordinate the Pack's transportation to and from camp.

Calumet Council
Day Camp Attendance Comp Policy

Policy Statement: The Council shall award one (1) scout-week in camp in exchange for each one (1) volunteer-week at Cub Scout Day Camp.

Definitions: A "volunteer-week" is defined as an adult who participates in five (5) full days at one of the Council's Day Camps. A Volunteer-week includes only staff work performed at Day Camp and does not include any work performed prior to, or following Day Camp.

A "Scout-week" is defined as the equivalent of one Scout attending Day Camp for a total of five (5) days.

Qualifications: Each volunteer desiring attendance compensation shall have a form completed and signed by the Day Camp Administrator no less than 30 days before the Day Camp session begins. Volunteers without a signed form shall not receive credit for attendance compensation.

Credits must be used in the current year, and do not carry over into subsequent years.

Each Scout attending Day Camp must pay in full per the Council's payment schedule.

The Council shall issue all Day Camp credits to the unit in which the volunteer is registered within 30 days of the end of the Day Camp session. It shall be the individual unit's responsibility to assure that compensation is correctly credited to individual families.

Examples below will help to illustrate the policy:

Example 1: One (1) adult volunteer works for five (5) days at a Council Day Camp. The unit shall be awarded a total of five (5) days credit for one Scout to attend one of the Calumet Council Day Camps.

Example 2: Five (5) adults each volunteer one full day at a Council Day Camp. The unit shall be awarded a total of five (5) days credit for one Scout to attend one of the Calumet Council Day Camps.

Pack Leadership

Week _____

Pack # _____

In order for your Scouts to attend and remain active at Day Camp, each Pack will need to provide enough adult leadership to accompany Scouts from station to station, assist Scouts with their projects, and supervise Scouts at all times.

- The National & Council standards for leadership require that there be one adult in attendance for every 5 Scouts or portion of 5 Scouts
- Scouts are put in color groups both by Pack and Rank. Webelos are grouped separately from other Cub Scouts. This means that Packs sending groups of Webelos and groups of younger Cub Scouts, need leadership for both groups using the 1 adult to every 5 Scouts rule.
- Tiger Cubs are required to an adult with them either a parent or someone else over the age of 18.
- Pack adults working as Day Camp Staff DO NOT count as supervising adults. The supervisors (“walkers”) need to be available to be with the group of Scouts at each station.

Scouts	Adults		Scouts	Adults
1-10	2		21-25	5
11-15	3		26-30	6

Total Scouts Attending _____

Adults needed per day _____

A copy of this form and the pack “walker” form must be turned in at the time that the full payment is made. Submit final version with all changes or additions to the Camp Director on the first day of Camp at the leaders meeting. Mark the day(s) of the week each adult will attend and which adults are Youth Protection Trained (YPT). This training can be don on-line at <http://ole.scouting.org/> It is beneficial to each Pack. YPT is valid for 2 years. Print out your certificate at the end of the on-line training for Pack Records.

Calumet Council, BSA 2011 Cub Scout Day Camp

Pack Registration Form

Please Circle

District: CR NISH PD TB

Day Camp Week: OP1 GM2 CC3 MR4 SV5

Pack #

Orland Park - 1 July 12-15, 2011 Christ Evangelical Lutheran Church 14700 S 94th Ave. Orland Park, IL 60462	Hammond - 2 July 12-15, 2011 Pulaski Park 139 th & Sheffield AveHammond, IN 46327	Country Club Hills -3 July 19-22, 2011 St. Johns Church 4247 183rd St Country Club Hills, IL 60478	Merrillville - 4 July 19-22, 2011 IUOP 2193 W 84th PL. Merrillville, IN 46410	Homewood - 5 July 26-29, 2011 1100 Ridge Road Homewood, IL 60430-
--	---	--	--	--

Our Pack Day Camp Coordinator is:

Our Pack Emergency Contact is:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____
 ZIP _____

City: _____ State: _____
 ZIP _____

Phone: _____

Phone: _____

Camper Fees **Cost**

Registration	
Early 1/11/11 - 5/1/11	\$60.00
Regular 5/2/11 - 6/30/11	\$80.00

Discounts	
2nd/3rd Brother	-\$5.00
Pre Camp Work	(Voucher Required)
Volunteer Staff Children	Refund with paid receipt

Total Scouts _____

Total Fees _____

Total Campers

Tiger	Wolves	Bear	Webelos



All Campers must be registered Scouts. All Campers must turn in Completed Medical Forms, Individual Scout Registration Forms to the Pack Coordinator. Pack Coordinator will attach All Scout forms to this form (Pack Registration Form).

Please make sure ALL FORMS are complete, including: Names & Shirt sizes!

Pack Registration Information

(Pack Coordinator Please fill out)

Name	Rank	Shirt Size	Extra Shirt
Tommy Cuby Scout	Tiger	YL	\$5.00 - \$10.00 NO
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

Name	Rank	Shirt Size	Extra Shirt
			\$5.00
11. _____			
12. _____			
13. _____			
14. _____			
15. _____			
16. _____			
17. _____			
18. _____			
19. _____			
20. _____			

**Extra Shirts are \$5.00 per youth \$7.00 for Adults (Include Scout shirts and extra shirts in count below)
\$10.00 for shirts 2XL and 3XL**

Cub Scout shirts – Green Webelos shirts –Violet Note: Parents may purchase a prepaid shirt in the same color as their scout)

Total Shirts:	YL	AS	AM	AL	AXL	A2XL	A3XL
Cub-							
Webelos -							
STAFF –							
Jr. STAFF –							

Extra Patches Needed \$4.00 each \$ _____

Extra T-shirts \$5.00 Youth _____ Adult \$7.00 _____ Adult \$10.00 _____

Total Registration Fees \$ _____

Total Amount Enclosed (include extra patches, youth shirts and adult shirts) \$ _____

For Office Use Only *900056*



Day Camp Registration Form
Scout Form

(to be completed by Parent/Guardian)

NOTE: Turn this form into you **Pack Day Camp Coordinator** with the Scout's BSA Health Form

Required Scout Information

Name: _____ Pack: _____ Camp: _____

Grade Scout is entering in the fall _____

Cub Scout Rank in the Fall? (Please Circle) Tiger Wolf Bear Webelos Webelos II

Scout's T-Shirt Size (Please Circle)

Youth Large Adult Small Adult Medium Adult Large

Adult XL Adult XXL Adult XXXL
(\$10.00 dollars for 2X & 3X shirt sizes)

My Son may leave camp with the following people besides myself:

Name: _____ Phone # _____

Name: _____ Phone # _____

I agree to allow pictures to be taken of me or my child(ren) to be used to promote Day Camp & Cub Scouting

YES NO

I am available to help with pre-camp work such as cutting, sorting, or loading supplies.

YES NO

I am available & interested in a volunteer Staff positions for this week of Camp...please contact me!!

YES NO

Parent/Guardian Name Please Print: _____

Parent/Guardian Signature: _____ Date: _____

Annual BSA Health and Medical Record Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., H1B) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.: _____
Allergies: _____
DOB: _____
Full name: _____

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

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.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

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, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ DOB: _____