CAMP HINDS
WEBELOS RESIDENT CAMP 2013
The Road to Dunamis Awaits...

A GUIDE FOR WEBELOS LEADERS,
SCOUTS & PARENTS

http://www.camphinds.org                      facebook.com/CampHinds
# Timeline For Webelos Camp Leaders

| Spring 2013 | Review with your Scouts the Webelos program available at Camp Hinds this summer.  
|            | Reserve your space with Pine Tree Council.  
|            | Send in deposits for Scouts going to camp.  
|            | Make parents aware of summer camp dates and the required BSA Health Forms.  
|            | Arrange for adult leadership to cover your pack at camp.  
| February 13th, March 6th, March 7th & March 13th | **Webelos Leader Kick-Off Celebrations** Join us at your district roundtable to get your camp questions answered & stay for snacks and door prizes. February 13th - Abnaki Roundtable, March 6th - Casco Bay Roundtable, March 7th - York Roundtable, March 13th - K-Valley Roundtable  
| April 1st, 2013 | **Campership Application Deadline!**  
| May 1, 2013 | **Early Bird Deadline! Payments are due at PTC!**  
| June 1st, 2013 | Online registration begins at [http://www.pinetrebsa.org/scss](http://www.pinetrebsa.org/scss)  
| June 25th, 2013 | **Come to our Open House for the “Road to Dunamis” from 6:30-8:00pm!** You’ll get an introduction to the Camp Staff, tour of camp & campsites, and a Dessert Buffet! Join us for some pre-camp fun!  
| July 23rd, 2013 | **Camp Leaders and parents pre-camp meetings at 6:30pm.** Come meet the Noble Camp Director and his crew and get your camp questions answered! Meet at the Tabor Retreat at Camp Hinds.  
| 30 Days Prior to Camp | Finalize plans, leadership & transportation for your time at camp.  
| | Make final payments to Pine Tree Council.  
| | Collect and review BSA Health Forms for accuracy and completeness.  
| At Least Two Weeks Prior To Arrival At Camp | Mail **Photocopies** of BSA Health Forms & Pack Rosters (if not done online) to Camp!  
| | **MAIL FORMS DIRECTLY TO CAMP HINDS. DO NOT SEND TO PTC!**  
| | Camp Hinds  
| | 146 Plains Road  
| | Raymond, ME 04071  
| First Day of Camp | **Welcome!** Cubmasters Orientation Meeting at 1pm at the Tabor Retreat. Bring copies of your pack roster & questions!  
| | GATES INTO CAMP OPEN AT 2pm!  

All Camp Forms are located at the end of this guide for easy removal and to make copies!  
All Forms Are Also Available Digitally at [www.camphinds.org](http://www.camphinds.org)  
Please DO NOT mail forms to Pine Tree Council - Send Directly to Camp Hinds!  
GATES OPEN TO CAMP AT 2pm! NO Scouts, Leaders, Vehicles or Equipment will be allowed to enter their campsites before 2pm. Staff parking attendants will be available to assist packs!
Welcome to the 2013 Camp Season!

Dear Webelos Leader or Webelos Scout Parent,

Thank you for choosing Camp Hinds in 2013. Webelos Resident camp is a great opportunity for Scouts, their parents, and their leaders to enjoy a camping experience, get a jump start on earning activity pins, and most importantly have lots of fun! Webelos Resident camp is specifically designed for Scouts who will be entering 4th or 5th grade in the fall. Activities will be more challenging than those at Cub Scout Day Camp & will introduce Webelos to the Boy Scouting program. Our staff’s goal is to create a summer of memories filled with fun, adventure and an exceptional outdoor learning experience!

To make our program, and thus your Scouts, successful we have created this guide for your use. It has been designed to provide you with all of the information you need to plan your summer experience. Please share this guide, and the forms, with your other leaders & parents!

Our entire staff will be working hard in the coming months to fine-tune our program, so keep your eyes on www.camphinds.org & our Facebook page (facebook.com/camphinds) for updates and please do not hesitate to contact us for further assistance, questions or comments. We would love to hear from you and have the opportunity to visit troops and hear directly from the Scouts!

Yours in Scouting,

Joshua Gagnon
Camp Director
Joshua.Gagnon@gmail.com
207-651-5266

Karen Hawkes
Program Director
kkhawkes@earthlink.net
207-518-1342
2013 Camp Dates
Session 1: August 11 - 14
Session 2: August 14 - 17

How to Go to Camp!
Most Webelos Dens go to summer camp with their own leadership. This is a great way for Scouts to attend summer camp and build lasting relationships, while enjoying camp with their own leadership.

Provisional Camping
A provisional camper is when a youth comes as an individual without his unit. In this case, the Pine Tree Council’s camp staff provides leadership. This is a great opportunity to make new friends and to experience some of the Specialty programs.

Den Chiefs
Do you have a Boy Scout that works as a den chief with your den? He can come to camp to assist you! Den Chiefs must be Boy Scouts who are currently registered and should be at least two years older than the Webelos that they help counsel.

2013 Camp Fees
For Scouts coming with dens:
$185 per Scout $165 if paid in full by May 1, 2013

Provisional Webelos Camp Fee: (for those coming without leadership)
$195 for individual Scouts $175 if paid in full by May 1, 2013

2nd Session Discount (New For 2013)!
If you attend more than one session (at either Camp Hinds or Bomazeen) your 2nd session is only $125!

Reservation Policy:
- **Site Deposits:** $10.00 per person is required to reserve a campsite for your den. Or, $10.00 per provisional Scout.
- **For the Early Bird Discount the entire fee must be paid in full by May 1, 2013.** Otherwise, the bill must be paid in full 2 weeks prior to the start of camp.
- **Adult Leader Fees:** Two adult leaders go free with the first four youth. One additional adult goes free for each additional four youth. Extra adult leaders are charged $45.00 each
- **Den Chief Fees:** $45.00 fee covers the den chief attending with the den.

Refund Policy: Individuals or groups that cancel a program reservation 30 days prior to the date of the event will receive a refund of fees paid less a 15% administrative charge. No refunds will be made after the 30-day cancellation period.
Webelos Program | To Dunamis!

Polish Your Armor! Gather Ye Knights!

The Road to Dunamis Awaits!

Join us in the realm of Camp Hinds in our search to join the Knights of Dunamis. You’ll gasp as our mounted staff knights bravely defend the realm and laugh at our court jesters. Strolling performers will entertain & challenge you on your four day quest. Come be enthralled by acrobats, artisans, wizards and minstrels.

Upon their arrival in the realm, Scouts will take the role of knights and prepare to travel to Dunamis! On their travels they will participate in activities including:

- Scout skills
- Crafts
- Games
- Campfires
- Archery
- Jousting
- Sports
- Air Rifles - Only Available to Webelos!

The Webelos resident camp program is designed to work on Webelos advancement pins & activities while promoting Scouting through a theme which is brought to life through our energetic and dedicated staff!
The Program
After the initial check in is complete the fun begins... Following a medical & swim check, Scouts will spend their first afternoon settling into their first overnight experience! With the help of camp provided guides, Dens will have time to host small activities that will get them comfortable with their campsite and fellow Scouts, ...typically we have a ice breaker craft project that the Scouts start working on and continue to build on throughout the week. The day will round up with the world famous Camp Hinds campfire hosted by our energetic staff and will have lots of skits, songs and cheers!

Day 2 and 3 is where Scouts will start their quest to Dunamis. Dens will spend the mornings and afternoons attending activities that they have signed up for. Activities will range from craft projects, water activities, recreational games, and nature projects, to open shooting...just to name a few!

