

Cub Camp 2019

American Ninja Warrior



Camp Tukabatchee
First Session: May 31st—June 1st
Second Session: June 29th– June 30th
Check In: 7am—8am
Depart: 4pm



Fees and Registration:

Cost is \$80.00 per boy with a non-refundable \$20.00 deposit due by April 24th. Without the deposit the cost becomes \$100.00. All fees are due by May 9th. Any Scout registering after this date is not guaranteed a t-shirt or patch. This camp is for all Cub Scouts, but is geared mostly towards Tiger, Wolf, and Bear scouts. Cost for an adult or additional sibling is \$30.00 each (T-shirt and patch included.) You can sign up through your pack or mail in/drop off the registration form to the Council Office

Program—What will they be doing?

Cub Camp is a structured program. Scouts in attendance will be assigned a Patrol, with which they will rotate through all the activities. This will be a weekend full of games, crafts, and other activities including BB Gun, Archery, swimming and much much more!

Ultimate Ninja Obstacle Course, Wall Climbing, Crafts, and More!!!

Cub Camp 2019



American Ninja Warrior



Requires 2 deep Leadership and 1:5 adult/cub ratio

Limited to the first 200 campers each weekend

Includes: Day 1 lunch and dinner

Day 2 breakfast and lunch

Get ready for a jam packed, action filled weekend!

**Activities include: Campfire Program, Shooting Sports,
Ultimate Ninja Obstacle Course, Wall Climbing, Crafts, and More!!!**

Items needed

Closed Toed Shoes	Cub Scout Uniform
Extra clothes	Swim Trunks
Towel	Bug Spray
Sunscreen	Water bottle
Hat	Sleeping Clothes
Sleeping bag/Pillow	Flashlight
Toiletries	Rain Gear
First Air Kit	Daypack
Money for Trading Post	Tent

Cub Camp 2019

_____ First Session: May 31st – June 1st

_____ Second Session: June 29th – June 30th

Scout Information

Scout registration (includes all meals, activities, t-shirt, and patch!) is \$80.00 per youth with a non-refundable \$20.00 deposit due by April 24th. Without deposit, the cost becomes \$100.00. All fees are due by May 9th. Any Scout registering after this date is not guaranteed a t-shirt or patch.

Name: _____ Pack: _____

Grade (next school year): _____

Parent/Guardian: _____

Email address: _____

Phone number: Home _____ Cell _____

Scout T-Shirt order form: (please circle) Youth Size: S M L Adult Size: S M L XL XXL

Adults attending camp: \$30.00 (includes all meals, T-shirt, and patch)

Additional sibling attending camp: \$30.00 (includes all meals, T-shirt, and patch)

If you are a parent or guardian and would like to attend camp, please complete the following. Any adult registering after May 9th is not guaranteed a t-shirt or patch.

Name: _____ Pack: _____

Email address: _____

Phone number: Home _____ Cell _____

Number of additional siblings attending: _____

Please circle-Are you: MALE FEMALE (necessary for planning sleeping arrangements)

Adult T-shirt order form: (Please circle) Adult Sizes S M L XL XXL XXXL

Additional Sibling T-shirt order form: (Please Circle) Youth Size: S M L Adult Size: S M L XL

Total Fees:

_____ Scout fee (\$80 with deposit paid before 4/9/19; \$100 after 4/10/19)

_____ Scout Deposit (\$20)

_____ Adult/Additional Sibling Fee (\$30)

_____ Total balance due by 5/9/19

Please bring your BSA Health Form Part A & B to turn in at Camp registration.

Required for youth and adults attending camp.0222

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APPENDIX



Health Forms Required

The only health form required of scouts and adults is the one included in the back of this guide. Please fill this form out completely, parts A and B only, when signing up for Cub Camp or Webelos Resident Camp. The form can also be found online at <http://www.tukabatcheebsa.org>.

Procedures, Policies, & Information

Discipline

The Unit Leader, assistant leader, and/or parent(s) are responsible for the discipline and order of their own scouts. The camp staff will not assume the responsibility for, or interfere with unit discipline unless it directly involves the health of scouts or the unit leaders are not present at the time of the problem.

