



2021 CUB LEADER GUIDE

SPRING/SUMMER/FALL PROGRAMS

Tukabatchee Area Council-www.tukabatcheebsa.org

Table of Contents

Biscuits Camporee.....	3-6
Cub Camp.....	7-8
Webelos Camp.....	9-10
Arrow of Light.....	11-12
Camperships.....	14
Refund Policy.....	14
Health & Safety.....	14
Medical Information.....	14
Procedures, Policies, and Info.....	15
Trading Post.....	15
Directions to:	
Camp Hobbs.....	16
Camp Tukabatchee.....	16
Health Forms.....	17-20
COVID-19 Waiver.....	21



Biscuits Camporee

Date to be announced



Gates at stadium open at 7:30 for registration which will run until 8:30am. Those participating in the Camporee will depart from the Stadium Sunday morning by 8:00am.

Fees and Registration:

Tickets for the event will depends on how much the scouts want to be involved.

Triple Play Tickets - \$25.00

The Triple Play Ticket includes all day and night activities. This is the best value ticket as it includes all day activities, game, and camping on the field. It also includes lunch and aftergame snack to go with the movie.

Double Play Tickets - \$20.00

Somewhat the same as the Triple Play but does not include the after-game activities or camping on the field. It does include lunch.

Single Play Ticket - \$10.00

Game access only beginning at 4:00pm.

Program – What will they be doing?

This is a very special and unique activity for scouts and their families at the Montgomery Biscuits Stadium. They will have the opportunity to take part in several activities such as arts and crafts, archery, baseball skills, and be able to compete in games on the field. When it's time for the game, they will be sitting in the stands watching the Biscuits play and even get to sing "Take Me Out to the Ballgame" during the seventh inning stretch! After the game, those that purchased the Triple Play Ticket will get to go out on the field, pitch their tent, and watch a movie! After a restful night's sleep, they will get up and head out of the stadium no later than 8am.

Frequently Asked Questions



Parking – There are lots of parking lots located off Columbus Street that will cost \$5. There are also a number of free spaces around the stadium. Once the game is over the campers can move their vehicles closer to the stadium.

Camping Gear- Please drop off your gear in the fenced in area at the end of the first base line. A map will be provided upon your arrival. You will be given a wristband when tickets are picked up. Please make sure to wear your wristband so you can access this area after the game. Make sure your gear is packed into an “easy to identify” bag as this will help us sort and distribute gear more effectively. Please designate one person in your unit to handle gear pickup. **PLEASE DO NOT USE STAKES WHEN SETTING UP YOUR TENT AS THEY ARE NOT PERMITTED IN THE OUTFIELD GRASS.**

Inflatables – Come early so Scouts can have access to Big Mo’s Dugout before the game. Scouts will get to use these without the wait and at no cost. Once the gates open, the scouts will need to pay for further use.

Pre-Game Parade – At 4:45 the inflatables will shut down and scouts will be asked to meet at a designated location to line up for the parade.

Oath and Law – Immediately following the parade, a representative will lead the scouts in the Oath and Law on the field.

Fireworks – At the conclusion of the game there will be a fireworks show. Sit back and relax while enjoying the show with friends and family.

Camporee – At the conclusion of the fireworks, camporee participants will be asked to remain in their seats to be addressed by the Biscuits Staff. Immediately following, the leaders can collect their gear and begin set up in the outfield

Movie – The biscuits will provide a snack and drink for the scouts as they watch a family friendly movie on the Big Screen.

Restrooms - During the camporee, restrooms will be open. You will be informed of which side the restrooms are located and it will be clearly marked.

Inclement Weather Procedures – During the game please listen to the PA announcements for any updates to the camporee. If the game is rained out, all Scout Leaders will be contacted by phone or email within 5 days of the game.

Reminder – Any ticket purchased through the Biscuits Box Office on the day of the game will have a surcharge added to it.



Camp Like a Champ
Date to be announced Later

Camp Activities
Come out to Camp Like a Champ and do lots of fun activities. Meet your favorite Biscuits players and learn baseball skills from them. You and all of your friends will also be able to participate in Competitions on the field, practice archery, and do crafts.