Throughout the week we welcome Scouts and leaders to attend the activities in a theme-related costume! Whether it is just a small accessory or a full costume it will be sure to enhance their week at camp.

Daily Activity Outline (more details provided at camp!)

<table>
<thead>
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<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
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<td>Session 1</td>
<td>Session 2</td>
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<td>Sunday</td>
<td>Wednesday</td>
<td>Thursday</td>
<td>Saturday</td>
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<tr>
<td>» Cubmaster Meeting</td>
<td>» Morning Activity Periods</td>
<td>» Morning Activity Periods</td>
<td>» Campsite Cleanup &amp; Pack up</td>
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<tr>
<td>» Med Checks</td>
<td>» Siesta</td>
<td>» Siesta</td>
<td>» Midway Fair</td>
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<tr>
<td>» Swim Checks</td>
<td>» Afternoon Activity Periods</td>
<td>» Afternoon Activity Periods</td>
<td>» Closing Ceremonies with a Treat</td>
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<tr>
<td>» Settle into your campsite</td>
<td>» Evening All Camp Activity</td>
<td>» Cook in your campsite</td>
<td>» Open Areas</td>
</tr>
<tr>
<td>» Waterfront Orientation</td>
<td>» Campfire in Campsite</td>
<td>» Campfire in Campsite</td>
<td>» Campfire in Campsite</td>
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</tbody>
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### Advancement and Offerings

While our daytime program is built around advancement, our focus is creating fun and interactive activities, designed around specific pin & belt loop requirements, at each rotation.

Throughout the week our staff will facilitate the activities. But ultimately it is the Webelos’ leaders that can sign-off advancements when they think their Scout has fulfilled the requirements. A reference sheet of the advancement incorporated into the week will be handed out in the closing packets.

Listed below are the activities that your Webelos will participate in the week. While most of the activities are scheduled for you, there are two rotations where we offer Dens the choice of which activity pin to work on.

#### All Scouts will participate in these activities

<table>
<thead>
<tr>
<th>Aquanaut Pin</th>
<th>Boating</th>
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<tbody>
<tr>
<td>Archery Belt loop</td>
<td>Action Slingshot</td>
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<tr>
<td>Pellet Guns</td>
<td>Sports</td>
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<tr>
<td>Crafts</td>
<td>Initiative Games</td>
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<tr>
<td>Campfires</td>
<td>Cooking &amp; more!</td>
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</tbody>
</table>

#### Dens Will Choose One From Each Of The Following Options

1) Naturalist  
2) Artist  
3) Geologist  
4) Showman
Program Registration

Once you have had time to look over the program and collect your units interest in activity choices (and you’ve reserved your space with Pine Tree Council) you will be able to register your Scouts online. Beginning June 1st, Webelos Leaders can register their troops one of two ways. The BEST way to register is to logon to our user-friendly online portal accessed at www.pinetreebsa.org/scss. It is the quickest and easiest way to submit your choices and register your individual Scouts so that they appear on the den roster. Additionally online registration will be given priority over the alternate form of registration.

Please don’t hesitate to contact our Camp Director Josh Gagnon at 207-651-5266 with questions about the system or help registering online!

The alternative way of registration is to mail the forms to camp. Mail registrations will be entered after online registrations as the online registration website opens a full two months before our office staff arrives! Forms for registrations can be accessed from the end of the leaders guide or online at www.camphinds.org/forms.html. Mail forms to:

Attn: Pack ## - Webelos Registration
Camp William Hinds
146 Plains Road
Raymond, ME 04071

Evenings at Hinds

Day 2 | All Camp Event
Following dinner on Monday or Thursday we will have a unified activity that we ask all Scouts to participate in. In the past we have had a camp-wide staff hunt, scavenger hunts & more! This evening is filled with games and excitement which is always best enjoyed with friends. It is also the best time to dress up!

Day 3 | Open Areas
After being at camp for two days now, each Scout will have the chance to experience more time in their favorite area. Each activity area will be open for the Scouts so they can go swimming, boating, make crafts, participate in Scout skill activities, use one of our shooting ranges or whatever caught their eye!

The King’s Tournament

Day 4 | Midway
After four days on the road it’s time to see how well our knights will fare once they reach Dunamis. After breakfast the center of camp will be set up with a huge array of games and challenges that our King has created to test his knights. We invite families to come early and checkout this event with your son (we will start around 9am) as well as tour around camp and see what they did during their journey.
When You Arrive At Camp!

Check in begins at 2:00 p.m. on the first day of camp! One Adult Leader should arrive at 1:00 p.m. to attend a leaders meeting at the Tabor Retreat. You should plan your arrival accordingly.

**PLAN TO ARRIVE AT CAMP FOR THE 2:00 PM OPENING AND CHECK-IN AS A GROUP. YOU MUST CHECK-IN AT THE PARKING LOT BEFORE GOING TO YOUR CAMPSITE.**

Your Staff Guide upon your arrival at Camp Hinds will greet the Pack. The Staff Guide will take the Pack to the campsite, take a tour of camp, to the Health Lodge for medical rechecks and finally to the waterfront for your swim tests.

All vehicles must be parked in the camp parking lot. Each Pack will be given one vehicle pass to use for one vehicle (at a time) to be loaded with equipment and unloaded at the campsite and returned to the parking lot. Handicap vehicle passes will be given out as needed.

**At Check-In the Webelos Leader will need the following:**
- A Completed Pack roster
- Copies of your Scout/Adult Medical Forms

**Once at your site Scouts and Leaders should:**
- Place gear in tents
- Change into swimsuits for swim checks
- Your Camp Staff Guide will take you as scheduled for medical checks, swim checks and camp tour. Bring any medications brought to camp with you to check in!

**The Camp Tour will Include:**
- Health Lodge-
- Dining Hall – Remember a waiter for your supper meal (& every meal)!
- Trading Post
- Parade Field
- Camp Showers
- Program Areas

All Webelos taking part in any aquatics program is required to have a swim check. Leaders shall follow the same guidelines. Once the swim evaluation is completed, each person will be given a buddy tag. A buddy tag is needed to enter the waterfront or boating areas in camp! All buddy tags should be kept stored in the campsite space on the buddy board at the waterfront.
Check-In At A Glance

1:00 PM – Leaders meeting at the Tabor Retreat
2:00 PM – Gates open, Check-In Begins
2:30 PM – 4:30 Tours of Camp, med checks, swim checks
4:30 PM – Welcoming activity in campsites
5:45 PM – Retreat – (In Uniforms)
6:00 PM – Dinner
7:00 PM – Waterfront Orientation
7:30 PM – Opening Campfire – Wear your “Treasure Hunter” theme costumes!

When You Depart Camp

Check out is set for 11:00 AM!

Following the morning special activities, the following procedures should be followed:

- Pack all personal gear; double check so as not to leave anything – check the camp lost and found
- Remove any Pack items off the bulletin board
- Police the site for trash
- Clean the latrine
- One vehicle may be driven into the campsite to load the gear. Please refrain from driving more than one vehicle into the campsite at a time!
- Be sure to return any additional borrowed equipment to the Camp Room
- Stop by the Health Lodge to pick up any medications for your Pack.

Remember: A Scout is Clean. Try to leave your campsite in better condition than you found it!
General Camp Information

Camp Staff
Camp Hinds has a trained staff of Scouts and Scouters. Our camp staff are registered members of the Boy Scouts of America and our mission is to help promote the aims and methods of Boy Scouting to their fullest here at Camp Hinds.