Lost and Found

The camp lost and found box will be located in the dining hall. Leaders need to remind scouts to have their personal property clearly marked with his name and pack number. Please have scouts and adults check to ensure they have all their belongings before going home.

Pets

Pets are not permitted at camp. This applies to both campers and visitors.

Open Fires

Campfires in the campsite are allowed but only when started and supervised by a responsible adult and held in a designated fire ring. An adult must be present whenever the fire is burning.

Outdoor Hazards

In any trip to the out-of-doors the camper may encounter insects and poisonous plants or animals. Each scout leader should prepare his/her scouts to recognize and protect against such outdoor hazards. Please keep wildlife in mind when bringing food into campsites. Do not leave candy, wrappers, or other food in your clothing or tent.

Alcoholic Beverages & Illegal Drugs

Alcoholic beverages and illegal drugs of any type will not be tolerated in the council camp. Possession of the same will result in immediate dismissal from the property. There will be no refund of unused camp fees. In regards to the Biscuits Camporee, the Council understands alcohol is sold in the stadium; however, we encourage parents and leaders (especially those in uniform) to abstain from purchasing alcohol in respect to all scouts.

Automobile Policy

All cars/trucks must be parked and remain in the designated parking lot. One vehicle per pack will be allowed to carry gear to campsite. No ATV's or Golf Carts in camp.

Fireworks

Fireworks of any kind are not allowed in camp. Violation to this rule may lead to immediate dismissal.

Showers

Hot, private showers are available to all campers. There will be designated times for youth (Male and Female) and adult (Male and Female) to shower, please respect those times. Please respect the privacy of other youth and adults near the shower locations, but also please supervise (from outside the shower area) any youth in the showers.

Health and Safety

Camp Medic

A qualified Camp Medic is on duty at all times. In event of severe accident/illness, the person will be taken to Prattville Baptist Hospital.

Medication

If a camper must take any kind of medicine while at camp, it must be turned into the Camp Medic, with written instructions indicating the scout's name, medication name, when to administer, and what quantity. It is IMPORTANT that the parent/unit leader keep track of the medication and times needed. Many times, the scout needs a reminder to find the Camp Medic.

Weather Emergencies

In the event of impending severe weather, campers will be alerted by either a siren or horn. Detailed instructions for procedures will be discussed at opening ceremony of camp.

Refund Policy

To receive a refund on any activity/event, a letter must be submitted to the camping committee for approval.

No fees may be transferred.

Two weeks prior to activity/event- 80% refunded.

One week prior to activity/event- 50% refunded.

Within one week prior and No Shows- No refund.

Trading Post

The Trading Post will be open during Cub Camp and Webelos Resident Camp. It will be stocked with snacks, candies, soft drinks, and Gatorade. The Trading Post will only be open during specific times.

What to bring to Camp

*Please Label All Property With Name & Pack #

Tent (based on what event and need)

Sleeping Bag/Pillow

Flashlight

Insect Repellent

Sunscreen

Toiletries

Raingear

Swimsuit (Cub Camp and Webelos Camp)

Clothing: based on weather

Tennis shoes and socks (No Open-Toed Shoes)

Water Bottle

Hat

Money for Trading Post

Personal Medications with written instructions

Directions to Camp Hobbs

From I-65: Take exit 186 (US 31 Prattville-Pine Level). Go north on US31 for 2.5 miles to Autauga County Road 40. Turn left on Autauga County Road 40 and go 3 miles. Camp Hobbs is on your right. Take the camp road until it dead ends into the parking lot.

Directions to Camp Tukabatchee

From I-65: Take exit 186 (US 31 Prattville-Pine Level), go north on US 31 for 2.5 miles to Autauga County Road 40. Turn left on Autauga County 40 and go for 2.5 miles. Turn right on Autauga County Road 59. Travel 0.8 miles, and Camp Tukabatchee is on the left.

