

**TUCKALEECHEE DISTRICT  
GREAT SMOKY MOUNTAIN COUNCIL, BSA  
SPRING CAMPOREE 2010**



**30 APRIL - 2 MAY 2010  
SEQUOYAH MUSEUM,  
VONORE, TN**

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TUCKALEECHEE DISTRICT  
GREAT SMOKY MOUNTAIN COUNCIL, BSA  
CAMPOREE SCHEDULE

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**WHERE:** Sequoyah Museum, Vonore, TN  
**WHEN:** 30 April - 2 May 2010  
**Theme:** Scouting in the Past  
**COST and Registration:** \$10.00  
**VISITORS:** Parents and visitors are welcome Saturday afternoon and may remain for the campfire.

Directions to Sequoyah Birth Place Museum, 576 Highway 360, Vonore, TN 37885-2816 - (423) 884-6469 19.7 mi

Follow TN-33 S/US-411 S, go 18.3 miles. Turn left at TN-360 S, go 0.2 mile total 18.5 miles  
Stay on TN-360 S, go 1.2 miles - total 19.7 miles

**SCHEDULE:**

<b>Friday</b>	<b>4:00 p.m. - 8:30 p.m.</b>	<b>Registration</b>
	<b>9:00 p.m.</b>	<b>SPL Meeting</b>
	<b>9:30 p.m.</b>	<b>Scoutmaster/Asst. Scoutmaster Meeting</b>
	<b>10:30 p.m.</b>	<b>Taps (all quiet)</b>
<b>SATURDAY</b>	<b>7:00 a.m.</b>	<b>Reveille/Breakfast</b>
	<b>8:00 a.m.</b>	<b>Flag Raising, Announcements</b>
	<b>8:30 a.m - 5:30 p.m.</b>	<b>Activities Open</b>
		<b>Lunch (sack lunch on the trail at your convenience)</b>
	<b>5:15 p.m. – 7:45 p.m.</b>	<b>Supper and Free Time</b>
	<b>8:30 p.m.</b>	<b>Campfire</b>
	<b>10:30 p.m.</b>	<b>TAPS (All Quiet)</b>
<b>SUNDAY</b>	<b>7:00 a.m.</b>	<b>Reveille</b>
	<b>7:15 a.m. - 9:15 a.m.</b>	<b>Breakfast &amp; Clean up</b>
	<b>9:30 a.m.</b>	<b>Flag Raising &amp; Church Service</b>
	<b>10:00 a.m. - 11:45 a.m.</b>	<b>Break Camp, Clean up, Check out</b>

**If you are in camp Sunday you need to attend church and please be on time.**

- NOTES:**
1. Each troop is responsible for bringing its own wood, do not cut live, dead standing or downed trees with out permission from camp staff.
  2. Please note. We will have port-a-johns.  
Campsite inspection will be by patrols. Please have clearly defined patrol areas. Inspection will occur when scouts are present in the campsites.
  3. Tour Permits need to be filed with the Council Office TWO WEEKS before the camporee
  4. New Medical Forms are required of all scouts (Parts A and C). Form is attached.
  4. Troops need to check out with the camporee staff before leaving the site.

**A Scout always does two things when he leaves his camping area:**

1. Leaves the area in better shape than he found it!
2. Thanks those who made the experience possible!

**HAPPY CAMPING AND HAVE A GOOD WEEKEND!**

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TUCKALEECHEE DISTRICT  
GREAT SMOKY MOUNTAIN COUNCIL, BSA  
CAMPOREE RULES

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**GENERAL CAMPOREE RULES**

- **All Units must have at least 2 adult leaders (SM, ASM, or other registered adult) present at all times at the camporee site. Each unit must have and turn in upon arrival a Local Tour Permit (These need to be filed with the Council 2 weeks before the event.)**
- Troops **must** check in at Camp Headquarters **to be assigned a campsite**.
- The Troop Leaders are responsible for the conduct of their Scouts at all times.
- SAFETY - All travel and Camporee activities are to be conducted according to good safety standards. The Unit Leader will be aware of the safety of each member of his Troop at all times. Each Troop **must** have a suitable First Aid Kit in Camp at a **visible location**.
- **All** Scouts attending the Camporee must be currently registered with the Boy Scouts of America (Scouts, Explorers, etc.).
- GARBAGE - Each Troop must carry all unburnable garbage away upon leaving the Camporee. DO NOT BURY GARBAGE OF ANY KIND.
- Cutting of live trees is prohibited.
- **SCOUTS ARE NOT ALLOWED ON THE MOUND.**
- Any Scouts who are running through or in any other Troop's campsite at any time or any Scouts found running around or making excessive noise after Taps may have points deducted from their Troop's Campsite Inspection score and may be asked to leave the Camporee.
- **Troops are responsible for the condition in which their campsite is left. No Troop will be allowed to check out until their site has been inspected by a member of camporee staff.**