The camp is lead by a Camp Director, who works with a Program Director. Each of our program and support areas are overseen by an Area Director, many of whom have attended the National Camping School program for training specific to their job. Our staff will assist and try to accommodate your needs in every way possible, so don’t hesitate to ask for assistance. Occasionally, it may be necessary to shift or rearrange program plans or campsites to accommodate everyone, but this will only be done when no other alternative is possible.

Leaders at Camp
Every Pack that attends must be under the supervision of its own adult leadership at all times. According to the BSA youth protection policy, two-deep leadership is required for all activities, one leader who is at least 21 years of age and a second who is 18 years of age or older. You are in charge of your Pack at all times. There must be at least two adults to accompany the Webelos to their activities and stay with the pack during the entire session of camp.

Den Chiefs
Do you have a Boy Scout that works as a den chief with your den? He can come to camp to assist! Den Chiefs must be Boy Scouts who are currently registered and should be at least two years older than the Webelos that they help counsel.

Adult leaders are responsible for the discipline and organization of your Pack. The camp staff will assist you with the camp program for your Webelos. It is never the camp staff’s task to take over your role as leader of your unit. If you have issues with leadership or discipline, please let the Camp Director know so we can assist you as needed!
Mail & Emergency Phone Numbers

Two of the questions from parents are “Where will our son be?” and “How can we reach him?” Scouts enjoy receiving mail from home during their stay at camp. Please write, but don’t call unless it’s an emergency. Remember there is no phone next to your son’s tent! The camp phone is for camp business and emergencies.

EMERGENCY PHONE # 207-655-4878

Send Mail To:

(Your Scout’s Name)
(Your Scout’s Pack # and Campsite)
Camp Hinds
146 Plains Road
Raymond, ME 04071

There is a pay phone available in camp for non-emergency use. We encourage all leaders to keep their Scouts away from the phone. Experience has taught us that this really helps with homesickness.

Camp does require that all Scouts using the pay phone have the permission of their Cubmaster / Camp Leader to use the phone! Mail is delivered daily to camp. Each campsite has a mailbox in the Trading Post for mail and non-emergency messages. Leaders please check your mailbox a couple of times each day for incoming mail and messages. All emergency messages received in the camp office will be delivered immediately to the adult leadership of the Scout to whom the information concerns by the camp staff.

Medical Supervision

Dr. Donald Burgess, a Pediatrician at SMMC PrimeCare Pediatrics, oversees the camp medical staff. A licensed health officer is in camp, on duty at all times, to handle all medical emergencies. If the injury or illness is serious, the person is brought to a local health care facility. Written agreements are in place between Camp Hinds and local health care providers to care for our campers, staff and guests. All medical illnesses or injuries must be reported to the health officers in camp - no matter how minor the incident. Please report any dietary or health restrictions to the camp office at least one week prior to your arrival in camp.
Medical Forms

All Campers and Leaders attending camp must have a completed BSA medical form on file with the camp health office while at camp. ALL PARTICIPANTS are REQUIRED TO HAVE PARTS A, B & C! Scouts and Leaders must have a valid physical within 12 months of camp. Please note, section Part B is entitled “Adults Authorized to Take Youth to and From Events.” We are recommending that under the “designate” portion you have parents/guardians write “Licensed Driver over the age of 18 with permission of the Cubmaster.” Then, be sure to have parents/guardians include any adults NOT authorized in the next section.

It is a regulation of the Boy Scouts of America that anyone who does not have a completed and signed medical form at the check-in time at camp will not be allowed to remain in camp. NO exceptions will be made. Camp Leaders should collect all medical forms and check them to make sure they are complete prior to leaving for camp. Please mail a copy of each persons health form to Camp Hinds at least two weeks prior to your stay in camp. The health officers will review the forms before your arrival to help provide your troop with a smooth check-in once camp begins. Please make two copies of your medical forms; one for camp and one for your records.

Medical Recheck & Medications

Upon arrival in camp, All Campers and Leaders will go through a medical recheck at the Camp Health Lodge. Pine Tree Council and Camp Hinds must comply with all State of Maine laws and BSA politics concerning medication in camp. ALL medications brought to camp by campers, leaders and staff MUST be given to the Health Officer upon arrival in camp. This includes prescription and non-prescription medicine.

The Health Officer is available at scheduled times to administer medications as needed. An exception may be made for a limited amount of medications to be carried by the Scouts or adult for life-threatening conditions including; bee-sting kits, nitroglycerin, inhalers and medication specifically prescribed “to be carried at all times” by a physician. Camp supplies any over-the-counter medications and first aid supplies that your Scout may need during his week at camp.

Emergency Medication Plan

For Asthma Patients Only!

The State of Maine requires that All Campers that are going to carry a rescue inhaler or Epi-pens, provide the camp with an Emergency Medication Plan. Additionally, each camper must have their parent’s and physician’s approval to carry the inhaler and indicate that the camper is able to use the inhaler. At the time of check in, the camp health staff must also evaluate the camper’s ability to use the inhaler. Please be sure to complete the Emergency Medication Plan with the physician and send it to camp with the health form. A copy of the school asthma plan will be acceptable as well.
Peanut Butter Free Zone

Due to the increase in campers having peanut butter allergies, some which are life threatening, we have decided to make the Camp Hinds dining hall a peanut free zone. This means no foods with peanut oil or peanut butter will be used in the kitchen or dining hall.

Any parents, who have a camper with food allergies, still needs to list the allergies on the campers health form and notify the camp at least two weeks in advance.

Many campers love a peanut butter sandwich, and this can be a great snack! Troops may still choose to have peanut butter in their campsites as long as the Scouts in their campsite don’t have a peanut allergy. Our Trading Post will still carry individually wrapped candy bars that may have peanuts or peanut butter in them.

Handicapped Information

Camp Hinds aims to make our program available to All Campers. If you have a person with a disability that may require special attention, auxiliary aids or any reasonable accommodations, please contact the Camp Director at 655-4878 at least two weeks prior to your stay at Camp Hinds.

Emergency Procedures

Camp Hinds has long established procedures recommended by the BSA for lost campers, lost swimmers, fires and severe storms. We use a siren as a warning device if and when it becomes necessary to call the camp together. Camp Hinds has written agreements with local fire, police and medical departments to provide Camp Hinds with the necessary coverage for any emergency. Further information on the emergency procedures to be followed while in camp can be found posted in each campsite for review by All Campers and Leaders in camp.
Camp Health & Safety Policies

The following rules and policies have been established by the Pine Tree Council Camp Administration for the health, safety and protection of All Campers and leaders in camp.

- **NO ALCOHOL or ILLEGAL DRUGS are permitted in camp at any time!**

- **NO FIREARMS, AMMUNITION, FIREWORKS, HAND HELD WEAPONS (swords, nightsticks, butterfly knives, etc.) or ARCHERY EQUIPMENT may be brought into camp.** Due to our liability insurance, youth may only use the equipment provided by the camp.

- **NO PRIVATELY OWNED WATERCRAFT are allowed in camp.**

- **NO OPEN FLAMES IN ANY TENTS!** Troops may only use self-contained stoves and lanterns in their campsites, under the direction of knowledgeable adults.

- **NO LIQUID FUELS MAY BE USED TO START FIRES! ALL LIQUID FUELS MUST BE KEPT IN THE LOCKED LIQUID FUEL LOCKER PROVIDED BY CAMP.**

- **NO RUNNING IN CAMP, except in an athletic field or sporting event. In an emergency, you may move quickly without running.**

- **NO PETS allowed by campers or visitors.**

- **APPROPRIATE FOOTWEAR** is required at all times.

