

Boy Scout Troop 68

Attention All Parents!!

SUMMER CAMP 2011 INFORMATION

WHAT: It's that time of year again, an entire week for your Scout away from home! The Troop is planning a fun-filled week full of exciting activities. That's right, **Summer Camp is just around the corner!**

WHO: There will be 50+ Troop 68 Scouts and Counselors in attendance, working on advancement toward the Eagle Scout goal, building pioneer structures, backpacking, learning skills with merit badge classes in wood carving, environmental science, camping, emergency preparedness, first aid, and many other merit badge skills.

WHEN: We will be leaving Friday, June 17th at 12:30 p.m. noon, (eat lunch before arriving at the Scout Hut), and return to the Scout Hut on Sunday, June 26th around 5:00 p.m-ISH.

WHERE: Summer Camp will be held this year at the Poindexter Ranch, just northwest of Las Vegas, New Mexico, nearby the Santa Fe National Forest.

COST: \$190-220 (approximately - to be confirmed in the near future). All Scout's expenses, including transportation, meals and merit badge classes are included in the camping fees for the 9 day trip.

Attached to this flyer you will find:

- 1 Timeline of events leading-up to Summer Camp 2011
- 2 Equipment/Gear Checklist, divided into:
 - a. gear packed for the bus trip
 - b. gear packed in foot locker, loaded on the Ryder Truck
- 3 Merit Badge/Class Preference Sheet
- 4 BSA Annual Health and Medical Record Form
 - a. Free physical exams will be performed by Dr. Poindexter, et al.
 - b. Prior to the date of the exam, completely fill-out the form, including signature of the parents/guardians (Part "C").
 - c. **Important:** On Part A (2nd page), list all surgeries, allergies or serious illnesses, and all current medications.
 - d. If applicable, attach a copy of the Scout's medical insurance card
- 5 Property Release Form
- 6 Permission Slip Form

If you need assistance with transportation to the Scout Hut on the day of departure, or on any of the Summer Camp Preparation Work Days, we can make arrangements to get the Scout there, by calling in advance.

**Stay up-to-date by visiting our website (www.Troop68.org/),
for Dates, Checklists, and Forms**

Looking forward to another outstanding Summer Camp!

Troop 68

Summer Camp 2011 Timeline

Monday, April 18 @ 7:30 P.M., Scout Hut

Physical Fitness Test for Tenderfoot Scout Advancement (Part 1)
MANDATORY for Advancement to Tenderfoot
Pass-Out Summer Camp Merit Badge/Class Preference Sheet

Monday, May 2 @ 7:30 P.M., Scout Hut

Turn-in Summer Camp Merit Badge/Class Preference Sheet

Saturday, May 7 @ 9:00 A.M., Scout Hut/Jurmu Pool

Swim Test for 2nd and 1st Class Scout Advancement
MANDATORY for Advancement to 1st and 2nd Class

Monday, May 2 @ 7:30 P.M., Scout Hut

Last Opportunity to Turn-in Summer Camp Merit Badge/Class Preference Sheet

Monday, May 16 @ 6:00 P.M., Scout Hut

Physical Fitness Test for Tenderfoot Scout Advancement (Part 2)
MANDATORY for Advancement to Tenderfoot
Free Summer Camp Physicals
Summer Camp Equipment Preparations and Inspections

Saturday, May 21 @ 8:00 A.M., Scout Hut - MANDATORY

Summer Camp Work Day - ALL HANDS

Monday, May 23 @ 7:30 P.M., Scout Hut

Last Day for Free Summer Camp Physicals
Merit Badge/Classes Assigned
Merit Badge Books Handed Out/Classes Assigned
Meet The Counselors and Receive Pre-Camp Assignments

Saturday, June 4 @ 8:00 A.M. - 4:00 P.M., Scout Hut - MANDATORY

Summer Camp Work Day - ALL HANDS

Monday, June 6 @ 7:30 P.M., Scout Hut

Backpack Out-Fitting and Packing Instruction
Last Opportunity to Complete Physical Fitness Test for Tenderfoot Scout Advancement
MANDATORY for Advancement to Tenderfoot

