Frontier District Klondike Winter Games

Animal Trackers

February 7-9, 2014
For All Boy Scouts, Venturers, Varsity Scouts
and Webelos

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Frontier District - Klondike Winter Games (Derby)

FEB. 7-9, 2014

1. Introduction

The Klondike Winter Games (Derby) is a special event in our district each year. Scouts units will camp out over the weekend, Friday-Sunday, and Webelos will arrive early Saturday morning and spend the day.

Troops also have the option of coming just for Saturday if they desire. During the day, Patrols/Dens will participate in events, some old and some new. The events have been designed to test Scouting skills, mentally and physically. All the events will be timed unless otherwise noted.

There also will be special hats for the Boy Scout Patrol, winning the "King of the Klondike" award.

If you want hot chocolate, Jell-O or coffee at the warming tent, you **MUST bring your own cup.** This will also be used at the soup pot.

Please note that this packet has been redesigned.

General information for all; pages 1-5.

Scouts; page 6.

Webelos; pages 7-8.

Winter equipment; page 9.

Copies to be made; pages 12-18.

2. Location

The Klondike Games will be held at Reverends Ridge Campground, Golden Gate Canyon State Park, northwest of Golden.

See enclosed map-make copies for your drivers.

3. Registration and Fees

There will be pre-registration at the December and January Roundtables and at the Scout office, or can be done on-line, which is preferred. The registration fee will be \$15.00 for those camping. Webelos and Webelos parents will only attend Saturday, so the cost will be \$13.00 each. Scouts/parents who only participate on Saturday and are not camping, the cost will be \$13.00 each as well. All who attend must pay the registration fee. On the day of the event the cost will be \$20.00 per participant, if the unit has not previously registered. Registration fees are non-refundable but transferable. Once registered, additional participants fees will be the same as those previously registered.

For Scout units, campsite selection will be done at December and January Roundtables, during registrationfirst come-first served. Those units who volunteer to staff an event station will have first choice of campsites when attending staff meetings.

If you register on-line, then bring your receipt to roundtable and you too will be able to select your campsite. Otherwise contact John Beattie to select a campsite. You **MUST** select a campsite before arriving at the Klondike.

By selecting your campsite ahead of time, everyone in your unit should know where to go to set up camp. EVERY person attending the Klondike must have a completed medical form. See enclosed form. Forms used for previous District/Council events are also acceptable. Be sure they are still up to date.

All Medical forms will be turned in at check-in (see #4 below). Medical forms will be returned with your patches, upon departure, on Saturday or after Sunday Chapel services. The exception being, if a participant was treated by our medical staff

Each Boy Scout Troop Is To Provide At Least One Adult To Assist Staffing Stations. See Registration Form.

Each unit is to provide a roster of participants, both youth and adult. See enclosed form. The roster form along with medical forms, are to be turned in at Headquarters, cabin #1, upon arrival at the Klondike. Each participant is to bring **one can of soup** (no cream style) to be added to the Frontier Soup Pot. It is strongly encourage that all unit participate in the soup pot for lunch. It is here where sled design competition will be held, as well.

4. Check-In Upon Arrival

For Safety Reasons, It Is Very Important That Every Unit Check In At Headqurters, Cabin #1, As Soon As Possible After Arrival At The Klondike.

Please bring your previously paid receipt. Be ready to pay for any additional participants, checks are preferred or exact cash is required. Also have medical forms for ALL participants and a unit roster listing the youth and adults that are attending the event. Due to some schools not having class on Friday, Troops may arrive after 2:00 PM to set up camp. You MUST have previously selected a campsite. Boy Scout Troops are to proceed to their designated campsite, then send **one** adult to Headquarters (HQ) with necessary fees and paper work. Webelos are to park first and then have **one** adult come to HQ with necessary fees and paper work.

Registration is at Cabin #1 and will open at 4:00 PM on Friday.

5. Parking and Unloading

Due to park regulations and the volume of traffic we create, unloading and parking can be a slow process. PLEASE, follow the directions of the traffic control people and be patient! **Scout Units who are camping,** will park at your campsite and vehicles are to be parked on the right hand side of the road as you enter.

Webelos and other day visitors will park on the main campground road, not in the campsite loops, on the right side as you enter. **Please CAR POOL**. Parking is limited. For safety reasons, cars are not to be moved until departure. Each vehicle is to have a Parking Pass, see enclosed form. Please make necessary copies for your drivers. Please note that the purchase of a State Park Pass is **NOT** required unless you plan to visit other locations within the park.

6. Camp Set Up and Take Down

Troops may arrive after 2:00 PM on Friday to set up camp. Units should plan to depart by 10:30 AM Sunday. There are to be no tents, tarps etc. tied to any trees or structures. It is expected that all participants are to be sleeping in tents. No travel trailers or buses are to be used. If because of unique circumstances, it is required, prior arrangements must be made with the District Activities Chairperson.

