



# 4-Rivers Cub Scout Day Camp 2017

## bug hunters

Dear Cub Scout Day Camp Family,

Thank you for registering for this year's Cub Scout Day Camp session. This letter is to remind Day Camp families of some important information and dates regarding day camp.

**Den Leaders:** Den Leader responsibilities include escorting their assigned Den to the different Program activities all around camp, supporting team building within the Den, encouraging individuals to do their best and to respect each other, and providing positive redirection/discipline (when necessary).

**Staff Members:** Staff responsibilities include carrying out the program area assigned to them, preparing an initial and final inventory of the materials needed/utilized within their station, preparing for each period's activity, promoting a positive and instructive atmosphere for the Scouts at their station and guiding/supervising the Camp Aides assigned to their station.

**3-Day Adult Volunteers:** 3-Day Adult Volunteers responsibilities include assisting at either a den assignment or station assignment determined by the Camp Director. Uses the materials and information provided to assist in delivering a high quality program. Assignment may change for each day.

All Camp Staff, Den Leaders & 3-day Adult Volunteers are required to attend a Camp Leader training session prior to Camp (dates are indicated on application). In addition, each adult must also have taken a **Youth Protection training course**. Anyone preferring to work as a Staff member on the Archery & BB's ranges will need additional training and should contact the Camp Director. Please be aware that any applications received to the registrar that are incomplete will not be processed. It is very hard to "chase down" missing information, so we have come to the agreement to enforce this rule. Den Leaders, Staff and 3-Day Adult Volunteers do not need a transportation form, but please remember to submit your application, **3-page** health form and required up-to-date Youth Protection certification (Youth Protection Training is available online at [my.scouting.org](http://my.scouting.org)).

All families attending camp are required to attend one of the Orientation Dates the weekend before camp. You need only attend one of these days. This allows families to see the facility, go over the rules and regulations regarding camp, and pick up their camp t-shirts and den assignments.

We also ask that parents assist in either Camp Set-Up or Camp Tear-Down. Many hands make for light work in the construction and break down of camp. You need only attend one of the options.

#### Camp Set-Up and Orientation Dates:

- Saturday, June 17<sup>th</sup> **or** Sunday, June 18<sup>th</sup> @ A.A.Co. Fairgrounds
  - o Set-Up starting @ 10am, Orientation @ 2pm

Refund requests will be at the discretion of the Camp Director & District Executive.

I look forward to meeting you, and I can't wait for camp to start!! ☺ If you have any questions or concerns, please do not hesitate to contact me. Please check the day camp website routinely for updates.

Yours in Scouting,

Jennifer Martin  
Day Camp Director  
[jenn00346@aol.com](mailto:jenn00346@aol.com)

Day Camp Website: [www.FourRiversDayCamp.org](http://www.FourRiversDayCamp.org)

Day Camp Facebook Page: Search for "4-Rivers Cub Scout Day Camp" and "like" us!

Day Camp Pictures: <http://jenn00346.smugmug.com/>

**4-Rivers Cub Scout Day Camp 2017—An ALL-VOLUNTEER Program  
"Bug Hunters"**

**3-DAY ADULT VOLUNTEER APPLICATION**

**JUNE 19<sup>th</sup> to 23<sup>rd</sup>, 2017**

Participant's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ YP Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*\*\* A photocopy of your up-to-date Youth Protection card needs to be turned in with this completed form.  
\*\* If you are CPR and/or First Aid Certified, a photocopy of your certification cards also needs to be turned in with this completed form.*

**Day Choices:**

Monday  Tuesday  Wednesday  Thursday  Friday

**Hobbies, Interests, Vocations**

Please make us aware of your skills \_\_\_\_\_

**T-Shirts:** Each 3-Day Adult Volunteer receives 1 Day Camp Shirt on the first day.  
Additional shirts may be ordered @ \$12 per shirt.

- Adult Small  Adult Medium  Adult Large  
 Adult X-Large  Adult XX-Large  Adult XXX-Large

Number of shirts: **1 FREE** shirt plus \_\_\_\_\_ additional shirts @ \$12/shirt = \$ \_\_\_\_\_

**Payment Information:**

Add'l Shirts: _____
<b>Total for this form:</b> _____

**Registration:**

Please note that 3-day Adult Volunteers will receive a **30% off discounted rate** for each immediate family weeklong Cub Scout attendee, 3-day Kids Korner &/or Girls Camp Attendee. This discount does not apply to Cubs registering in the Tiger Scout program or Camp Aides.

Names of Cub Scout Camper(s): \_\_\_\_\_

Names of Kids Korner or Girls Camp Experience Attendees: \_\_\_\_\_

**Training:**

All Camp Staff, Den Leaders & 3-day Adult Volunteers are required to attend a Camp Leader training session prior to Camp to go over the Volunteer Manual, Emergency Procedures, Health & Safety, and Camp Rules. Please indicate which training date you will be attending. All held at Glen Burnie United Methodist Church.

Monday, May 1<sup>st</sup> @ 7pm

Monday, June 5<sup>th</sup> @ 7pm

Refund requests will be at the discretion of the Camp Director & District Executive.

Make **one check** for the **entire family** payable to **BSA/BAC**. Attach all Individual Application Forms, Medical Forms and copies of Certification Cards together.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Registrar Use ONLY:</b> _____ date received _____ payment received _____ health form rec'd _____ Y.P. Card completed
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# Part A: Informed Consent, Release Agreement, and Authorization

**PLEASE ATTACH  
PHOTO HERE**

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

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

## Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**



List participant restrictions, if any:  None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, California)

## Complete this section for youth participants only:

### Adults Authorized to Take to and From Events:

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Adults NOT Authorized to Take Youth To and From Events:

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## Part B: General Information/Health History

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

**High-adventure base participants:**

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

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

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

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

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

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

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

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

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



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



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

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

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

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

### Health History

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

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



## Part B: General Information/Health History

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

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

### Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

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

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

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

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

!

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

!

### Immunization

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

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

**DO NOT WRITE IN THIS BOX**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_