Saturday, June 11 @ 9:00 A.M., Scout Hut - MANDATORY

Summer Camp Work Day (if needed) - ALL HANDS

Monday, June 13 @ 7:30 P.M., Scout Hut - MANDATORY

Gear Check-in/Drop-Off
Foot Locker Inspections
Bring spare lock key tagged with your name for Camp Counselor

Thursday, June 16 @ 6:30 P.M., Scout Hut - MANDATORY

Truck Loading - ALL HANDS

Friday, June 17 @ 12:00 NOON

Departure - bus will leave **PROMPTLY** at 12:30 P.M.
Eat lunch before arrival or bring a sack lunch

If you need transportation to the Scout Hut, please let us know ASAP so we can pick you up!!!!!!

Sunday, June 26 @ 5:00 P.M.

Return to Scout Hut and Unload Gear

Troop 68

Summer Camp Check List

Highly Recommended Personal Gear for Summer Camp

Check-out: www.troop68.org

NOTE: label all items with a Permanent Marker, and pack as many clothing items into zip-lock bags as possible; there is always the probability of rain, and we have seen snow in the past.

Bus Gear List (for the trip to and from Camp)

- Scout Shirt (**MUST** be worn on bus trip)
- Hiking Boots (to be worn on trip)
- Sleeping Bag - min 30 degrees, prefer 20 degrees (for Friday night in Dumas)
- Stuff sack for sleeping bag (not trash bag)
- Day Pack or Overnight Bag

(Following gear goes into Day Pack/Overnight Bag)

- Prescription Medicine (will be given to Doc at campsite)
- Flashlight, w/extra batteries
- Travel Size Pillow and Pillow Case
- Travel Blanket (small)
- Water Bottle or Canteen
- Rain Gear (Poncho or Rain Pants/Coat)

Clothes (for the return trip)

- 1 t-shirt
- 1 pair of shorts
- 2 pairs of socks
- 1 pair of underwear

Toiletry Bag

- Toothbrush/toothpaste
- Brush/Comb
- Deodorant
- Waterless hand soap
- Chap Stick
- Sleeping bag liner - optional
- Work Gloves
- Camera - optional
- Sun Glasses - optional
- Electronics - optional (ALL STAY ON BUS)

Hiking Gear List (for the overnight hike)

- Back Pack w/Internal or External Frame
- Backpack Cover (can use trash bag)
- Mess Gear:**
- Plate/bowl, Cup Set
- Knife, Fork, Spoon Set
- Mesh Bag - to hang and dry mess gear
- Matches or Butane Lighter
- Wind Pants or Hinking Pants
- Wool Hiking Socks (1-2 pairs) - optional
- Hiking Sock Liners - optional

Campsite Gear List

- Foot Locker (preferred or Duffle Bag)
- Pad Lock, with spare key to give to Patrol Leader or Adult
- Cot (no oversized cots)
- Polly-Pad (for overnight hike)
- Folding Chair - optional

(All following gear goes into foot locker or duffle bag)

- Extra Pair of Shoes
- Boy Scout Hand Book
- Merit Badge Books
- Spiral Notebook or Notepad
- Pens/Pencils
- Pocket Knife
- Extra Batteries
- Dirty Clothes Bag (trash bag works)

Clothes (recommended quantities in addition to bus bag)

- Socks (10 pairs)
- Underwear (7)
- Shorts (2-3)
- Pants (2-3)
- T-Shirt (3-4)
- Long Sleeve Shirt (2-3)
- Sweatshirt/Hoodie
- Jacket or Coat
- Ball Cap or Sun/Rain Hat
- Stocking Cap
- Warm Gloves - optional
- Thermal Underwear - optional
- Handkerchief - optional

Shower Bag

- Soap
- Shampoo
- Wash Cloth
- Towel (2)
- Shower Shoes or Sandals - optional
- Floss - optional
- Nail Clippers - optional
- Sunscreen
- Insect Repellant
- Small First Aid Kit - optional
- Binoculars - optional
- Hand Warmers - optional

PROHIBITED ITEMS at Summer Camp: DO NOT BRING food or candy, fireworks, sheat knives, tobacco products, weapons, bullets or gunpowder, anything labelled "Adult Content", alcohol, drugs or other illegal substances. If caught with any of the above items, the Scout may be put on a Bus and shipped home, no questions asked, at the expense of the parent and/or guardian. Any two adults or staff from the troop have the right to inspect equipment for such violations and the inspection will be kept private from any other Scout.