## **Events:**

Each patrol will be starting and ending at the same location. The point is that all activities' will be judged on how well the patrol's works together. A patrol will not be able to start the activity until all members are at the activity and ready to receive the instruction for that location.

Each event, except for the Bridge building, will have a maximum time allowed of 15 minutes.

The patrol will be given a map with an order to follow to each activity.

1. Archery – hit your dinner
2. Tomahawk Throw – cut up the pie
3. First Aid
4. Construct a rope bridge and get your patrol over with canoes
5. Semaphore – send and receive the message
6. Fire Starting
7. Shelter/Portage a unknown trail

Compass work during the trip will require the patrols to find locations, guide their way and read a map.

Scoring will be based on accuracy and time.

## **Patrol Equipment Needed**

### First Aid Supplies:

- (1) Blanket per Patrol
- (2) Triangle Bandages per boy
- (2) 4"x4" Gauze Pad per boy
- (2) 2" Roller Bandage
- Any other item they wanted to add

### Fire Starter:

- Flint & Steel or Hot Spark
- Charred Cloth, 0000 steel wool, dryer lint

### Bridge Material:

- (3) 15 ft. 3/8" Diameter Rope (sisal rope - not nylon) per boy

### General Supplies:

- Compass
- Straight Edge
- Pocket Knife
- Hand Axe (14")
- Pack Saw
- Tomahawk (if they have one)
- Pack (water proof or not)
- 1 gal Zip Lock Bag

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TUCKALEECHEE DISTRICT  
GREAT SMOKY MOUNTAIN COUNCIL, BSA  
CAMPOREE EVALUATION

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Please evaluate the following items

Item	poor			good	
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
1.Site selection					
2. Activities					
3.Overall Camporee					

Do you have any suggestions for future camporees?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any events that you would like to see in future camporees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any events that you would not like to see or that you feel have been used to much:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be willing to serve on camporee staff? Yes No  
If yes, please indicate name and troop number.

Troop \_\_\_\_\_

Scoutmaster \_\_\_\_\_

Phone #: \_\_\_\_\_

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**TUCKALEECHEE DISTRICT  
GREAT SMOKY MOUNTAIN COUNCIL, BSA  
Patrol INSPECTION**

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0-60=Yellow; 61-85=Red; 85+=Blue

Troop#: _____
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**GENERAL**

	Item	Max	Score
1	US Flag displayed	5	
2	Unit Flag displayed	5	
3	Patrol Flag(s) displayed	5	
4	Campsite neat and orderly	5	
	Subtotal	20	

**SAFETY**

	Item	Max	Score
1	Fuel properly stored fuel	10	
2	First Aid Kit accessible and visible	10	
3	Fire ring clear to 10' radius with 2 fire buckets	10	
4	Sod properly placed and protected	10	
5	Ax yard established	10	
3A *	Stoves properly stored	10	
4A *	Low Impact type fire area or no fire	10	
5A *	Minimal impact on site	10	
	Subtotal	50	

\* Low Impact Camping; disregard 3,4,5

**CLEANLINESS**

	Item	Max	Score
1	Trash in proper place	5	
2	All Patrol gear arranged and stored neatly	10	
3	All Individual gear arranged and stored neatly	5	
4	Cooking, dishwashing, dining area clean	5	
5	Food and water properly stored	5	
	Subtotal	30	

<b>Total</b>	100	
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\_\_\_\_\_PATROL

