



GREAT RIVERS COUNCIL, BSA

2011 Cub Adventure/Webelos Camp Leader's Guide - Forms & Paperwork

OZARK
MOUNTAIN
MEN



Prepared. For Life.™

Contents:

- Reservation Form
- Pack Roster Form
- Map to Hohn
- Map of Hohn
- BSA Annual Medical Form
- Program Grant Form
- Volunteer Commissioner Application
- Special Needs Request Form

Cub Scout Camp Reservation Form – 2011

<p style="text-align: center;">Family Camp</p> <p>_____ May 14 - 15 _____ June 18 - 19 _____ July 9 - 10</p>	<p style="text-align: center;">Cub Adventure Camp (Wolf/Bear)</p> <p>_____ July 12 - 14 _____ July 16 - 18</p>	<p style="text-align: center;">Cub Extended Adventure (Wolf/Bear)</p> <p>_____ July 14 - 16 _____ July 18 - 20</p>	<p style="text-align: center;">Webelos Camp (current 3rd & 4th graders):</p> <p>_____ June 14 - 18 _____ July 12 - 16 _____ July 16 - 20</p>
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Pack #: _____ District: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

Number of Youth in camp: _____ Number of Adults: _____ Total Number of Campers: _____

Camp Fees:

Family Camp

# _____ Scout and Parent/Guardian	x	\$50 (\$40 if paid by 5/15/11)	=	_____
# _____ Additional Registrants	x	\$25 (\$20 if paid by 5/15/11)	=	_____
			=	_____

Cub Adventure Camp (Wolf/Bear)

# _____ of Scouts	x	\$70 (\$55 if paid by 5/15/11)	=	_____
# _____ of Adults/Leaders	x	\$40	=	_____

Cub Extended Adventure Camp *(not a stand-alone program, offered only if paired with Cub Adventure Camp)*

# _____ of Scouts	x	\$65 (\$60 if paid by 5/15/11)	=	_____
# _____ of Adults/Leaders	x	\$30	=	_____

Webelos Camp (current 3rd & 4th graders)

(please put an asterisk on your roster next to the names of Webelos that plan to participate in the Thunder Scouts program)

# _____ of Scouts	x	\$135 (\$115 if paid by 5/15/11)	=	_____
# _____ of Adults/Leaders	x	\$70	=	_____

	Total Fees	=	\$ _____
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For Office Use Only!