7. Fires and Water

Wood fires are only allowed if they are in the established fire grates. No wood will be available at the campsites. Wood gathering is not permitted. Use of stoves or charcoal for cooking is strongly recommended. NO OPEN FLAMES IN TENTS. This includes no cooking in tents. ALL ASHES ARE TO BE TAKEN HOME.

There is no running water available, so please plan on bringing your own. Dehydration can occur just as fast in cold weather as warm weather, so be sure to bring extra water. Bring what you will need for the event.

Webelos are to bring at least 5 gallons for their group.

8. First Aid

First Aid emergencies should be directed to the First Aid station, located at Yurt #1. The individual unit should handle all minor first aid opportunities. First Aid members will also be walking around the events on Saturday.

9. Webelos in Camp

Scout Troops are encouraged to invite Webelos to the Klondike. Webelos should NOT plan to stay the night. All Webelos will need to check in at Headquarters, Cabin #1, upon arrival. Please arrive prior to 8:30 AM. Webelos' events will start at 9:30 AM, after the flag ceremony

10. Schedule

A schedule is included with this packet. It is subject to change, but is our best effort at this time. Updated copies will be provided when you check in at HQ.

11. Prizes

The top 3 patrols/dens for each station activity will be recognized. Please note that the scoring will be separate for the Boy Scouts and Webelos. Webelos prizes will be given out at the March Roundtable.

12. Latrines

Latrines will be provided for all campers to use. There will be some designated for ladies, please be courteous.

13. Trash

All Units Must Take Their Trash Home!!!

The trash receptacles that exist in the campsites are NOT to be used. Points will be deducted during campsite inspection. **This includes any fire ashes**. Established fire grates should be cleaned out as well, prior to departure. Remember to leave your campsite in better condition than you found it, upon arrival.

14. Campsites

Each Troop will be assigned a campsite, preferably when you initially registered, but you still must check in at registration prior to 8:30 AM Sat., to finalize your attendance numbers. If not done, points will be deducted for camp inspection and patches may be held until March Roundtable. This is also a critical safety issue.

15. Participation Ribbons and Patches

Any unit leaving Saturday must check in at cabin 1 to receive their patches and ribbons. Those who are camping will be given theirs after the church service on Sunday.

- 16. ALL PARTICIPANTS MUST HAVE PROPER FOOT PROTECTION-ANY PERSON WEARING TENNIS SHOES or Inappropriate Foot Wear Should Not Attend And WILL BE SENT HOME
- 17. **Lost And Found** will be located at Headquarters, cabin #1.
- 18. Frontier Soup Pot will be open at 11:30 AM on Saturday. Remember to turn in your can of soup, Saturday morning at the soup kitchen. ALL participants must BRING THEIR OWN CUP/BOWL AND SPOON.
- No Mobile Homes or Camping Trailers. Remember, you are setting the example. See above -Camp Setup
- 20. We Are Guests of The State Park; a couple of items that need to be adhered to;

No tying of tarps, tents, etc. to trees.

Observe, but do not feed or harass any wildlife.

Pick up trash regularly, which will help in the amount of trash found when the snow melts, as well as keep the animals from looking for your food.

Use the portable toilets provided. Park restrooms will be closed.

No use of snow plows or snow blowers are to be used to clear campsites or roads.

21. A VOLUNTEER UNIT IS REQUESTED to perform a community service of checking the campgrounds, on Sunday, to be sure that we have left the area clean. Please contact Klondike chairperson to volunteer.

22. Webelos Camping and Crossovers.

It is understood that some Webelos may have already crossed over into a Boy Scout Troop by the time the Klondike is held. It is **highly** recommended; the Webelos den/patrol comes to the Klondike as their Webelos den/patrol, and participate in the Webelos events. Typically, Webelos have not had enough camping experience to spend the night in below freezing temperatures and hopefully below zero weather. This final decision though, will be left up to the Scout's parent(s) and the Scoutmaster of the Troop.

23. The events are organized and run by the Boy Scouts on a volunteer basis. It is requested that adults do not interfere with the Scouts who are running the event. If there is a problem, it should be brought to the attention of the adult advisor at the event or the Klondike Senior Patrol Leader.

24. SPECIAL NOTE:

Updates and additional information will be distributed by the Frontier email list. If you have not subscribed, you may do so, by contacting John Beattie at; jvbeatt@q.com.

25. Weather and Road Conditions:

To obtain weather and road conditions, starting Friday afternoon, please call 303-422-7079 for a recorded message. The message will be updated as conditions warrant.

25. Make Necessary Copies

Make necessary copies of this packet for your needs. This leader's guide will also be posted on the Frontier District Website, a link from council website.