Big Mo's Dugout
The inflatables in Big Mo's Dugout on the third base line will be open at 4:00pm for unlimited fun.

Post-Game Fireworks
There will be post-game MAX Fireworks! The perfect beginning to camping under the stars.

Triple Play Ticket	Double Play Ticket	Single Play Ticket
Beginning at 7:30 am Includes all day activities, game, and camp out (lunch and after game snack included)	Beginning at 7:30 am Includes all day activity and game (lunch included)	Beginning at 4:00 pm Game access only.

Ticket Order Form

Troop/Pack Leader: _____

Name: _____

Email: _____

Phone: _____

of Triple Play Tickets; _____ @ \$25.00 = _____

of Double Play Tickets; _____ @ \$20.00 = _____

of Single Play Tickets; _____ @ \$10.00 = _____



Register online at www.tukabatcheebsa.org or bring your order form to the Scout Office.

For more information call us at 334-262-2697.

Please make checks payable to B.S.A.

Camp Like a Champ

Biscuits T-Shirt and Patch Order Form

Pack/Troop # _____

Biscuit Leader _____

Contact Phone # _____

Email Address _____

T-Shirt Order Form (Please indicate # of shirt with size)

Youth Size : S___ M___ L___ (\$12.00 each)

Adult Size : S___ M___ L___ (\$12.00 each)

Adult Size : 2XL___ 3XL___ 4XL___ (\$14.00 each)