Date Received: _____ Time Received: _____ Amount Paid: _____ Receipt #: _____

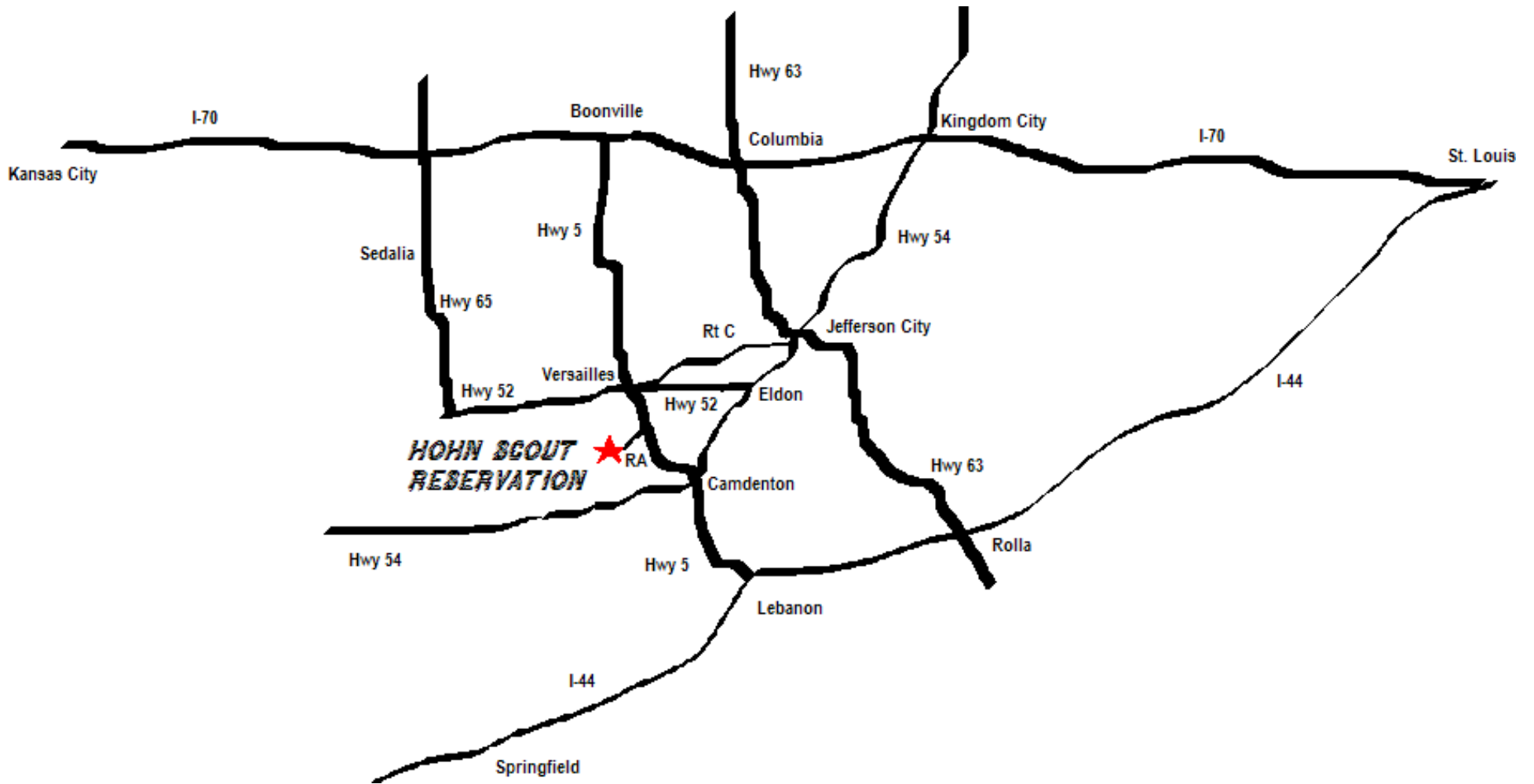
Camp _____ Program: _____

PACK ROSTER FORM

Pack # _____

District _____

	Scout Names	Phone #	Address	City	Zip	Age	Medical/Religious/Dietary Restrictions?	Date of Birth			Grade as of 9/1/10
								MO	DAY	YR	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
	Sibling Names (Family Camp Only)	Phone #	Address	City	Zip	Age	Medical/Religious/Dietary Restrictions?	Date of Birth			Grade as of 9/1/10
								MO	DAY	YR	
1											
2											
3											
4											
5											
	Adults	Phone #	Address	City	Zip	email address				Medical/Religious/Dietary Restrictions?	
1											
2											
3											
4											
5											
6											