Also make copies of pages 12-18, which include driving directions, parking pass, medical form, participant roster and registration form.

26. Frontier Food Drive

We would like each participant to bring extra non-perishable food item to the Klondike or the February Roundtable. The food will be donated to the Arvada Food Bank. The Arvada Food Bank serves families within our district from 38th Ave to the South, Sheridan Blvd. on the East, 120th Ave to the North and Hwy 93 to the west.

If bringing food to the Klondike, please take to Cabin #2 (event registration). This is separate from the can of soup for the soup pot.

27. Parade of Sleds

At 12:30 we will hold the parade of sleds, by the soup pot. Scout patrol and Webelos will be judged separately.

Boy Scout Section

1. Program Activities - Boy Scouts

Saturday morning prior to the flag ceremony, patrol registration will take place, located at cabin 2, not HQ. Each patrol will be assigned a Patrol "number". Events will test your Scouting skills. Scouts should bring patrol flags and bring their great Scouting Spirit. Not all events have been finalized; so details will be provided at roundtable and through district email. You MUST follow the sequence you are given. If not, you will be asked to go to the correct event.

Upon completion of each event, your Patrol Sheet will be signed, by the event advisor.

This sheet will show in what rotation your patrol is to follow between event stations.

Your Patrol Sheet MUST be turned in upon completion of all the events, to cabin 1 and prior to 5:00 PM Saturday. Otherwise no scores will be registered. This enables the staff to know that all patrols are accounted for-again for safety reasons.

2. Camp Inspection - Sometime Saturday

Campsites will be inspected according to the inspection sheet enclosed within this packet. The inspection criteria have changed a little from previous years. There will be a special prize for the top campsite, but the inspection will carry the same weight, as other events, for overall Klondike scoring.

3. Boy Scout Equipment List

EACH Boy Scout is to have his own 10 essentials. As Patrols are participating as Patrols, the Patrol also needs to have a Patrol flag, song and yell. The Patrol flag must be separate from the sled. The Patrols will receive points for having these items throughout the various stations.

4. Sled Rules

- Sled must be 4'-7' in length (based upon runner length)
- Sled must 18"-36" wide, including handle bars (*modified 2007)
- Authorized Sled construction materials are wood, metal, rope and a pair of skis between 122cm and 213cm in length. No PVC.(*modified 2013)
- Due to safety of all, sled made of PVC pipe will not be allowed, due to breakage and splintering when cold.(*modified 2008)
- Sled must have only 1 pair of skis (not snow boards) as runners.
- Sled must be able to carry 1 Scout, who may be required to ride in the sled during the race.
- Sled to be designed to carry patrol gear.
- Patrol equipment will not be carried on the sled during the race (*modified 2007)
- The Scouts must pull/push the sled.

5. Events-Not Finalized

- Sled Race-approximately 1 mile-similar to last year
- Fire starting
- Compass/orienteering course-possibly GPS
- First Aid
- Lash a sled
- Animal identification
- Animal pancake toss
- Buck Saw
- Boy Scouts may go tubing after completing all their events, after 3:00 PM. They MUST allow Webelos to go first.

6. Judging Guidelines

- Guidelines for judging are established prior to the event. While time may be a factor, teamwork
 and the "ten essentials" are included in the scores. At various stations the Patrol members will
 be asked to show one of the essentials (or a Patrol flag/yell/song) that will count towards
 judging.
- Patrols will not be judged only on their ability to complete the task in a fast manner but also the manner in which it is completed with the Scouting ideals in mind. As Boy Scouts, all participants should display a positive and inclusive attitude. The adult leaders should also follow these guidelines.

7. High Adventure Activity

Scouts 14 years of age and older, can participate in a Snow Shoe Trek, supervised by Gerry Case (the other adult who wears shorts in winter). A limited number of snow shoes will be provided. A backpack stove is recommended, to prepare your lunch.

You will meet at the amphitheater, after the flag ceremony. Interested adults are welcome as well. Trek around and see what other parts of the park are like in winter.

Sign-up will take place during registration at December, January and February Roundtables.

Webelos Section

1. Webelos' events will be in a "round robin" format. Each Webelos den/patrol, by one parent please, must register at Cabin 2 after check-in at Cabin 1.

Each Webelos patrol/den will be assigned a number. This will be done prior to and after the flag ceremony, which will take place by the flags. Events are listed below. Not all events have been finalized, so details will be provided at the Feb Roundtable and through District email (see above). Webelos are to bring their patrol/den flag and all their great Webelos Spirit. We are trying to have the Webelos finish their events by 3:00PM, so you may head for home after your events are completed, if you like. Awards will be presented at the March Roundtable. Be sure your event sheets are turned in at HQ, Cabin #1, after you have completed all of your events.