- **THE BUDDY SYSTEM** for Scouts is required for ALL activities in camp!

- **SMOKING IS ONLY ALLOWED IN DESIGNATED SMOKING AREAS, BY 18+ YEAR OLD ADULTS.** These areas will be selected by the camp administration.

- **ALL VEHICLES, not necessary for the operation of camp, WILL BE KEPT IN THE PARKING LOT.**

- **Exceptions to the parking rule will be made for those with a physical handicap through arrangements with the Camp Director. Parking passes will be issued to troops on Sunday and Friday afternoons in order to transport supplies to your campsite. The no vehicle policy is for the safety of our Scouts, leaders and guests.**

- **YOUTH PROTECTION GUIDELINES, as established by the Pine Tree Council and the BSA, ARE TO BE ENFORCED AT ALL TIMES.** Any physical, emotional, sexual or neglectful abuse must be reported to the Camp Director immediately so the proper steps can be taken to protect the Scout.

- **Scouts & LEADERS LEAVING/ENTERING CAMP AT ANYTIME MUST SIGN IN & OUT OF THE CAMP OFFICE.** No Scout shall be released from camp without the permission of his parent or guardian.

- **VALUABLES SHOULD BE LEFT AT HOME!** Please encourage Scouts to leave all electronic or expensive equipment at home. Advise your Scouts not to leave valuable items they do have in camp unlocked in their campsites. Camp is not responsible for damaged or lost items during your stay.
**Signing In, Signing Out & Visitors**

**Scouts Leaving Camp**

Campers are not to leave camp during the camping period without the approval of their parent, unit leader, and the Camp Director. With this prior approval, a Scout may leave the camp with a responsible adult who must sign-in and sign-out in the Camp Office. Scouts leaving early or for part of the day must have proper permission from his parent / legal guardian.

**Leaders Leaving Camp**

Leaders who must leave camp for any reason must advise the Camp Office at the time of departure and return. Do not leave your Webelos without an adult leader who is at least 21 years old. Leaders planning to alternate should wait until their replacement arrives before they leave to assure that the Scouts are well supervised at all times.

**Visitors**

Visitors are welcomed in camp, but please understand that everybody is on a busy schedule and Scouts prone to homesickness may do better without visitors. *All visitors must sign in and out at the camp office.* Remember that camp facilities are primarily for the use of campers and leaders. All vehicles will remain in the parking lot. *Tickets for Visitor meals may be purchased in the trading post.*

**Dining Hall & Meals**

Meals are prepared by our kitchen staff and served in the dining hall. The camp menu has been designed and dietician approved to ensure that properly balanced meals are being served to the growing young boys who visit camp each summer. *A copy of the camp menu will be posted in the dining hall.* You will be assigned tables at the dining hall by the Dining Hall Steward based on the number of people in your group. Webelos will assist with the setting of the tables and clearing after the meals.

**Special Meals**

Arrangements can be made with the cook for those with special dietary concerns (religious or health based). Please contact the camp at least one week prior to your arrival at camp for special diets so that arrangements can be made and food can be ordered.
Your Campsite!

Campsite Supplies
A broom, shovel, rakes, fire buckets and water hose will be kept in each campsite. Equipment that is lost or broken due to misuse will be charged to the unit.

Campsite Inspection
Camp Commissioners will inspect each campsite on a daily basis for cleanliness, safety, conservation, organization, and Scout Spirit. Pack inspection sheets are posted in each campsite. The top campsites will be recognized at the closing campfire.

Camp Good Turns
A Scout is helpful and clean. Each day the campsites are responsible for assisting in keeping the camp clean. Good turns can be done directly after lunch. Schedules for good turns will be posted in each campsite.

Fire Protection
Please use care around the campfires in your site. Only established campfire rings may be used for fires. NO liquid fuel may be used to start any fires. No open flames of any type are permitted in or around any tent. Every site must use their Fireguard Chart. Please ensure the chart is filled out everyday. The fire barrel must be filled and the fire buckets placed around the fire ring are full.

Showers and Bathroom Facilities
Hot showers with individual stalls are available for all Scouts and Leaders. There is also a handicapped accessible shower facility. Bathrooms and hand washing basins are found in each campsite.

Sleep and Quiet Hours
Getting enough sleep can make a difference between having a great or poor week at camp! Camp Leaders should see that their Scouts are in the campsite by 8:30 PM and quiet time is observed from 9:00 PM - 7:00 AM.

Siesta
A siesta is scheduled for rest time everyday directly following lunch. All Scouts are to be in their campsites during this time. No program areas will be open during siesta.

Work Projects
Work projects for all different age groups and skill levels are available on a year round basis, not just during camp. Many recent improvements have been made to our camp facilities with the help of many volunteers. Projects are carried out under the supervision and direction of the Camp Ranger. Interested volunteers can contact Camp Director Josh Gagnon at (207) 651-5266.
Uniforms

Camp Hinds has a long established tradition of wearing uniforms in camp. The official BSA summer uniform is suggested for Scouts and Leaders. The Class “A” includes uniform shirt and Scout shorts, socks, and belt (if you have them). The Class “A” uniform will be worn at flag lowering ceremonies, supper, and campfires. Our staff is in uniform at all times, unless their job requires something else. During the day Scouting T-shirts are appropriate. The ‘2013 camp T-shirt, hats and other items will be available in the Trading Post for those that would like to purchase them (we recommend no more than $20 for Scouts).

The Trading Post

Camp has a Trading Post, which is like a general store. The Trading Posts offer handicraft items, candy, souvenirs, soda, stamps, T-shirts, patches, etc. The amount of money each Scout brings is an individual matter and should be determined by the Scout and his parents.

Den Photos

Again this year, camp will be offering den photos! Photos are colored 8 x 10’s. Cost for each photograph will be $8.50. A photo order form will be given to each den at camp. Money needs to be collected and turned in with the order form to the Trading Post. Photos will be available before your departure from camp.
What To Bring To Camp!

Each campsite has two-man tents on platforms for all of our Scouts and leaders. Bunks with mattresses or cots, picnic tables with tarps, water buckets, a flagpole, and a bulletin board are also provided in each campsite. Dens are encouraged to spruce up their campsite with Pack flags or banners, cooking equipment, and lanterns. Dens may want to bring along sports equipment, paper products, water jugs and campsite games.

Recommended equipment

- Summer Scout uniforms
- Extra shorts, T-shirts, pants
- 6 Pairs of socks & underwear
- Pajamas
- Toilet kit, towels
- Bathing suit
- Hiking shoes
- Sneakers
- Rain gear
- Sleeping bag and pillow
- Water bottle
- Hat
- Light jacket
- Sunscreen
- Pocket knife
- Spending money

Optional gear

- Laundry bag
- Camera
- Compass
- Bug Spray
- Sunglasses
- First aid kit
- Bible or prayer book

DO NOT BRING

- Radios
- Laptops
- Fireworks
- Alcohol or drugs
- Sheath knives
- Televisions
- Bows and arrows
- Firearms
- Aerosol Can Products
- Electronic games
- IPod/CD Player/ etc.
- Pets
- Cell Phones
- Pets

Valuables - Please leave valuables at home!

A footlocker or duffle bag to store your belonging in your tent, with lock is recommended. Camp Hinds is not responsible for lost items.
Directions to Camp Hinds
146 Plains Road, Raymond

Plains Road is between Route 85 and 121, both of which intersect Routes 302 and 11.