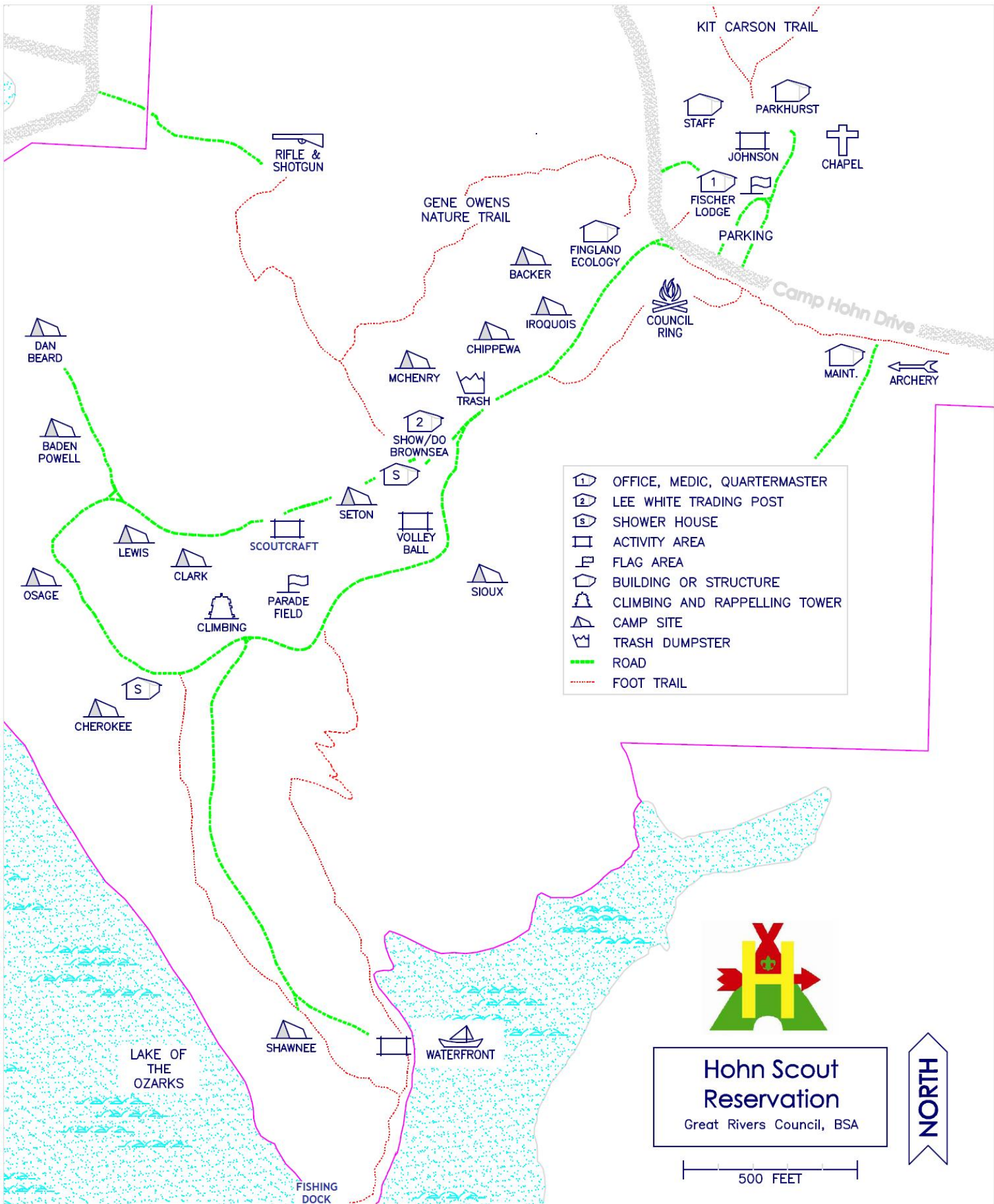
Driving Directions:

From Columbia: South on Hwy 63 to Jefferson City. West on Hwy 54 to Rt. C (exit Rt C/Ellis Blvd). West to Hwy 52 at Versailles. Hwy 52 joins Hwy 5. Stay on Hwy 5, south to Laurie. West on Rt. RA, 4 miles to camp.

From St. Louis: West on I-70 to Kingdom City. West on Hwy 54 to Jefferson City and Rt C. West to Hwy 52 @ Versailles. Hwy 52 joins Hwy 5. Stay on Hwy 5, south to Laurie. West on Rt. RA, 4 miles to camp.

From Kansas City: East on I-70 to Hwy 65. South through Sedalia to Cole Camp Junction. East on Hwy 52 to Versailles. South on Hwy 5 to Laurie. West on Rt. RA, 4 miles to camp.

From Springfield: East on I-44 to Lebanon. North on Hwy 5 through Camdenton to Laurie. West on Rt. RA, 4 miles to camp.