Patches

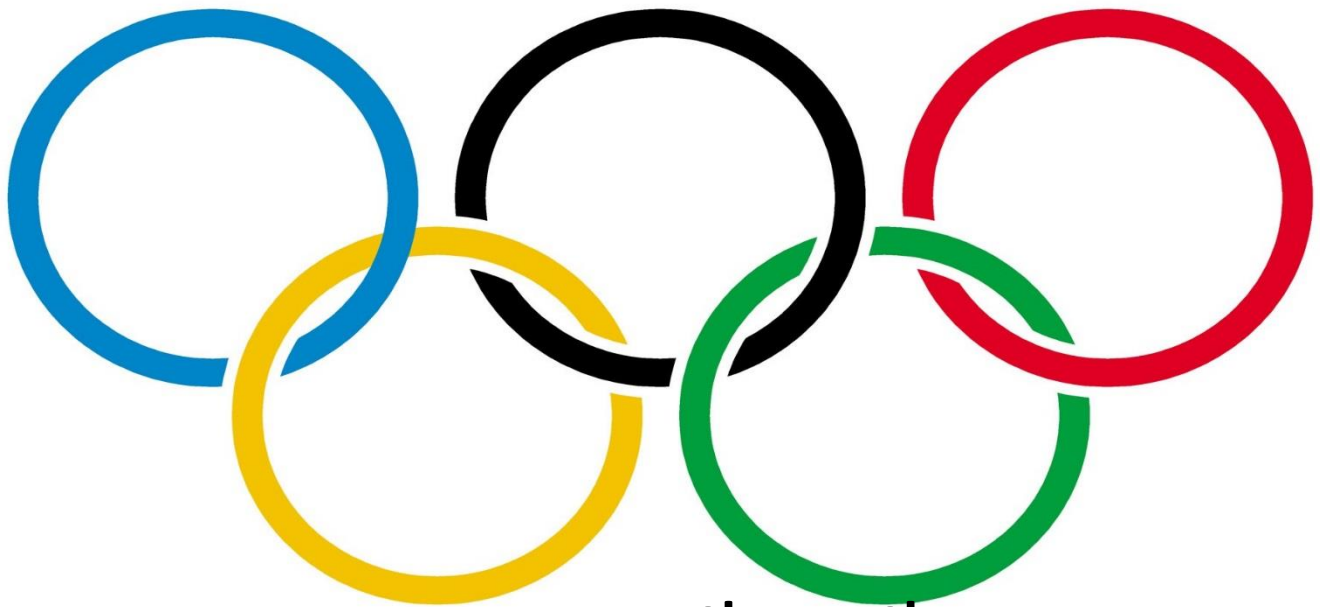
of Patches ___ @ \$3.00 each = \$___

of T-Shirts ___ @ \$12.00 each = \$___

of T-Shirts ___ @ \$14.00 each = \$___

Total Amount Received \$___

2021 Cub Scout Olympics



June 12th-13th

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

Limited to the first 200 campers

Includes Day 1 lunch and dinner

Day 2 breakfast and lunch

What to bring?	
Closed Toe Shoes	Class B Uniform
Extra Clothes	Swimsuit
Towel	Hat
Water Bottle	Sleep Clothes
Bug Spray	Sunscreen
Sleeping Bag/Pillow	Flashlight
Toiletries	Rain Gear
First Aid Kit	Day pack
Money for Trading Post	Tent

Cub Camp 2021
June 12th – 13th
Camp Hobbs

Scout Information

Scout registration (includes all meals, activities, t-shirt, and patch) is \$80 per youth with a non-refundable \$20 deposit due by May 10th. Without deposit the cost becomes \$100. All fees are due by May 12th. Any Scout registering after this date is not guaranteed a t-shirt or patch.

Name: _____ Pack #: _____

Grade (next school year): _____ Please circle one: Male Female

Email Address: _____

Phone Number: Home _____ Cell _____

Scout Shirt order

Youth Size: S _____ M _____ L _____

Adult Size: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL _____

Adults attending camp: \$30 (includes all meals, t-shirt, and patch)

Additional sibling attending camp: \$30 (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 or sibling registering after May 10th is not guaranteed a t-shirt or patch.

Name: _____

Email Address: _____

Phone Number: Home _____ Cell _____

Number of additional siblings attending: _____

Please circle. Are you MALE or FEMALE (necessary for planning sleeping arrangements)

Adult t-shirt order: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL _____

Additional sibling t-shirt order:

Youth Size: S _____ M _____ L _____

Adult Size: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL _____

Total Fees:

_____ Scout deposit (\$20 if paid before May 1st)

_____ Scout fee (\$60 if deposit was paid. \$100 if no deposit)

_____ Adult and additional sibling fee (\$30 each)

Please indicate if you or your child have any allergies. _____

** All attendees must fill out parts A & B of the BSA Health Forms**



2021 Olympic Games

Resident Camp for 4th grade (Webelos 1) & 5th grade (Webelos 2 Arrow of Light)

2021 Olympic Games!!

If your Scout will be entering 4th or 5th grade for the fall of 2021, then they are eligible for the 2021 Hobbs Summer Games (***This is not a family camp or a camp that allows siblings to tag along.***)

Session 1: June 17th-20th Session 2: June 24th-27th

Program: This year the Scouts will become Olympians! Besides participating in our Summer Olympic Games, they will work on various advancements as well as electives.

Webelos 1-Cast Iron Chef, First Responder **Webelos 2-**Outdoor Adventure

Electives-Aquanaut, Castaway, and Into the Woods

Olympic Games: 2021 events will include; Volleyball, BB Rifle, Archery, Soccer, Fishing, the ever-popular Gaga Ball and will culminate with a Pentathlon on Sunday!

Accommodations: Most participants will be in tents. There are a limited number of cabins available, but they are on a first come, first serve basis.

Arrival: Check-in on Thursday begins at 4pm. Swim Tests will follow, so have your Scout suited up and ready to take the test. Adults may take the BSA swim test as well. Please let the Aquatics staff know upon arrival.

Dinner: Dinner will be served on Thursday starting at 6pm. It will be served “bag and go” style for those who still need to set up tents before Opening Ceremony at 7pm.

Final Games: Parents and Guests are invited to come cheer their Olympians at 1:00 p.m. on Sunday during the Pentathlon with the Closing Ceremony to follow.

Webelos Resident Camp Registration Form

All Scouts and Adult Campers must have BSA Health Form A & B filled out to attend camp.