From the South:

✴ Take exit 48 Westbrook of the Maine Turnpike
✴ Turn right onto Riverside Street
✴ Turn left at the third traffic light onto Route 302 West
✴ Go 15 miles and turn right at the traffic light onto Route 85
✴ Drive 6 miles on Route 85 past the Jordan Small School
✴ Turn left onto Plains Road at the bottom of the hill
✴ Camp is 1/2 miles on left

From the North:

✴ Take exit 63 Gray off the Maine Turnpike
✴ Turn left onto Route 202, go 0.5 miles
✴ Turn right onto Route 26a
✴ Go 3 miles and turn left onto North Raymond Road (Dry Mills Store)
✴ Go 1.0 mile and turn left onto Egypt Road
✴ Go 4.0 miles, at end of Egypt Road, take right onto route 85
✴ Go 1.8 miles, past schools and down a large hill
✴ Turn left onto Plains Road
✴ Camp is 0.3 miles on left
**Webelos Resident Camp Registration Form**

**Webelos Coming With A Den & Their Own Leaders**

<table>
<thead>
<tr>
<th>Pack #:</th>
<th>District</th>
<th>Webelos Leader:</th>
<th>E-Mail Address:</th>
<th>Mailing Address:</th>
<th>City:</th>
<th>Pack #:</th>
<th>State/Zip:</th>
<th>Telephone (H):</th>
<th>Camp Bomazeen Session 1: June 23-26</th>
<th>Circle Session of Camp</th>
<th>2nd Session Fee (At Either Camp) $125</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Session 1: Aug. 11-14</td>
<td>1st Year Webs 2nd Year Webs</td>
<td>Deposit of $10 required.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Session 2: Aug. 14-17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Camp Fees (For Scouts Coming With Dens)**

- $195 per Scout
- $175 if paid in full by May 1, 2013
- 2nd Session Fee (At Either Camp) $125

**Deposit of $10 required.**

**Reservation Policy:**

- Site Deposits - $10.00 per person is required to reserve a campsite for your den. Or $10.00 per provisional Scout.
- For the Early Bird Discount the entire fee must be paid in full by May 1, 2013. Otherwise, the bill must be paid in full 2 weeks prior to the start of camp.
- Adult Leader Fees: Two adult leaders go free with the first five youths. One additional adult goes free for each additional five youths. Extra adult leaders are charged $45.00 each.

**PTC Refund Policy:** Individuals or groups that cancel a program reservation 30 days prior to the date of the event will receive a refund of fees paid less a 15% administrative charge. No refunds will be made after the 30-day cancellation period.

---

**For Provisional Scouts:**

<table>
<thead>
<tr>
<th>Scout's Name:</th>
<th>Parent's Name:</th>
<th>E-Mail Address:</th>
<th>Mailing Address:</th>
<th>City:</th>
<th>Pack #:</th>
<th>State/Zip:</th>
<th>Telephone (H):</th>
<th>Camp Bomazeen Session 1: June 23-26</th>
<th>Circle Session of Camp</th>
<th>2nd Session Fee (At Either Camp) $125</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td>Session 1: Aug. 11-14</td>
<td>1st Year Webs 2nd Year Webs</td>
<td>Deposit of $10 required.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Session 2: Aug. 14-17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Camp Fees (For Scouts Coming With Dens)**

- $185 per Scout
- $165 if paid in full by May 1, 2013

**Deposit of $10 required.**

**Reservation Policy:**

- Site Deposits - $10.00 per person is required to reserve a campsite for your den. Or $10.00 per provisional Scout.
- For the Early Bird Discount the entire fee must be paid in full by May 1, 2013. Otherwise, the bill must be paid in full 2 weeks prior to the start of camp.
- Adult Leader Fees: Two adult leaders go free with the first five youths. One additional adult goes free for each additional five youths. Extra adult leaders are charged $45.00 each.

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### 2013 Webelos Resident Camp
**Camp William Hinds**

**Pack Roster**

Pack #__________  Cubmaster (at Camp)____________________________________________________

Phone #_________________________________ E-mail Address__________________________________

### Adults

<table>
<thead>
<tr>
<th>Name</th>
<th>Full Session</th>
<th>Days Only</th>
<th>Nights Only</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.________________________</td>
<td>______</td>
<td>_____</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>2.________________________</td>
<td>______</td>
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<tr>
<td>3.________________________</td>
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<td>4.________________________</td>
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<tr>
<td>5.________________________</td>
<td>______</td>
<td>_____</td>
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</tr>
<tr>
<td>6.________________________</td>
<td>______</td>
<td>_____</td>
<td>_____</td>
<td></td>
</tr>
</tbody>
</table>

### Time In Camp

### Youth

1.____________________________
2.____________________________
3.____________________________
4.____________________________
5.____________________________
6.____________________________
7.____________________________
8.____________________________
9.____________________________
10.____________________________
11.____________________________
12.____________________________
13.____________________________
14.____________________________
15.____________________________
16.____________________________
17.____________________________
18.____________________________
19.____________________________
20.____________________________
21.____________________________
22.____________________________
# CAMP EMERGENCY MEDICATION PLAN

**Scout’s Name:** __________________________  **Date of Birth:** __________  **Pack or Troop #:** __________  
**Camp Hinds**  
**Camp Telephone & Fax:** 207-655-4878  

## TO BE COMPLETED BY PARENT OR GUARDIAN:

I authorize the exchange of medical information about my child’s asthma between the physician’s office and camp nurse.  
**Parent or Guardian signature:** __________________________  **Date:** __________  
**Parent or Guardian tel.#**  
- **home:** __________________________  
- **work:** __________________________  
- **cell phone:** __________________________  
**Physician/Healthcare Provider Name:** __________________________  **Parent concerns:** __________________________  
**My child may carry and use his/her:**  
- **inhaled asthma medicine** □ Yes  □ No  
- **Epi-Pen** □ Yes  □ No  □ N/A

## TO BE COMPLETED BY CAMPER’S PHYSICIAN/HEALTHCARE PROVIDER:

**Provider name:** __________________________  **Tel.#:** __________________________  **Fax#** __________________________  
**NO changes from previous plan**

### Peak Flow:

**Child’s predicted, or personal best peak flow:** __________________________  **Date:** __________  
**Child’s Green Zone:** ______________  
**Yellow Zone:** ______________  
**Red Zone:** below ________

### Medications:

#### Preventive (Controller) Medications:


#### Quick Relief Medications: (check the appropriate quick relief med, circle device, list dose/ frequency):

- □ Albuterol (Proventil, Ventolin)  
- □ Pirbuterol (Maxair)  
- □ Other: ______________

- □ Inhaler with spacer  
- □ Nebulizer  
- □ Dose/Frequency: ______________

### Allergies /Triggers for asthma:

- □ Avoid animals
- □ Other triggers to avoid:

### Exercise Pretreatment Instructions  (check all that apply)

- □ Give 2 puffs of quick relief inhaler 15 minutes prior to recess/ physical education and/ or ______________
- □ May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or ______________
- □ Measure Peak Flow prior to recess / physical education; restrict aerobic activity when child’s peak flow is below ______________

### Asthma Exacerbation Treatment Instructions:

- **YELLOW ZONE: If child is coughing, wheezing or short of breath, and/or peak flow is in Yellow Zone:**
  
  - □ Give 2 puffs of child’s quick relief inhaler with spacer (or nebulizer treatment). May be repeated in 10 minutes if doesn’t recover to Green Zone. Notify parents of exacerbation.  
  - □ Other: ______________

- **RED ZONE: If child is in respiratory distress, and/or peak flow is in Red Zone:**
  