Contact Information

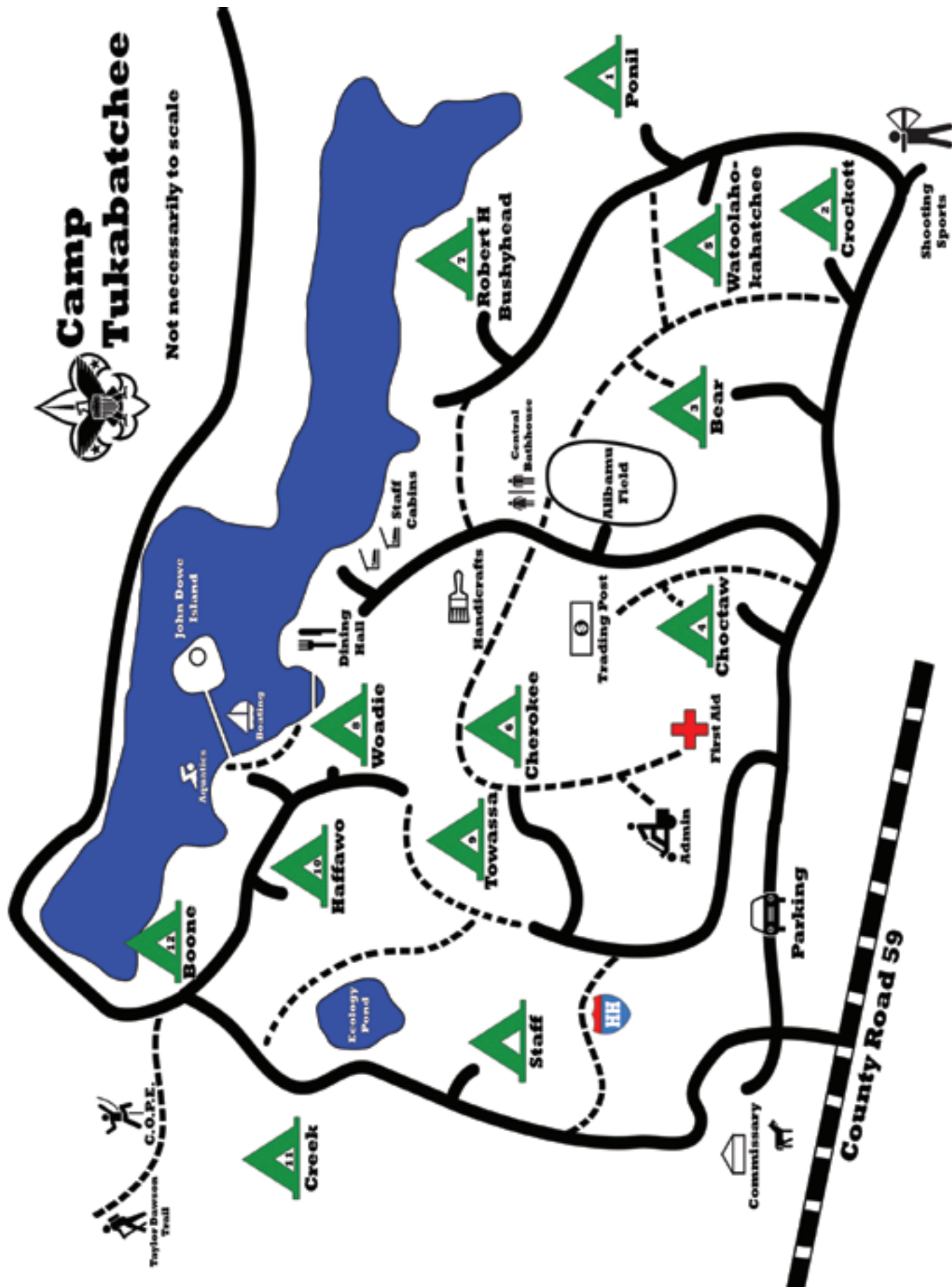
334-262-2697 or 1-800-977-2688

www.tukabatcheebsa.org



Camp Tukabatchee

Not necessarily to scale



Part A: Informed Consent, Release Agreement, and Authorization

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: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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



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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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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ARE YOU READY FOR

THE CHALLENGE?

CUB NINJA
CAMP

WEBELOS NINJA
CAMP

BISCUITS
CAMPOREE



TUKABATCHEE AREA COUNCIL – www.tukabatcheebsa.org

(334)262-2697 or 1-800-977-2688

Online Registration available