2. Sled Rules

The only rule is: Design what the Webelos like. There will be judging to decide who has the best sled, **based upon the Klondike theme.** Judging will be done during lunch, around 12:30. There are some limitations. (*modified 2008)

- Sled must be 4'-7' in length (based upon runner length)
- Sled must 18"-36" wide, including handle bars (*modified 2007)
- Authorized Sled construction materials are wood, metal, rope and a pair of skis between 122cm and 213cm in length. No PVC. (modified 2013)
- Due to safety for all, sled made of PVC pipe will not be allowed, due to breakage and splintering when cold.(*modified 2008)

3. Departure

Webelos are to pick-up their packets at Headquarters, Cabin 1, prior to leaving on Saturday. Be sure to turn in your event sheets. Packets will contain medical forms, participation ribbons and patches. All Packs/Dens need to check out to ensure the staff is aware that you have left.

4. Equipment Checklist

- a. Water bottle or canteen, and bring extra water for your group (5 gal).
- b. Cup or bowl and spoon for soup.
- c. Sack lunch to supplement soup.
- d. Remember that everyone will be outside all day-no opportunity to run into the house to get warm.
- e. Dress in layers.
- f. Bring extra socks (miss-matched etc.)
- g. ALL participants must have proper cold weather footwear. **NO** tennis shoes.
- h. Extra gloves mittens are the best.
- i. Encourage your Scouts not to roll around in the snow thereby getting wet. If Scouts get covered in snow, brush off immediately.
- j. First Aid facilities located in Yurt #1. See map
- k. Have Webelos use "buddy system" to check each other for being cold, wet and the drinking of plenty of water. This does include parents as well.
- I. Wear outer garments like snow pants to stay dry.
- m. The 10 Essentials-see below, for each den/patrol-not by individual.
- n. Have a FUN and SAFE day.

5. Events-Not Finalized

- Sled race
- Broom hockey
- Fire starting

- Tubing hill
- Animal Identification
- First Aid
- There will be sled design judging, based upon the Klondike theme. Judging will be done at 12:30 by the soup pot. The Parade of Sleds!

The 10 Essentials for Camping:

Pocket Knife (to be carried by an adult)
First Aid kit
Extra Clothing
Rain Gear
Water Bottle
Flashlight
Trail Food
Matches and Fire starters
Sun Protection
Map and Compass

Judging Guidelines

- Guidelines for judging are established prior to the event. While time may be a factor, teamwork
 and the "ten essentials" are included in the scores. At various stations the Patrol members will
 be asked to show one of the essentials (or a den/patrol flag, yell or song) that will count
 towards judging.
- Patrols will not be judged only on their ability to complete the task in a fast manner but also the
 manner in which it is completed with the Scouting ideals in mind. As Webelos, all participants
 should display a positive and inclusive attitude. The adult leaders should also follow these
 guidelines.

Winter Camping Equipment Guidelines

These guidelines are to allow you to start to collect the necessary equipment you will need for winter camping. Please follow the list carefully and you will experience little discomfort regardless of the temperature. Most of the items listed can be bought at garage sales, flea markets, surplus stores, second hand stores, etc. Plan now and start looking for the items you need. Items listed with a (W) are also for Webelos.

FEET(W)
SOCKS - 2-4 pr liners or polyester socks
4-5 pr wool or wool blend (should be at least 65% wool)
SHOES(W)
Boots with removable liners "Sorel" or "Caribou" type boots if you already have them.
2nd pr winter or hiking shoes
<u>UNDERWEAR(W)</u>
2 changes underwear & t-shirts
1-2 pair long johns (polyester or poly- blend-try to stay away from cotton
(optional) pantyhose - provides an excellent 1st layer in insulation.
SLEEP WEAR
1 pair jogging suit, warm PJ's or long underwear.
stocking cap
wool socks
PERSONAL GEAR
compass
pocket knife with tot'n chip
nylon cord or rope
flash light with extra batteries
Sun screen/sun glasses/chap stick(W)
WATER BOTTLE(W)
CUP(W)
SHIRTS & TROUSERS(W)
2 warm, long sleeved, wool is best- flannel is 2nd
1 wool or warm sweater
2 pr pants wool or snow pants.
1 pr suspenders (pants loose around waist)
OUTER WEAR(W)
Coat - should be warm, wind and water resistant, should be insulted with man-made material.
Rain suit or Poncho
Wind suit (optional)
2-3 stocking hats - one for sleeping in at night.
Gloves - 2-3 pair mittens are best-use glove liners. DO NOT BRING THE WHITE OR BROWN GARDEN GLOVES.
EXCEPT IF YOU INTEND TO USE THEM FOR ONLY AN EMERGENCY.
TOILET KIT
Toothbrush and toothpaste
soap, washcloth, towel
foot powder, comb
partial roll of toilet paper in zip lock bag.
CAMPING GEAR
tent
closed cell ground pad
sleeping bag
sleeping bag liner (optional) for more warmth
1-2 ground cloths
small pillow (optional)