  - □ Give 4 puffs quick relief inhaler (or nebulizer treatment), and call parent and Healthcare Provider.  
  - **Call 911 if child does not improve quickly or parents/Healthcare Provider cannot be reached.**
  - □ Other: ______________

### Special Instructions:

Maine law now permits campers to carry and use inhaled medications and Epi-pen after demonstrating appropriate use of Inhalers and or Epi-Pen to camp nurse. Please check appropriate boxes below:

- □ This camper has the knowledge and skill to carry and use:  
  - □ Inhaled medication  
  - □ Epi-pen

- □ This camper is not able to carry and use by himself/herself:  
  - □ Inhaled medication  
  - □ Epi-pen

- □ Please contact Healthcare Provider and parent if camper is using quick relief medicines more than 2 times a week (i.e. in excess of pre-exercise treatment)

- □ Other: ______________

**Healthcare Provider signature** __________________________  **Date** __________

## TO BE COMPLETED BY CAMP NURSE:

**This camper demonstrates knowledge and skill to carry and use:**

<table>
<thead>
<tr>
<th>Inhaler medications</th>
<th>□ YES</th>
<th>□ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epi-Pen</td>
<td>□ YES</td>
<td>□ NO</td>
</tr>
</tbody>
</table>
**Camp Nurse Signature** __________________________  **Date** __________

(Revised for camp use 1/1/2007)
Annual Health and Medical Record
Registro Médico y de Salud Anual

(Valid for 12 calendar months)
(Válido por 12 meses calendario)

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 release agreement, and talent release statement is to be completed by the participant and parents/guardians. Attach a copy of both sides of your insurance card.

Part C is the pre-participation 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, as well as unit-based, high-adventure backcountry activities, 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.

- **Summit Bechtel Reserve**.

Politica para el uso del Registro Médico y de Salud Anual

A fin de proporcionar una mejor atención para sus miembros y ayudarles a entender mejor sus propias capacidades físicas, Boy Scouts of America recomienda que todos aquellos que participen en un evento Scouting se sometan a un examen médico anual realizado por un prestador de servicios de salud certificado con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Proporcionar su información médica en este formulario de cuatro partes, ayudará a asegurar que usted cumpla con los estándares mínimos de participación en varias actividades. Tome en cuenta que los líderes de unidad siempre deben proteger la privacidad de los participantes al salvaguardar su información médica.

Las partes A y B las deben completar, por lo menos una vez al año, los participantes de todos los eventos Scouting. Este formulario médico, notificación de consentimiento y convenio de exoneración de responsabilidad por parte de los padres/tutores, y formulario de cesión de derechos lo deben completar los participantes y los padres/tutores. Anexar una copia de ambos lados de su tarjeta del seguro.

La Parte C es el examen físico previo, que se requiere de los participantes de cualquier evento que exceda 72 horas consecutivas, para todos los participantes de las bases de aventura extrema, o cuando la naturaleza de la actividad es extenuante y exigente. Los proyectos de servicio o fines de semana de trabajo pueden caer en esta descripción. La Parte C debe completar y firmar un prestador de servicios de salud certificado y con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Es importante tomar en cuenta que los límites de estatura y peso deben ser estrictamente controlados cuando el evento llevara a la unidad a más de 30 minutos de un vehículo de emergencia, camino accesible, o cuando el programa lo requiera, tal como expediciones, actividades de aventura extrema y proyectos de conservación en áreas remotas. Consulte las Preguntas Frecuentes cuando estos lineamientos no aplican.

La Parte D se requiere que la revisen todos los participantes del programa de aventura extrema en una de las bases nacionales de aventura extrema, así como actividades de aventura extrema en zonas aisladas basadas en la unidad, y que la compartan con el prestador de servicios de salud antes de completar la Parte C.

- **Rancho Scout Philmont**, Los participantes e invitados en las actividades Philmont que se realicen con acceso limitado a las zonas campestres, incluyendo la mayoría de las conferencias y programas familiares en el Centro de Capacitación Philmont, no requerirán llenar la Parte C. Sin embargo, los participantes deberán repasar la Parte D para entender los riesgos potenciales inherentes a los 6,700 pies de elevación en un ambiente seco del Surcoeste. Favor de revisar la información de registro específica para la actividad o evento.

- **Base nacional de aventura extrema Northern Tier**.

- **Base nacional marina de aventura extrema de la Florida**, También se requiere el formulario médico PADI si se va a bucear en esta base.

- **Summit Bechtel Reserve**.
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 Safety on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or their 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 the 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 Program: 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
- Summit Bechtel Reserve: www.summitblog.org or 504-250-6750

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safety online at http://www.scouting.org/scoutsource/HealthandSafety.aspx. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at www.hhs.gov/ocr/privacy.
**Annual Health and Medical Record**

**Registro Médico y de Salud Anual**

**Part A/Parte A**

**GENERAL INFORMATION/INFORMACIÓN GENERAL**

<table>
<thead>
<tr>
<th>Name (Nombre)</th>
<th>Date of birth (Fecha de nacimiento)</th>
<th>Age (Edad)</th>
<th>Gender</th>
<th>Grade completed (youth only) (Grado escolar completado (sólo para jóvenes))</th>
</tr>
</thead>
</table>

- **Sexo (Gender):**
  - Auto (Male)
  - Femenino (Female)

**High-adventure base participants:**
Participantes en la base de aventura extrema:

- Expedition/crew No.
- Expedition/group no.
- or Staff position
- or puesto tipo

**Social Security No. (optional; may be required by medical facilities for treatment):**
Número de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento)

**Emergency contact No.:**
Teléfono en caso de emergencia:

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.**
Anexar una fotocopia de ambos lados de la tarjeta del seguro, si usted no tiene seguro médico, escriba "NINGUNO."

In case of emergency, notify/En caso de emergencia, notificar a:

<table>
<thead>
<tr>
<th>Name (Nombre)</th>
<th>Relationship (Relación)</th>
</tr>
</thead>
</table>

**HEALTH HISTORY/HISTORIAL MÉDICO**

Do you currently have, or have you ever been treated for any of the following:
¿Tiene actualmente, o ha tenido alguna vez las siguientes?

<table>
<thead>
<tr>
<th>Yes/Sí</th>
<th>No/No</th>
<th>Condition/Patamiento (Condición/Enfermedad)</th>
<th>Explain/Eclipse (Explicar)</th>
</tr>
</thead>
<tbody>
<tr>
<td>○</td>
<td>○</td>
<td>Asthma (Asma)</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Last attack (Last attack: (MM/YY) (Último ataque: (MM/YY))</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Diabetes (Diabetes)</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Last HbA1c (%) (Porcentaje)</td>
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</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Hypertension (high blood pressure) (Hipertensión (presión arterial))</td>
<td></td>
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<tr>
<td>○</td>
<td>○</td>
<td>Heart disease/heart attack/heart murmur (Enfermedad del corazón/ataque al corazón/murmur cardíaco)</td>
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</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Stroke/TIA (Aparición/Accidente isquémico transitario)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Lung/respiratory disease (Enfermedad pulmonar/Respiratoria)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Ear/sinus problems (Problemas del oídos/sinusitis)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Muscular/skeletal condition (Condiciones musculares/squeléticas)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Menstrual problems (women only) (Problemas menstruales (sólo mujeres))</td>
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</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Psychiatric/psychological and emotional difficulties (Dificultades psiquiátricas/psicológicas y emocionales)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Behavioral/neurological disorders (Trastornos del comportamiento/neurológicos)</td>
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</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Bleeding disorders (Enfermedades hemorrágicas)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Fainting spells (Síncope)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Thyroid disease (Enfermedad de la tiroides)</td>
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<tr>
<td>○</td>
<td>○</td>
<td>Kidney disease (Enfermedades del riñón)</td>
<td></td>
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<tr>
<td>○</td>
<td>○</td>
<td>Sickle cell disease (Enfermadad de células sillas)</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Seizures (Last seizure: (MM/YY)) (Convulsiones/Última convulsión: (MM/YY))</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Sleep disorders (e.g., sleep apnea) (Trastornos del sueño por ejemplo, síntoma de apnea-hipopnea durante el sueño)</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Abdominal/digestive problems (Problemas abdominales/digestivos)</td>
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</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Surgery (Last surgery: (MM/YY)) (Operación/Última operación: (MM/YY))</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Serious injury (Lesión grave)</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Excessive fatigue or shortness of breath with exercise (Fatiga excesiva o dificultad para respirar al hacer ejercicio)</td>
<td></td>
</tr>
<tr>
<td>○</td>
<td>○</td>
<td>Other (Otro)</td>
<td></td>
</tr>
</tbody>
</table>