# MENU

TROOP\_\_\_\_\_

## FRIDAY SUPPER

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## SATURDAY BREAKFAST

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## SATURDAY LUNCH

--

## SATURDAY SUPPER

--

## SUNDAY BREAKFAST

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# Duty Roster

Great Smoky Mountain  
Council, BSA  
Tuckaleechee District

Troop \_\_\_\_\_

\_\_\_\_\_ Patrol

Duty	Friday	Saturday			Sunday	
	Supper	Breakfast	Lunch	Supper	Breakfast	Break Camp
Camp set up						
Camp clean up						
Fuel and Water						
Cooking						
Dish washing						
Latrine						

GREAT SMOKY MOUNTAIN COUNCIL  
TUCKALEECHEE DISTRICT  
CAMPOREE ROSTER

**This roster with camp fees and Tour Permit MUST be turned in to HQ upon arrival**

**You may make copies of this roster as needed.**

Troop _____
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Scoutmaster: _____	SPL: _____
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**SCOUTS:**

Patrol:	Patrol:	Patrol:	Patrol:

**ADULTS:**

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.
13.	14.	15.

Total Scouts: \_\_\_\_\_

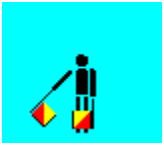
Total Adults \_\_\_\_\_

Total Participation \_\_\_\_\_

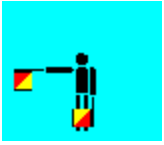
Registration Fee \_\_\_\_\_

Total Due \_\_\_\_\_

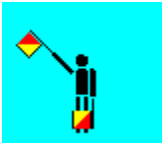
# The Semaphore Alphabet



A and 1 (LH down RH low)



B and 2 (LH down; RH out)



C and 3 (LH down; RH high)



D and 4 (LH down; RH up - or LH up;  
RH down)



E and 5 (LH high; RH down)



F and 6 (LH out; RH down)



G and 7 (LH low; RH down)



H and 8 (LH across low; RH out)



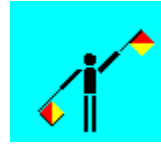
I and 9 (LH across low; RH up)



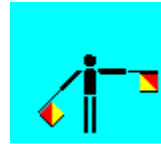
J and 'alphabetic' (LH out ; RH up)



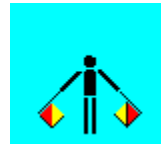
K and 0 zero (LH up; RH low)



L (LH high; RH low)



M (LH out; RH low)



N (LH low; RH low)



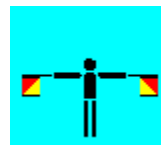
O (LH across high; RH out)



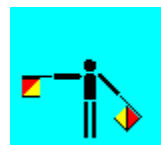
P (LH up; RH out)



Q (LH high; RH out)



R (LH out; RH out)



S (LH low; RH out)



T (LH up; RH high)



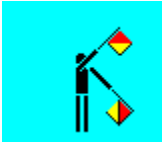
U (LH high; RH high)



V (LH low; RH up)



W (LH out; RH across high)



X (LH low; RH across high)



Y (LH out; RH high)



Z (LH out; RH across low)



Numerical sign (LH high; RH up)



Annul sign (LH low; RH high)



Error (LH and RH raised and lowered together)



Flag positions in Semaphore

- first circle: A, B, C, D, E, F, G;
- second circle: H, I, K, L, M, N (omitting J);
- third circle: O, P, Q, R, S;
- fourth circle: T, U, Y and 'annul';
- fifth circle: 'numeric', J (or 'alphabetic'), V;
- sixth circle: W, X;
- seventh circle: Z

In the first circle, the letters A to C are made with the right arm, and E to G with the left, and D with either as convenient. In the second circle, the right arm is kept still at the letter A position and the left arm makes the movements; similarly in the remaining circles, the right arm remains fixed while the left arm moves. The arms are kept straight when changing from one position to another.

One way to visualize the semaphore alphabet is in terms of circles:

## Monkey Bridge

The construction of a monkey bridge is a pioneering feat that will thrill your gang. The mon-

key bridge can span a much greater distance than the usual pioneering bridge — up to 100 feet. Don't try too great a span at first: 25 feet should be long enough to start with.



**MONKEY BRIDGE:** Use two 12-foot logs about 4 inches thick at the butt for shear legs. Place side by side and lash together 5 feet from top with shear lashing. Spread the legs and lash 4-foot crosspiece to the legs 2 feet from butts. Use square lashings.

Hammer 3-foot stakes into ground in line with the bridge and pointing at 60-degree angles away from it. Tie them together in pairs. They act as holdfasts.