____Plate or bowl and eating utensils (spoon)

FRONTIER DISTRICT 2014 KLONDIKE SCHEDULE

Friday Feb.7

2:00 - 9:00 PM Arrive at Reverends Ridge Campground

Check-in at Cabin 1 - set-up camp

9:00 PM Staff Meeting

9:30 PM Scoutmasters and SPL meeting-Warming Tent

10:00 PM Lights out-Quiet time

Saturday Feb. 8

7:00 AM Begin day, prepare breakfast

Prepare for inspection

7:30 AM Late Check-in Registration for Scout Troops-Cabin 1

Event Registration -Cabin2

8:00 AM Check-in Registration for Webelos begins-Cabin 1

Event Registration - Cabin 2

8:45 AM Boy Scout Flag Ceremony-Parking Area (Campground Office)

9:00 AM Venues for Boy Scouts Open-they will NOT open early

9:15 AM Webelos Flag ceremony-Parking Area (Campground Office)

9:30 AM Events for Webelos Begin-they will NOT open early

Snow shoe trek begins (meet at Campground office)

11:30 AM Jensen/Burge/Filbeck/Dawdy/Ordemann/Mayer Frontier Soup Pot opens

11:30-1:00 Lunch for all-venues closed

12:30 Parade of the sleds-sled judging

1:00-4:00 PM Events continue

3:00 PM Webelos stations close (if all are completed)-tubing

Open for Boy Scouts

4:00 PM All venues close-be sure all patrols have completed

4:30-7:00 PM Dinner

7:00-10:00 PM Troop activity 10:00 PM Lights out

Sunday, Feb. 9

7:00 AM Begin day, prepare breakfast

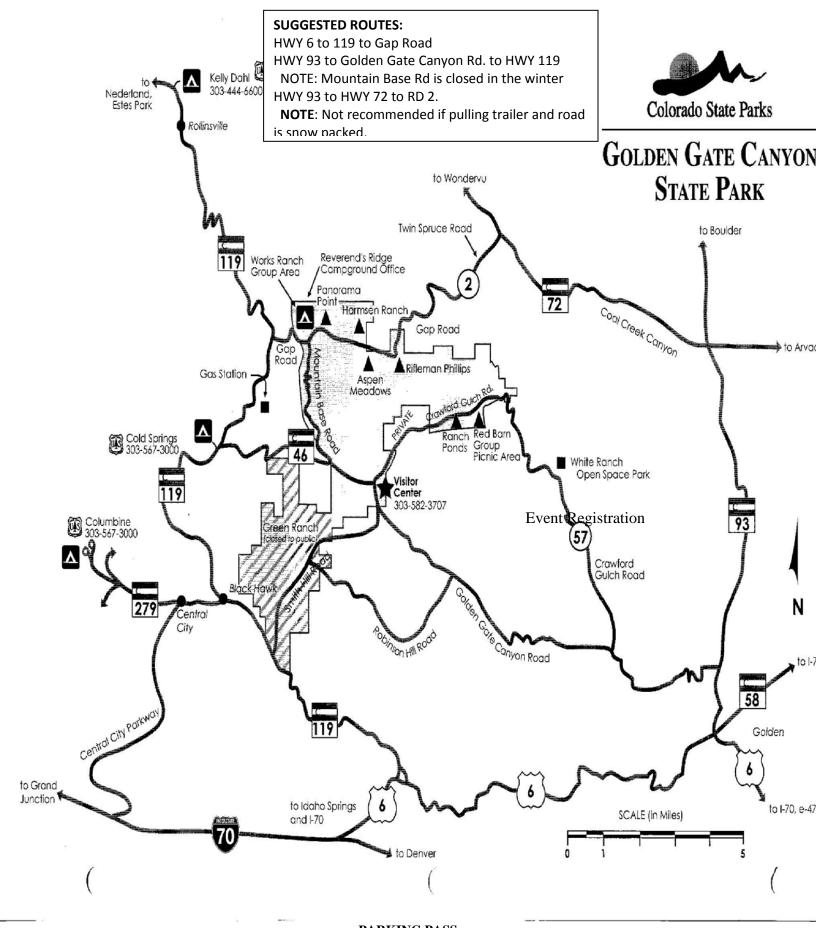
Clean camp

9:00 Chapel Service-followed by

Boy Scout awards/recognition (amphitheatre)

10:30 Check out of Campsite

Note: Event Registration Will Be At Cabin 2. Webelos Awards Will Be Presented At March Roundtable