**Allergies:**

**DOB:**
Fecha de nacimiento

**Emergency contact No.:**
Teléfono en caso de emergencia

**Alternate contact name:**
Nombre de contacto alternativo

**Alternate’s phone:**
Teléfono del contacto alternativo

**Policy No.:**
No. de póliza

**Health/accident insurance company:**
Compañía de seguro médico/compañía de accidentes

**Religious preference:**
Preferencia religiosa

**Alergias:**

**DOB:**
Fecha de nacimiento

**Emergency contact No.:**
Teléfono en caso de emergencia

**Alternate contact name:**
Nombre de contacto alternativo

**Alternate’s phone:**
Teléfono del contacto alternativo

**Policy No.:**
No. de póliza

**Health/accident insurance company:**
Compañía de seguro médico/compañía de accidentes

**Religious preference:**
Preferencia religiosa

**In case of emergency, notify/En caso de emergencia, notificar a:**

<table>
<thead>
<tr>
<th>Name (Nombre)</th>
<th>Relationship (Relación)</th>
</tr>
</thead>
</table>

**Emergency contact No.:**
Teléfono en caso de emergencia

**Alternate contact name:**
Nombre de contacto alternativo

**Alternate’s phone:**
Teléfono del contacto alternativo

**Policy No.:**
No. de póliza

**Health/accident insurance company:**
Compañía de seguro médico/compañía de accidentes

**Religious preference:**
Preferencia religiosa
### Health History/Histórico Médico

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

- **Yes/Ad**: Medications
- **No/No**: Food, plants, or insect bites

---

**The following immunizations are recommended by the BSA.** Tetanus immunization is required and must have been received within the last 10 years. For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/AA).

<table>
<thead>
<tr>
<th>Immunized?</th>
<th>Vacciado?</th>
<th>Immunizations</th>
<th>Vacunas</th>
<th>Date (MM/YY)</th>
<th>Fecha (MM/AA)</th>
<th>Had Disease?</th>
<th>¿Ha tenido la enfermedad?</th>
<th>Date (MM/AA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/Ad</td>
<td>No/No</td>
<td>Tetanus</td>
<td>Tétanos</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No/No</td>
<td>Yes/Yes</td>
<td>Diphtheria</td>
<td>Tétanos</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/Ad</td>
<td>No/No</td>
<td>Measles</td>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/Ad</td>
<td>No/No</td>
<td>Smallpox</td>
<td>Pústulas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No/No</td>
<td>Yes/Yes</td>
<td>Rubella</td>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/Ad</td>
<td>No/No</td>
<td>Chicken pox</td>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No/No</td>
<td>Yes/Yes</td>
<td>Hepatitis A</td>
<td>Varicela</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/Ad</td>
<td>No/No</td>
<td>Hepatitis B</td>
<td>Varicela</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No/No</td>
<td>Yes/Yes</td>
<td>Meningitis</td>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/Ad</td>
<td>No/No</td>
<td>Influenza</td>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No/No</td>
<td>Yes/Yes</td>
<td>Other (i.e., HIB)</td>
<td>Influenza</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes/Ad</td>
<td>No/No</td>
<td>Exemption to immunizations claimed (form required).</td>
<td>Exención de vacunas solicitada (formulario obligatorio).</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

---

**MEDICATIONS** List all medications currently used. (If additional space is needed, please photocopy this part of the form.) Inhaled and EpiPens information must be included, even if they are for occasional or emergency use only.

**MEDICAMENTOS** Incluye todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de hacer una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Medicamento</th>
<th>Strength</th>
<th>Frecuencia</th>
<th>Date</th>
<th>Fecha</th>
<th>Approximate date started</th>
<th>Fecha aproximada de inicio</th>
<th>Reason for medication</th>
<th>Razón del medicamento</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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Administration of the above medications is approved by (if required by your state):

/ Parent/guardian signature 

Firmado por (si lo requiere su estado)

/ MD/DD, NP, or PA signature 

Profesional, Asistente médico

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.

Asegúrese de traer los medicamentos en cantidades suficientes y en los envases originales. Asegúrese de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.
Part B/Parte B
INFORMED CONSENT AND RELEASE AGREEMENT

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 medical personnel 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., 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./Sin restricciones.
☐ With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

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/videos/tapes/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/videos/tapes/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.

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/videos/tapes/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.

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NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica cierto grado de riesgo y que pueden ser física, mental o emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia.

En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el padre adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La información médica protegida/información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se emiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

Se considera cuidadosamente el riesgo implicado y se da el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Acepto que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

Por este conducto asiento y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonerar a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados o otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.
ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:
You must designate at least one adult. Please include a telephone number.

1. Name/Nombre ___________________________ Telephone/Teléfono ________________
2. Name/Nombre ___________________________ Telephone/Teléfono ________________
3. Name/Nombre ___________________________ Telephone/Teléfono ________________

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1. Name/Nombre ___________________________ Telephone/Teléfono ________________
2. Name/Nombre ___________________________ Telephone/Teléfono ________________
3. Name/Nombre ___________________________ Telephone/Teléfono ________________

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 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 healthcare provider. If the participant is under the age of 18, a parent or guardian’s signature is required.

Participant’s name/Nombre del participante ___________________________ Date/Fecha ________________
Participant’s signature/Firma del participante ___________________________ Date/Fecha ________________
Parent/guardian’s signature/Firma del padre o tutor ___________________________ Date/Fecha ________________
Second parent/guardian signature/Firma del otro padre o tutor ___________________________ Date/Fecha ________________

This Annual Health and Medical Record is valid for 12 calendar months. Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.
Part C / Parte C
Pre-participation Physical
Examen físico previo a la participación

TO THE EXAMINING HEALTH CARE PROVIDER
(Certified and licensed physicians [MD, DO], nurse practitioners, and physician assistants)
You are being asked to certify that this individual has no contraindication for participation in a Scouting experience as described in Part D. For individuals who will be attending a high-adventure program, either unit-based or at one of the national high-adventure bases, please refer to Part D for additional information.

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Weight (pounds)</th>
<th>Maximum weight for height</th>
<th>Meets height/weight limits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Blood pressure
Presión arterial

<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>Pulse</th>
<th>Percent body fat (optional)</th>
<th>Meets height/weight limits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

If you exceed the maximum weight for height as explained on the next 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 advisers 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 hydrostatic weighing or DXA 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.

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted no podrá participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría (DXA) para determinarlo.) Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

Examiner: Please fill in the information.
Examinador: Favor de completar la información.