- OFFICE, MEDIC, QUARTERMASTER
- LEE WHITE TRADING POST
- SHOWER HOUSE
- ACTIVITY AREA
- FLAG AREA
- BUILDING OR STRUCTURE
- CLIMBING AND RAPPELLING TOWER
- CAMP SITE
- TRASH DUMPSTER
- ROAD
- FOOT TRAIL


**Hohn Scout
Reservation**
 Great Rivers Council, BSA

500 FEET



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., HIB) _____

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)

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

Part B Full name: _____ **DOB:** _____

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

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me. Yes No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Tuberculosis (TB) skin test (if required by your state for BSA camp staff) Negative Positive

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

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

- 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 their 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

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY
 Reviewed by _____ Date _____
 Further approval required Yes No Reason _____
 By _____ Date _____

Part C Full name: _____ **DOB:** _____



For council use only:
 Date received _____
 Amount approved \$ _____
 Initials _____

2011 Great Rivers Council Program Grant Application

Dear Parent/Guardian,

At the Great Rivers Council, Boy Scouts of America, we are committed to ensuring that all youth have the opportunity to participate in Scouting. We know that for some families, the additional costs of Scouting can be a strain on the family budget. We have funds available to help families in meeting these costs.

Program grants are **for youth** and are intended to help families with expenses that they cannot afford at this time and are not covered by funds earned by the youth and unit through product sales or other group money-earning projects (for example: popcorn sales or pancake breakfast). Units should make opportunities available for Scouts to earn money to pay for their Scouting expenses before applying for grants.

Camp Grant applications will be reviewed by the grant committee the third week of May. Grant applications will only be processed if the unit/Scout is registered for camp. Families are notified by mail of financial assistance allocated. A letter will be sent to the family, with a copy of the letter sent to the Scout's leader. **After June 1 Grant applications will not longer be accepted.** If you have questions or need assistance with this form, please contact 573-449-2561 or 800-726-8852.

The completed form may be returned to the group leader/advisor or mailed directly to:

Scout Reach Grant Review Committee
 Great Rivers Council, BSA
 1203 Fay Street
 Columbia, MO 65201

ALL INFORMATION MUST BE FILLED OUT

Date _____

Scout's Name _____ DOB _____ Years in Scouting _____

Rank _____ Has your Scout attended camp in the past? _____ How many years? _____

Address _____ City/Zip _____

Telephone (h) _____ Email address _____

Unit Type (Pack, Troop, Crew) _____ Number _____ District/Chartered Organization _____

Unit Leader _____ Unit sell popcorn? _____ Scout sell popcorn? _____

Address _____ City/Zip _____

Telephone (h) _____ (b) _____ Email _____

For camp and activity grants, cost is listed. Normal policy is to limit grants to 50% of cost except in dire circumstances. Scouts receiving camperships are not eligible for the early discounted rate. Check the camp program for which your scout is attending.

2011 Camp fees:

- _____ Hohn Boy Scout Summer Camp -\$240.00
- _____ Webelos Resident Camp -\$135.00
- _____ Cub Scout Adventure Camp -\$70.00
- _____ Cub Extended Adventure Camp -\$65.00
- _____ Cub Scout Family Camp -\$50.00
- _____ Cub Scout Day Camp -\$75.00
- _____ Other event _____ Cost \$ _____

Camp cost \$ _____
 Amount of Grant request \$ _____
 Amount Paid by Camper \$ _____

_____ **Membership Registration fee:** \$15.00

Parent/guardian, please complete other side of this form

CONFIDENTIAL FAMILY INFORMATION

Financial assistance is allocated based on the needs of the individual family. Complete this page with as much detail as possible.

1. Names of parent(s)/guardian(s) _____

Mother's/guardian's
place of employment _____ Occupation _____

Mother's/guardian's phone # (h) _____ (w) _____

Father's/guardian's
place of employment _____ Occupation _____

Father's/guardian's phone # (h) _____ (w) _____

2. Number of children living at home _____ Ages _____

3. Number of adults living at home _____

4. Annual household income (one must be marked in order to be processed)

- | | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|
| _____ Under \$11,000 | _____ \$30,001 - \$35,000 | _____ \$50,001 - \$55,000 | _____ \$70,001 - \$75,000 |
| _____ \$11,001 - \$20,000 | _____ \$35,001 - \$40,000 | _____ \$55,001 - \$60,000 | _____ \$75,001 - \$80,000 |
| _____ \$20,001 - \$25,000 | _____ \$40,001 - \$45,000 | _____ \$60,001 - \$65,000 | _____ \$80,001 - \$85,000 |
| _____ \$25,001 - \$30,000 | _____ \$45,001 - \$50,000 | _____ \$65,001 - \$70,000 | _____ Over 86,000 |