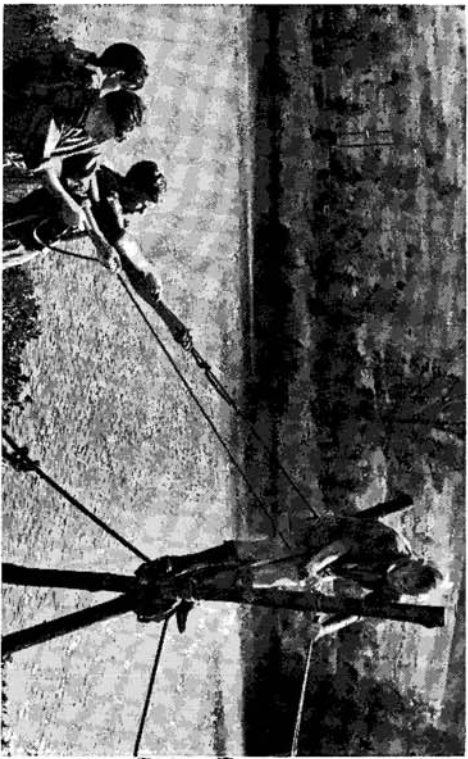
Use three manila ropes, all 30 feet longer than stream is wide. Foot rope is 1 inch; two hand ropes are 1/2 inch. Place all three ropes on ground 4 feet apart, with foot rope in the middle. Attach 9-foot "stringers" (1 1/4-inch rope) to foot rope and hand ropes with clove hitches. Stringers should be 3 feet apart.



Put rope assembly across stream and secure it temporarily to holdfasts. Raise shear legs with butt ends in shallow holes to prevent shifting. Hold shear legs upright with two guy lines from top of legs.



Make the pads of two pieces of burlap. Place in the two shear crotches. Lay all three ropes into the crotches. Lead ends of the foot rope in two turns around the first stakes on each side of river. Then tie them with two half hitches, pulling rope tight.



48 Have two Scouts stand in the two shear leg crotches, one on each side of the stream. Attach one hand rope to a shear leg with clove hitch, then pull taut and fasten it to shear leg on the other side. Tie the other hand rope the same way.



The ends of hand ropes to the first stakes on each side of river with two turns and two half hitches. Go over all the ropes, tightening them as much as possible. Your bridge is done, ready for crossing.

Baden-Powell brought this idea from India. Here he had seen the natives in the Himalaya Mountains make "bridges out of three ropes . . . connected together so that one rope forms the footpath and the others make the handrail on each side." He drew a picture of such a bridge and described it in detail in his *Scouting for Boys*.

It wouldn't be much fun to cross this kind of swaying bridge over a deep mountain chasm, but it's fun in camp where the worst you could get out of a slip would be a ducking.

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

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

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://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.

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



BOY SCOUTS OF AMERICA.

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

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 (SEE PART C). 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 \_\_\_\_\_

### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization 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.

### 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.

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)**

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B**

**PHYSICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ % body fat \_\_\_\_\_ Meets height/weight limits  Yes  No  
 Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://www.cdc.gov).)**

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
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): \_\_\_\_\_

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping     Competitive activities     Backpacking     Swimming/water activities     Climbing/rappelling
- Sports     Horseback riding     Scuba diving     Mountain biking     Challenge ("ropes") course
- Cold-weather activity (<10°F)     Wilderness/backcountry treks

Specify restrictions (if none, so state) \_\_\_\_\_

**Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.**

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
  - Uncontrolled psychiatric disorders.
  - Poorly controlled diabetes.
  - Orthopedic injuries not cleared by a physician.
  - Newly diagnosed seizure events (within 6 months).
  - For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Office phone \_\_\_\_\_

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

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
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.

**Part B**    **Last name:** \_\_\_\_\_    **DOB:** \_\_\_\_\_

**Part C**

**Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

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.

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 to the adult in charge 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, including 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.

- Without restrictions.
- With special considerations or restrictions (list) \_\_\_\_\_

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 the event: (You must designate at least one adult. Please include a telephone number.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Adults NOT authorized to take youth to and from the event:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
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Irving, Texas 75015-2079  
<http://www.scouting.org>

SKU 34605



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**Part C**    **Last name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_