<table>
<thead>
<tr>
<th>Eyes</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opes</td>
<td></td>
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</table>

<table>
<thead>
<tr>
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<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Óidos</td>
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<table>
<thead>
<tr>
<th>Nose</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ñuz</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Throat</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garganta</td>
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<table>
<thead>
<tr>
<th>Lungs</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmones</td>
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<table>
<thead>
<tr>
<th>Neurological</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroógico</td>
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<table>
<thead>
<tr>
<th>Heart</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
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<table>
<thead>
<tr>
<th>Abdomen</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
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<tr>
<td>Abdomen</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Genitals/Arenia</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genitales/Aréna</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Skin</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
<th>Range of Mobility</th>
<th>Abnormal</th>
<th>Explained Any Abnormalities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piel</td>
<td></td>
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</tbody>
</table>

| Emotional | Abnormal | Explained Any Abnormalities | Range of Mobility | Abnormal | Explained Any Abnormalities |
| adjustment |          |-----------------------------|-------------------|----------|-----------------------------|
| Ajuste emocional | |                             |                   |          |                             |

<table>
<thead>
<tr>
<th>Tuberculosis (TB) skin test (if required by your state for BSA camp staff):</th>
<th>Negative/Negativo</th>
<th>Positive/Positivo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prueba de Tuberculosis (TB) (si lo requiere su estado para personal del campamento BSA)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies/Allergias</th>
<th>No/No</th>
<th>Yes/Yes</th>
<th>Explain/Explique</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Medical restrictions to participate/Restricciones médicas para participar: | No/No | Yes/Yes | Explain/Explique |
<table>
<thead>
<tr>
<th></th>
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</tbody>
</table>
# Webelos Resident Camp | Camp William Hinds

## EXAMINER’S CERTIFICATION

**CERTIFICACIÓN DEL EXAMINADOR**

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):

- **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 possess a letter of clearance from his or her 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**
- **I have reviewed Part D for high-adventure activities. He/She has reviewed Part D para actividades de aventura extrema.**

<table>
<thead>
<tr>
<th>Height (inches) Estatura (pulgadas)</th>
<th>Recommended Weight (lbs) Peso recomendado (libras)</th>
<th>Allowable Exception Excepción permitida</th>
<th>Maximum Acceptance Aceptación máxima</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>97-138</td>
<td>139-166</td>
<td>166</td>
</tr>
<tr>
<td>61</td>
<td>101-143</td>
<td>144-172</td>
<td>172</td>
</tr>
<tr>
<td>62</td>
<td>104-148</td>
<td>149-178</td>
<td>178</td>
</tr>
<tr>
<td>63</td>
<td>107-152</td>
<td>153-183</td>
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</tr>
<tr>
<td>64</td>
<td>111-157</td>
<td>158-189</td>
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<tr>
<td>65</td>
<td>114-162</td>
<td>160-195</td>
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<tr>
<td>66</td>
<td>118-167</td>
<td>168-201</td>
<td>201</td>
</tr>
<tr>
<td>67</td>
<td>121-172</td>
<td>173-207</td>
<td>207</td>
</tr>
<tr>
<td>68</td>
<td>125-178</td>
<td>179-214</td>
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<td>69</td>
<td>129-185</td>
<td>180-220</td>
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<td>132-188</td>
<td>189-226</td>
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<td>144-205</td>
<td>206-246</td>
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<td>74</td>
<td>148-210</td>
<td>211-252</td>
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<tr>
<td>75</td>
<td>152-216</td>
<td>217-260</td>
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<td>76</td>
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<td>77</td>
<td>160-228</td>
<td>229-274</td>
<td>274</td>
</tr>
<tr>
<td>78 &amp; over</td>
<td>170-240</td>
<td>241-295</td>
<td>295</td>
</tr>
</tbody>
</table>

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.

 Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

## Part C

**Fecha de nacimiento**

**Nombre completo**

Provider printed name
Nombre del proveedor

Address
Dirección

City, state, zip Ciudad, estado, código postal

Office phone
Teléfono del consultorio

Date
Fecha

Examiner signature in the box below.
Firma del examinador en el recuadro de abajo.

---

Click [here](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) for more information regarding high-adventure outings or go to [www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf).

CAMPERSHIP APPLICATION

DEADLINE: APRIL 1, 2013

It is the intent of the Council Campership fund to provide assistance to youth in securing the necessary funds to experience an outdoor Scouting Adventure. Realizing that families occasionally are not in the financial position to pay for their son to attend a camping experience, the campership funds are made available to assist those Scouts with a financial need. Camperships are available to individuals with a financial need and are to support and supplement other sources of funding, such as family, unit, sponsor and/or other sources.

All information requested on this form must be completed for the Campership Application to be accepted for processing. All information on this form is confidential.

(Please Print)
Youth’s Name: ________________________________________________________ Pack/Troop # ____________

Address: ____________________________________________________________________________________

City: ________________________________________ St/Zip: __________________________________________

Telephone: ____________________________________ District: _______________________________________

Has this Scout received a Pine Tree Council Campership in the past?       Yes       No

Does his Pack/Troop conduct a fundraiser(s) for camp?                   Yes       No
Popcorn Sale?                                                  Yes       No
Other ? _____________________ Yes       No

Did this Scout participate?       Yes       No

Which camp do you plan to attend: (check one)

- Hinds Boy Scout Resident Camp
- Bomazeen Day Camp
- Gustin Day Camp
- Hinds Day Camp
- Bomazeen Webelos Resident Camp
- Nutter Day Camp
- Hinds Webelos Resident Camp
- Pemaquid Day Camp

Name of Unit Leader: ________________________________________   Date: ________________________

Address: ____________________________________________________________________________________

City: ________________________________________ State/Zip: _______________________________________

Unit leader signature: X

We have a new way for your Scout to “Earn His Own Way” for 2013. Contact us about this year’s Camp Card. strictly@megalink.net or 592-8077

Be sure to complete both pages…
The Pine Tree Council believes that each Scout should contribute something towards camp. This policy also allows us to utilize our limited funds for more individuals. It should be understood that we do not award camperships for Funpack Weekends, or extra weeks at camp.

Contribution from boy and family: ___________
Contribution from Troop/Pack: ___________
Contribution from sponsor: ___________
Contribution from fundraiser: ___________
TOTAL CONTRIBUTIONS: ___________

CAMP FEE: ________________   AMOUNT REQUESTED FROM CAMPERSHIP FUND: ________________

Confidential Information (must be complete):

Father’s occupation: ____________________________________________

Mother’s occupation: ____________________________________________

Total number of people in household _________________________

Do you qualify for free or reduced school lunch? _________

Parent or Guardian Statement: I am requesting financial assistance because ________________________________________________

______________________________________________________________________________

___________________________________________________________________________________________

Signature of Parent: X___________________________________________   Date: ________________

Gross annual family income as of application date:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below $10,000</td>
</tr>
<tr>
<td>$10,001 - $15,000</td>
</tr>
<tr>
<td>$15,001 - $20,000</td>
</tr>
<tr>
<td>$20,001 - $25,000</td>
</tr>
<tr>
<td>$25,001 - $30,000</td>
</tr>
<tr>
<td>$30,001 or above</td>
</tr>
</tbody>
</table>

Please return to:

Campership Committee
Pine Tree Council, Inc.
Boy Scouts of America
131 Johnson Rd.
Portland, ME  04102

APRIL 1st DEADLINE!!!

OFFICE USE ONLY

Action of Committee:

Not Approved: _______   Approved: _______   Amount: $_______   Initials: _____

Be sure to complete both pages…

Camper.Doc