FRONTIER DISTRICT

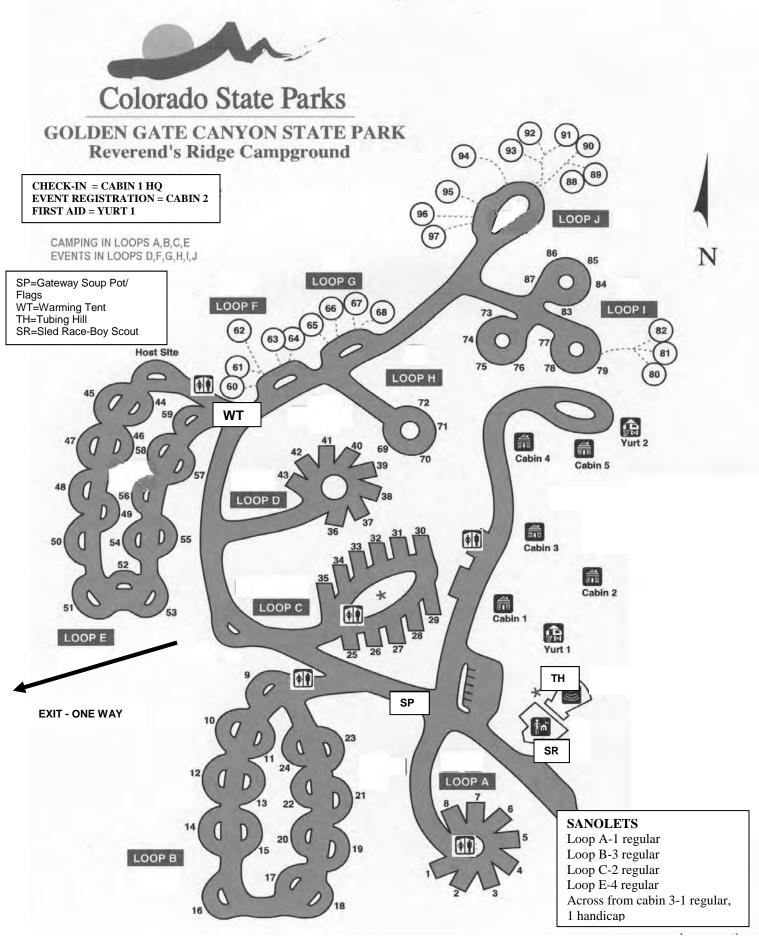
GOLDEN GATE CANYON STATE PARK

FOR REVERENDS'S RIDGE CAMPGROUND ONLY

UNIT #	
DRIVER'S NAME	
CELL PHONE #	
	OT BE USED IN ANY OTHER PART OF THE PARK, AND IS ONLY VALID FOR FEB 7-9, 2014
	PARKING PASS DISPLAY ON DASHBOARD
	FRONTIER DISTRICT
	GOLDEN GATE CANYON STATE PARK
	FOR REVERENDS'S RIDGE CAMPGROUND ONLY
UNIT #	
DRIVER'S NAME	
CELL PHONE #	
THIS PASS CANNO	OT BE USED IN ANY OTHER PART OF THE PARK, AND IS ONLY VALID FOR FEB 7-9, 2014
	PARKING PASS DISPLAY ON DASHBOARD
	FRONTIER DISTRICT
	GOLDEN GATE CANYON STATE PARK
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DRIVER'S NAME	
CELL PHONE #	
THIS PASS CANNO	OT BE USED IN ANY OTHER PART OF THE PARK, AND IS ONLY VALID FOR FEB 7-9, 2014

ROSTER 2013 FRONTIER KLONDIKE

TROOP# PACK#	
YOUTH	ADULTS
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	
20	20



FRONTIER DISTRICT REGISTRATION

2014 KLONDIKE

TROOP #		PACK #						
Troops and Packs are to be registered separately								
Preferably Web have separate p		as one group, as a Pack, ev	en though they					
UNIT CONTACT:								
NAME:		TEL #::						
EMAIL:								
Total # adults	X \$15.00							
Total # youth	_ X \$15.00							
Saturday Day Visito Total # adults	ors-NOT camping-this incl X \$13.00	udes Webelos						
Total # youth	_ X \$13.00							
Total Fees Due=								
Name and tel. # of a	adult volunteer(s) MINIML	JM 1 PER Boy Scout TROOP to h	elp staff an event, if					
Preregister at Dec.		al, if unit had not registered previous n-line or at Scout Service Center.	sly.					

Do $\underline{\text{NOT}}$ submit medical forms when registering. Turn in all medical forms when your unit checks in at Klondike HQ, Cabin #1. ALL participants must have a medical form.

Turn in roster of attendees when checking in at HQ.

Annual Health and Medical Record

(Valid for 12 calendar months)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed heath-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle–accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- Philmont Scout Ranch. Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- Northern Tier National High Adventure Base.
- Florida National High Adventure Sea Base. The PADI medical form is also required if scuba diving
 at this base.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes

- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscoutranch.org or 575-376-2281
- Northern Tier National High Adventure Base: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout Jamboree: www.bsajamboree.org

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at http://www.scouting.org/scoutsource/HealthandSafety.aspx. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at http://www.hipaa.org.