5. Please provide additional information regarding your family's financial situation which should be taken into consideration:

Signature of parent/guardian

Date

Signature of unit leader

Date



Volunteer Camp Commissioner Corps Application

Great Rivers Council, 1203 Fay Street, Columbia, MO 65201 573-449-2561

Each week during the summer season a corps of volunteer camp commissioners will assist the staff in seeing to it that troops have a successful camp experience. During each session of camp there is a need for anywhere from two to four volunteer camp commissioners. Commissioners will camp overnight with their home unit (or the provisional troop), but otherwise eat with and function as camp staff members. Volunteer Commissioners are asked to arrive by noon on Sundays, and usually depart by 10am on Saturdays.

The Commissioner Corps will work hand-in-hand with the Camp Commissioner and other camp staff during the week. Some might visit troop campsites on a daily basis for inspections. Others could provide a variety of other unit-service and program-support functions such as: assisting with leader training; providing instruction assistance to our Program staff; or providing transportation and leadership support to our Sons of Daniel Boone Society and other off-site excursions. Camp commissioners must be experienced Scouters with the ability to physically endure a week of walking at the camp.

Volunteer Camp Commissioner Corps members will attend camp at no charge. These positions are limited and will be filled by application on a first-come first served basis. Individuals selected for this program will be expected to attend a Commissioner Corps orientation to be held in April or May.

To serve as a Volunteer Camp Commissioner, YOU MUST:

1. Be a currently paid registered Scouter over the age of twenty-one.
2. Commit to serving as volunteer camp staff for one or more complete sessions of camp.
3. Abide by the Principles of the BSA, Regulations established by the BSA
4. Be approved by the Camp Director and Camp Commissioner.
5. Hold current Youth Protection Training.
6. Attend Commissioner Corps orientation.

If you are interested in volunteering, please complete, sign and submit the following application. Thank you.

PLEASE PRINT OR TYPE

Name	
Address	
City, State, ZIP	
Date of Birth	
Email address	
Phone (home)	
Phone (work)	
Phone (cell)	
Best time to call	
Current BSA Registration & Unit	
Date of YPT	
Shirt Size	

Session Preference (check all that apply):

- Cub Scout Session I (June 14-18, 2011)
- Boy Scout Session I (June 19-25, 2011)
- Boy Scout Session II (June 26-July 2, 2011)
- Boy Scout Session III (July 3-9, 2011)
- Cub Scout Session II (July 12-16, 2011)
- Cub Scout Session III (July 16-20, 2011)

I am aware of the influence my personal conduct has by example on youth. I therefore agree to conduct my personal activities in accordance with good scouting tradition and to follow all regulations established by the council for the use of its facilities. I understand that alcoholic beverages, non-prescribed drugs, gambling and personal firearms are not allowed on council property. Immediate removal from council property and the Volunteer Commissioner Corps will result from breaking this regulation.

Signature _____ Date _____

Summer Camp Special Needs Request

Please complete this form for each person in your unit with a special need, and send it to the Council Office as soon as possible. You will be contacted to confirm your request and if more information is needed. Please print clearly.

Unit Number: _____ Pack _____ Troop _____ Crew _____ District: _____
(circle one)

Attending: Family Camp Adventure Camp Adventure Webelos Camp Boy Scout Camp
(circle one)

Session Dates: _____

Name of Unit Leader Making Request Scouting Position

Street Address City State Zip Code

Day Time Phone Number Night Time Phone Number E-mail Address

Name of Person Request Made For: _____

Please describe the type of physical arrangement, assistance or special dietary needs being requested.

For Office Use Only

Received on: _____ By: _____
Confirmed on: _____ By: _____