TROOP 68 SUMMER CAMP 2011

Name: _____

Age: _____

Current Rank: _____

Attending Summer Camp?

YES / NO

Tell us your preference for classes by circling a number by each class you want to take. Circle "1" for your first choice, "2" for second, and so on. One choice per column (ex. can't have two first-choices)

If you have not yet achieved First Class rank, you will be automatically enrolled in Advancement (check for exceptions).

Note: Pioneering and Environmental Science MB classes are 2 Hours

Advancement	1	2	3	4	5	6	7	8
Archery	1	2	3	4	5	6	7	8
Astronomy	1	2	3	4	5	6	7	8
• 3Cs (Citizenship Comm, Nation, World)	1	2	3	4	5	6	7	8
• Camping	1	2	3	4	5	6	7	8
Cooking	1	2	3	4	5	6	7	8
• Emergency Prep.	1	2	3	4	5	6	7	8
• Environmental Science	1	2	3	4	5	6	7	8
Fish & Wildlife	1	2	3	4	5	6	7	8
Forestry	1	2	3	4	5	6	7	8
Leatherwork	1	2	3	4	5	6	7	8
Orienteering	1	2	3	4	5	6	7	8
Pioneering	1	2	3	4	5	6	7	8
Soil and Water	1	2	3	4	5	6	7	8
Weather	1	2	3	4	5	6	7	8
Wilderness Survival	1	2	3	4	5	6	7	8
Woodworking	1	2	3	4	5	6	7	8

• Eagle Required Merit Badge

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 health-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/scoutsources/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA®

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: _____
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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: _____

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)				<input type="checkbox"/> Negative <input type="checkbox"/> 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 (with noted restrictions above)

True False

- 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:** _____

Part D

Participation at any of the BSA's high-adventure bases can be physically, mentally, and emotionally demanding. To be better prepared, each participant must complete the following before attending any high-adventure base:

- Fill in parts A and B of the Annual Health and Medical Record.
- Share Part D with the examining health-care provider.
- Have a physical exam by a certified and licensed health care provider/physician (MD, DO), nurse practitioner, or physician assistant, and have part C completed.
- Read the following information, which focuses on specific risks at the high-adventure base you will be attending.

The Trek Experience. Each high-adventure base offers a unique experience that is not risk-free. Knowledgeable staff will instruct all participants in safety measures to be followed. Be prepared to listen to and carefully follow these safety measures and to accept responsibility for the health and safety of yourself and others.

Philmont. Each participant must be able to carry a 35- to 50-pound pack while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation. Summer/autumn climatic conditions include temperatures from 30 to 90 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, black powder shooting, 12-gauge trap shooting, .30-06 shooting, trail building, mountain biking, and other activities that have potential for injury.

Winter climatic conditions can range from -20 to 60 degrees. For the Kanik Experience, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles, or more on a cross-country ski trek. Refer to the Philmont Scout Ranch website for specific information.

Northern Tier. Each person must be able to carry a 50- to 85-pound pack or canoe from a quarter-mile to 2 miles several times a day on rough, swampy, and rocky portages and paddle 10 to 15 miles per day, often against a headwind. Climatic conditions can range from 30 to 100 degrees in summer/autumn and from -40 to 40 degrees in the winter. For the Okpik Experience, each person will walk, ski, or snowshoe along snow-covered trails or across frozen lakes, pulling loaded toboggans or sleds for up to 3 miles, or more if on a cross-country ski trek. Refer to the Northern Tier website for specific information.

Florida Sea Base. Climatic conditions at Florida Sea Base include temperatures ranging from 50 to 95 degrees, high humidity, heat index reaching to 110 degrees, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and other activities that have potential for injury. Refer to the Sea Base website for specific information.