Select one: _____ Session 1:(June 17-20) _____ Session 2: (June 24-27)

Scout Registration: \$130 by May 17th, \$150 After May 17th

Name _____ Pack _____ Age _____

_____ Webelos 1 _____ Webelos 2 Gender: _____M _____F

Address _____

Parent Phone # Home _____ Work _____ Cell _____

Parent Email (Important) _____

Food: Please list on the application and medical form any **Dietary restrictions, food allergies, or food intolerances.**

2nd year Webelos are encouraged to camp in tents (Please check one)

_____ Scout will need some bunk space _____ Scout will camp in tent

Scout T-Shirt Size: Please Circle one Youth Sizes: S M L Adult Sizes: S M L XL XXL

Adults Attending Camp

(If you are a parent and would like to attend and help at camp, please complete the following.

Adults will be charged a \$55 registration fee to help defray the cost of meals, T-Shirts, and Patches.)

Adult Name _____

Gender: _____M _____F (needed for sleeping arrangements) (Do you need bunk space? Y N)

Pack # _____ Contact Phone and Email _____

_____ Adult will need some bunk space _____ Adult will camp in tent

T-Shirt Size: Adult S _____ M _____ L _____ XL _____ XXL _____ XXXL _____ XXXXL _____

Sunday Lunch (1:00 pm) Fee for attending the Lunch is \$7 per visitor. Paid Adults at camp do not need to pay. I need to add _____ number of visitors for lunch on Sunday.

Fees: _____ Scout Camp Fees _____ Adult Camp Fees _____ Sunday Lunch Fees-



The Journey Continues

WEBELOS 2 Arrow Of Light Camporee

Dates October 1st-3rd 2021

Limit-36 Scouts

2021 marks the 11th Annual Arrow of Light Camporee! This Camporee prepares your 5th grade youth to Cross Over from the Pack into the Troop. The Scouts learn what it is really like to camp as a Scouts BSA Troop member. They will camp "Patrol Style" setting up their tents the first night that they arrive. They will also be taught essential skills in Fire Building, Knot Tying, Patrol Cooking and much More!!

Note to Parents:

You may attend with your Scout, however WEBELOS Scouts will be with their patrol which will be led by a Patrol Leader and Assistant Patrol Leader (Older Scouts with leadership experience). Parents will be placed in a parent patrol. You will camp and cook your meals with your patrol separate from the Scouts. The camporee also prepares you for your crossover to the Scouts BSA. There will be some class time: WEBELOS to Scout Transition, Cooking, and Merit Badges. **While we provide the tents for the WEBELOS, Parents must bring their own tent, and any other gear you need.** Equipment List for WEBELOS:

1. Class A Uniform shirt including a change of clothes for the weekend
2. Closed toed shoes with a hard sole, no crocs or sandals.
3. Day Pack with Flashlight, water bottle, & toiletry items
4. Sleeping Bag/Pillow/Sleeping Pad/Jacket/Rain Gear

Arrow of Light Camporee Registration Form

All Youth and Adult Campers must have BSA Health Form A & B filled out to attend camp.

Scout Registration: \$70 if \$20 deposit made by July 1st, \$80 After July 1st. (includes meals, tshirt, patch, and activities) **Sign up Deadline September 1st.**

Name _____ Pack _____ Age _____

Gender: ____M ____F

Address _____

Parent Phone # Home _____ Work _____ Cell _____

Parent Email (Important) _____

Scout T-Shirt Size: Please Circle one Adult Sizes: S M L XL XXL

Adults Attending Camp

Adult Registration: \$35 by July 1st, \$40 after July 1st. (includes meals, t-shirt, patch, and activities)

Please fill out if you plan to come with your Scout.

Adult Name _____

Gender: ____M ____F

Pack # _____ Contact Phone and Email _____

T-Shirt Size: Adult S ____ M ____ L ____ XL ____ XXL ____ XXXL ____ XXXXL ____

Please remember to list on both the application and medical form any food allergies, intolerances, or restrictions

Fees: _____ Scout Camp Fees _____ Adult Camp Fees

Total Fees Paid _____

Return as soon as possible to Arrow of Light Camporee, 3067 Carter Hill Rd. Montgomery AL. 36111

For information on this camp, please contact:

Camp Director: Susanne McGaughey 202-6700

Program Director: Chris McNew 782-005

Appendix



Camperships

Our goal is for every Scout to have an opportunity to experience long-term Scout Camping. Any registered Scout in the Tukabatchee Area Council who is unable to afford the full camp fee may apply for a campership to cover part of the fees (Normally, families are expected to try to cover part of the expenses by participating in troop fundraisers). Camperships are granted based on need, but a number of factors are considered, so please be sure to fill out the application completely. Campership funds may be limited, and they will be granted on a first-come, first-served basis. Campership applications are due at the non-refundable fee date (May 10). We want EVERY Scout to have a chance to make it to camp.