Part A			al Record	High-adventure bas Expedition/crew No.: _ or staff position:	e participants:
				Date of birth	Age Male □ Female □
					•
			I SIDES OF INSURA	ANCE CARD. IF FAMILY I	HAS NO MEDICAL INSURANCE, STATE "NONE."
n case	of emer	gency, notify:			
Name _				Relation	ship
Address	·				
Home p	hone _		Business ph	none	Cell phone
Alternat	e conta	ct		Alter	nate's phone
HEALTH	HISTOR	Y			
Are vou	now. or	r have vou ever been treated	for any of the follow	vina:	Allergies or Reaction to:
		1			Medication
Yes	NO			Explain	
					Food, Plants, or Insect Bites

					Immunizations:
			AD, MII)		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
			and		□ □ Pertussis
			ADD,		□ □ Diphtheria
			e, autism)		☐ ☐ Measles
		0			□ □ Mumps
		<u> </u>	StateZipCouncil name/No		□ □ Rubella
		7			□ □ Polio □ □ Chicken pox
		'			☐ ☐ Hepatitis A
		Seizures Last seizure:			Hepatitis B
				CPAP: Yes □ No □	□ □ Influenza
		0	ms		□ □ Other (i.e., HIB)
					☐ Exemption to immunizations claimed
		· · · ·			
this pai	medica	ations currently used. (If a e health form.) Inhalers ar	nd EpiPen informa		
Madia	ation		Madigation		Madication
		odication	I Reason for m	and an	I Reason for medication

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

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

igh-adventure base participants:	
xpedition/crew No.:	
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

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			
release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other			
film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America,			
□ Yes □ No			
ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:			
You must designate at least one adult. Please include a telephone number.			
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)			
2. Name Telephone			
3. Name Telephone			
Adults NOT authorized to take youth to and from events:			
1. Name			
2. Name			
3. Name			
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, <i>including height and weight requirements and restrictions</i> , 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			
Participant's name			
Participant's signature Date			
Parent/guardian's signature Date Date			
Second parent/guardian signature			
This Annual Health and Medical Record is valid for 12 calendar months.			

Part B Full name:

DOB:

Camper's Name Date of Birth										
Parent/Guardian Dates of the Camp Session										
		partment of Pu rnate Certificat								
	Vaccine	1	(Enter the month	, day and yea	ar each imm	unization	was given	1.)		
Нер В	Hepatitis B									
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)									
DT	Diphtheria, Tetanus (pediatric)									
Tdap	Tetanus, Diphtheria, Pertussis									
Td	Tetanus, Diphtheria									
Hib	Haemophilus influenzae type b									
IPV/OPV	Polio									
PCV	Pneumococcal Conjugate									
MMR	Measles, Mumps, Rubella									
Varicella	Chickenpox			ncare Provider mentation Date	•		Lab Verifica	ation Date		
	STATEM	ENT OF EXEMPTION			NI AW					
IN THE	EVENT OF AN OUTBREAK, EXEMPTE	ED PERSONS MAY B	E SUBJECT TO	EXCLU	SION FRO	ЭМ САГ	MP AND	10 QUA	ARANII	NE.
	EXEMPTION: The physical condition of	the above named person	on is such that in	nmunizatio	n would e	ndanger	life or he	ealth or is	medical	lly
	cated due to other medical conditions.			ical exemptio						
Signed	Da Physician	te	□ HepB	□ DTaP	☐ Tdap	☐ Hib	□ IPV	D PCV	☐ MMR	□ VAR
	US EXEMPTION: Parent or guardian of the	ne above named persor	n or the person h	imself/hers	self is an a	dherent	to a reliç	gious beli	ef oppos	ed to
immunizat	ions.			gious exempt	ion to the foll	owing vac	cine(s):			
Signed	Da Parent, guardian, emancipated Scout/consenting		□ HepB	□ DTaP	☐ Tdap	☐ Hib	□ IPV	D PCV	☐ MMR	□ VAR
	AL EXEMPTION: Parent or guardian of the	ne above named persor	n or the person h	imself/hers	self is an a	dherent	to a per	sonal beli	ef oppos	ed to
immunizati			Pers	onal exempti	on to the follo	wing vacci	ine(s):			
Signed	Da Parent, guardian, emancipated Scout/consenting	te minor	□ HepB	□ DTaP	☐ Tdap	☐ Hib	☐ IPV	□ PCV	☐ MMR	☐ VAR
	, g,,		- 1-							
	_			.=:0::0						
		ARENT/GUARDIAN								
	rdian Name		Parent/Guardia Parent/Guardia							
	ırdian Address ırdian Telephone Day		Parent/Guardia							
Eve	Cell		Eve			Cell_				
	nployment		Place of Emplo							
			AddressPhone #							
	uthorized to take the Scout from camp if dif	•	-	_	nit.		СТ	7:		
Name Phone # Da	Ado	II E 3 5	Cell		بالy		১۱	ZIP		
	thorize the above named person to particip									
campsite.	tnorize tne above named person to particip rdian/Custodial Adult	ate in all special trips or	excursions in w	nich the So	•	oe waikii		ng away i	rom the	
	named person is restricted from the activitie	es listed below:								
Parent/Gua	rdian/Custodial Adult				Date					

My child carries an inhaler: $\hfill \square$ Yes ■ No

(Parent, guardian, emancipated Scout/consenting minor)

My child carries an epi pen: $\ \square$ Yes

□ No

I hereby give my permission for my child to carry the above mentioned emergency medications_

lombre			Fed	ha de Na	cimien	to				
irección	de Padre/Guardian		Fe	chas de l	a sesió	n de c	ampan	nento_		
	EL DEPARTAMENTO DE Certificado aprov							E		
	Vaccine		(Enter the mo	onth, day and y	ear each in	nmunizatio	on was give	en.)		
Нер В	Hepatitis B							-		
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)									
DT	Diphtheria, Tetanus (pediatric)									
Tdap	Tetanus, Diphtheria, Pertussis									
Td	Tetanus, Diphtheria									
Hib	Haemophilus influenzae type b									
IPV/OPV	Polio									
PCV	Pneumococcal Conjugate									
MMR	Measles, Mumps, Rubella									
Varicella	Chickenpox			Healthcare Provider Documentation Date)		Lab Verif	ication Date_		
	DECLARACION RESPE	CTO A LAS E	XENCION	ES DE LI	EY DE	VACU	INACIO	ÓN		
SI SE PRI	ESENTA UN BROTE DE LA ENFERMED		QUE A LAS P	ERSONAS					CUAREN	TENA
	POR RAZONES MEDICAS: El estado de sal están contraindicadas debido a otros problemas de		a citada es tal que	e la vacunació	n significa	un riesgo	para su sa	alud o incl	uso su vida	; o bien,
Firma	Fecha	Saluu.	La □	exención por razo	ones médicas :	aplica a la(s) s	siguiente(s) va	cuna(s):		
T IIIIQ	Medico		_	pB DTaP	Tdap	Hib	IPV	PCV	MMR	VAR
EXENCIÓN	POR MOTIVOS RELIGIOSOS: El padre o tu	ıtor de la nesona arrib	a citada o la nere	ona miema ne	artenece a	una religió	ก์ก สมอ รอ	onone a la	a inmunizac	ión
Firma_	Fecha	noi de la pesona amba	a citada, o la pers Ex	ención por motive	s religiosos	le la(s) siguier	nte(s) vacuna(IOII.
	adre, tutor, estudiante emancipado o consentimien	to del menor	He	pB DTaP	Tdap	Hib	IPV	PCV	MMR	VAR
EXENCIÓN	POR CREENCIAS PERSONALES: Las cre	encias personales del	padre o tutor de l	a persona arri	ba citada,	o la perso	nsa misma	a, se opon	en a la	
inmunización				ención por creenc						
FirmaP	Fecha_ adre, tutor, estudiante emancipado o consentimien	to del menor	_	pB DTaP	Tdap	Hib	IPV	PCV	☐ MMR	□ VAR
	P	ADRE / TUTOR								
	padre tutor		Nombre del Dirección de		rdian					
	e Padre/Guardian Padre/Guardian durante el dia		Teléfono de	Padre/Guar						
noche	eCell abajo		noche Lugar de tra				Cell			
dirección			dirección							
número de t	teléfono		número de t	elefono						
Persona au	torizada para tomar el campamento de Scou	ıts si es diferente de	el padre o tutor:							
Nombre número de t		cción oche		(Cell	Ciudad		S	T Zi	p	
			todos los visis-		0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	noc ca l	0.000.01	ovolorad	or 00 000	10
	ente autorizo a la persona arriba mencionada nontar a caballo del camping. r / Adulto_	ı para participar en	todos los viajes		ia fecha	ones en i	a que el	expiorad	or se pued	ie
La persona	antes mencionada se limita a las actividades	s enumeradas a cor	ntinuación:							
										_
Padre / tuto	r / Adulto			Fecha						_
Mi hijo lleva	una pluma de epi: 🗆 Sí 🔻 No			va un inhala			No			
Yo doy mi p	permiso a mi hijo para llevar a la emergencia	mencionada medic	ations	(Padre, tutor, estu	diante emancip	ado o consen	timiento del m	enor)		