Risk Advisory. All of the high-adventure bases have excellent health and safety records and strive to minimize risks to participants and advisors by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, Northern Tier, or Florida Sea Base, you should be physically fit, have proper clothing and equipment, and be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Parents, guardians, and participants in any high-adventure program are advised that journeying to and from these bases can involve exposure to accidents, illness, and/or injury.

High-adventure staff members have been trained in first aid, CPR, and accident prevention and are prepared to assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses as needed. Each crew is required to have at least one member trained in wilderness first aid and CPR. Medical and search-and-rescue services are provided in response to an accident or emergency. **However, response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.**

Philmont. Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, should review Part D to understand potential health risks inherent at 6,700 feet in elevation in a dry Southwest environment.

High elevation; physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes, and mountain lions are native and usually present little danger if proper precautions are taken. Please call Philmont (575-376-2281) if you have any questions.

Northern Tier. While participating in Northern Tier's canoeing and camping wilderness areas, life jackets must be worn at all times when on the water. Crew members travel together at all times. Emergency communications via radio, and in more remote locations by satellite phone, are provided by Northern Tier. Radio communication and/or emergency evacuation can be hampered by weather, terrain, distance, equipment malfunction, and other factors, and are not a substitute for taking appropriate precautions and having adequate first-aid knowledge and equipment. Please call Northern Tier (218-365-4811) if you have any questions.

Florida Sea Base. Several activities are offered, including snorkeling, sailing, camping, kayaking, canoeing, swimming, fishing, and scuba diving. Diving is an exciting and demanding activity. When performed correctly, it is very safe. When established safety procedures are not followed, however, there are extreme dangers. All participants will need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury, so participants must be instructed to use the equipment safely under direct supervision of a qualified instructor.

PROPERTY RELEASE

My son will be attending a Boy Scout outing to be held on a parcel of land belonging to Leslie S. King, which parcel is approximately five acres, being parcel "B" as shown on plat of survey attached hereto and situated in Gallinas Canyon, San Miguel County, New Mexico, and on an adjoining tract identified as parcel "A" on said plat belonging to Mary Lou Shartle. There are and will be horses belonging to Mary Lou Shartle on Parcel "A", and it is understood horses can be inquisitive and unpredictable.

Now, and in consideration of the use of the premises, I hereby release, discharge and hold harmless, Leslie S. King and Mary Lou Shartle from any and all loss, damage, personal injury or death as may arise from or during the use of the premises, and agree to indemnify Leslie S King and Mary Lou Shartle from any such claim as may arise.

Dated: _____

_____, Parent/Guardian

of _____

TROOP 68 RELEASE FORM / PERMISSION SLIP

Camping Activity: Summer Camp 2011
Destination: Las Vegas, New Mexico

Camp Fee: To Be Announced

Scout Hut Arrival: Friday, June 17th, 2011, 12:00 PM (Noon)
Departure Time: Friday, June 17th, 2011, 12:30 PM
Return Time: Sunday, June 26th, 2011, 5:00 PM-ish

Additional Equipment:

Instructions:

(parents keep this top portion of this form)

BELOW TO BE RETURNED TO TROOP 68 LEADER BEFORE DEPARTURE

Summer Camp 2011, Las Vegas, New Mexico

The persons signing this agreement below acknowledge that they have read and understand this agreement.

I will not bring food or candy, fireworks, sheath knives, tobacco products, alcohol, drugs or other illegal substances, weapons, bullets or gunpowder, including anything labeled "Adult Content". If I am caught with any of the above items, I understand that I will be put on a Bus and shipped home, no questions asked, at the expense of the parent and/or guardian. I also understand that any two adults or staff members from the troop have the right to inspect my equipment for such violations and the inspection will be kept private from any other scout.

The below signature of the scout's parent or authorized guardian hereby authorizes the Troop 68 leaders to obtain any and all medical or surgical assistance as deemed necessary for their son. The parent or guardian will be notified as soon as possible of any injury that may require major medical attention.

Medical Alert: Please note any special medical information here.	
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Scout's name (Please Print): _____

Scout's signature: _____

Parent/Guardian signature: _____

Emergency phone number: _____