Refund Policy

To receive a refund on any activity/event, a letter must be submitted to the Council 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.

Medications and Medical Forms

Each Scout and adult must have a current medical form signed and filled out., Parts A and B only. Please refer to this www.scouting.org/healthandsafety for the most current BSA medical forms. The medical form needs to be filled out each year or every 12 months. Make sure before you turn in your Scout's medical form that the form is signed by the parent/guardian of the Scout.

Medications: Medicines must be kept in the possession of an adult at all times, or you may leave them with the medic. Please bring all medicines for review during the medical recheck when you arrive at camp. 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.

Health and Safety

Camp Medic: A qualified Camp Medic is always on duty. In the event of severe accident/illness, the individual will be taken to Prattville Baptist Hospital.

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.

Procedures, Policies, and 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.

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. Respect those times. Also respect the privacy of other youth and adults near the shower locations, but also supervise (from outside the shower area) any youth in the showers.

Trading Post: The Trading Post will be open during both 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 so make sure that you bring money to spend there.

Leaving Camp: Campers must sign in and out at the Rotary Lodge any time they leave camp or check back in to camp.

Early Check-out: Campers that need to leave camp early must come to the Rotary Lodge and fill out an early check-out form.

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 the Scout's name and pack number. Please have scouts and adults check to ensure they have all their belongings before going home.

Open Fires: Although there are several campfire rings on the property, no open fires are allowed during Cub Camp or Webelos Resident Camp except for the fires at the Council Ring during campfire programs.

Outdoor Hazards: In any trip to the out-of-doors, the camper may encounter insects, poisonous plants, or animals. Leaders, prepare your 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.

Pets & Fireworks: Pets are not permitted at camp. This applies to both campers and visitors; likewise no fireworks are permitted on camp property at any time.

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.

Automobile Policy: All cars/trucks must be parked and remain in the designated parking lot. One vehicle per pack may be allowed to carry gear to campsite but only on a case by case basis.

Special Food Requests: Special food requests for medical or religious reasons must be made 3 weeks prior to camp. We always do our best to work with these requests. An additional fee may be required if we are unable to meet the request with our commissary stock.

Covid-19 Policies: We will be following all local and state ordinances including wearing a mask and maintaining social distancing. Temperature checks are also mandatory.

What to Bring to Camp

Tent
Sleeping Bag/Pillow
Daypack
Flashlight
Insect Repellent
Sunscreen
First Aid kit
Toiletries
Raingear
Swimsuit (Girls - no suits showing mid-drift. Boys- swim trunks)
Towel
Clothing: based on weather
Tennis shoes and socks (No Open-Toed Shoes)
Water Bottle
Hat
Money for Trading Post
Personal Medications with written instructions
Camp chair

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

Part A: Informed Consent, Release

Agreement, and Authorization A

Full name: _____

DOB: _____

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 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.

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: _____

Telephone: _____

Name: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

High-adventure base participants:

Expedition/crew No.: _____

_____ or staff

position: _____

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

further

Name: _____

Telephone: _____



Part B: General Information/Health

History B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

position: _____ or staff

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 heartrelated 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

B

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food/Insect bites/stings	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	

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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Assumption of the Risk and Waiver of Liability Relating to

Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing, the wearing of cloth face coverings, and have, in many locations, prohibited the congregation of groups of people.

The Boy Scouts of America, Tukabatchee Area Council ("TAC") has put in place preventative measures to reduce the spread of COVID-19; however, TAC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the TAC's properties, including the Camp Tukabatchee and Camp Dexter C. Hobbs, could increase your risk and your child(ren)'s risk of contracting COVID-19.

.....

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending TAC properties and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at TAC properties may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TAC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at a TAC property or participation in TAC programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Boy Scouts of America, Tukabatchee Area Council, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the TAC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any TAC program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant