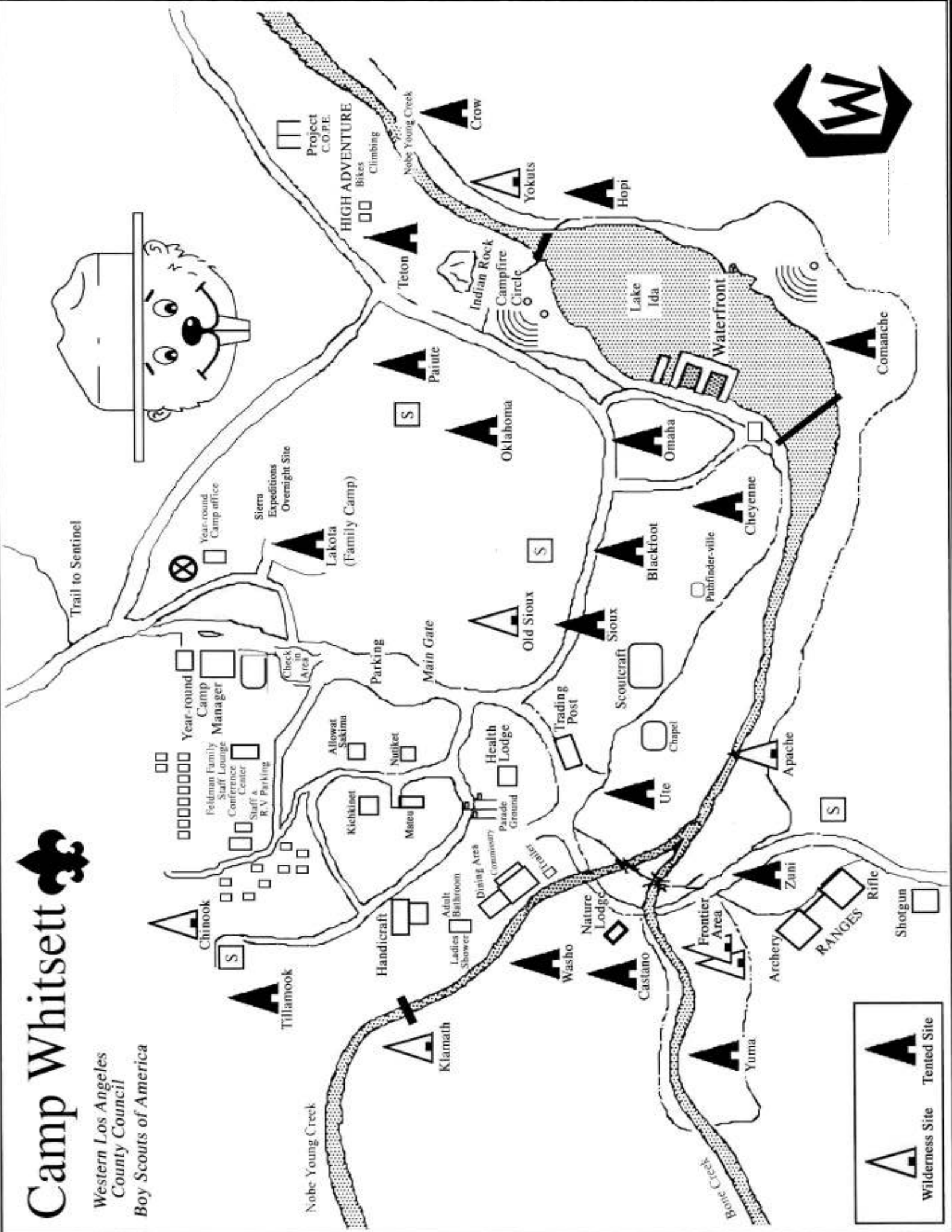




Camp Whitsett

Western Los Angeles
County Council
Boy Scouts of America



	Wilderness Site
	Tented Site

WHAT TO BRING (cont.)

MANDATORY ITEMS

Completed forms (see page 8)
Merit Badge Prerequisite Forms
Notebook, Paper, Pens*
Scout Handbook
Flashlight*

CLOTHING

Scout Uniform (Field)
Required for travel and evening meals
Pajamas
Sweater/Jacket*
Hat or Visor*
Jeans
T-Shirts (min. 3)*
Shorts (min. 2)
Swim Suit and Towel
Hiking Shoes and Socks
Tennis Shoes
Water Shoes/Old Tennis Shoes
Socks (min. 4 pair)
Undergarments (min. 6 pair)

CAMPING GEAR

Sleeping Bag

* Can be purchased from the Ship's Store

TOILET KIT

Toothpaste and Toothbrush*
Soap and Shampoo*
Medication (if needed)
Bath Towels/Washcloth
Emergency Toilet Paper
Deodorant*
Shaving Gear
First Aid Kit—**All troops should bring First Aid Kits**
Comb/Small Mirror
Sunscreen*—**VERY IMPORTANT**
Chap-stick*

MISCELLANEOUS

O/A Sash
Camera*
Flashlight Batteries*
Compass*
Scout Knife*
Water Bottle*
Daypack*
Watch
Fishing Tackle
Spending Money—\$75-85 recommended

If taking Lifesaving, Swimming, or Canoeing MB bring extra clothes for survival in the water: long pants, long-sleeved shirt, socks, shoes.

See following page for a list of items we ask that no Scouts bring

THINGS TO LEAVE AT HOME

Please do not bring the following items to camp.

Valuables	Illegal Substances	Alcohol
Water Balloons	Water Guns	Pets
Firearms	Ammunition	Matches
Fireworks	Jewelry	Television
Radios	Music Players	
Pornography	Jewelry	
Large/Illegal Knives	Cell Phones	

SPECIAL INSTRUCTIONS

1. Mess Kits: In an ongoing effort to reduce the amount of waste generated by our camp and our environmental impact, as well as promote consistent Scout skills, Camp Whitsett will no longer be providing disposable dishes, or utensils for our overnight experience. Therefore it is imperative that each individual bring with them to camp a mess kit that includes a plate, bowl, cup, and utensils for our overnight. So please, 'Be Prepared' for this event by ensuring that each camper has a mess kit and a dry bag, and by doing so we can all be more Thrifty.
2. Unit Insurance: Camp Whitsett has always required each unit attending camp to bring their own unit insurance as a backup to each individual's private health insurance. This year unit leaders must be prepared to show proof of this insurance (a copy of the unit's insurance policy) to our camp representative. If a unit does not have insurance they will not be allowed to come to camp.

SPL TRAINING

PROGRAM INFORMATION

Once at Camp Whitsett participants will jump right into the exciting activities that are their orientation of Camp. These activities also serve to develop the participant's leadership and ethical decision making skills. After several days of training, Senior Patrol Leaders will eagerly greet their troops on Sunday and lead them through their week at camp.

HOW TO REGISTER:

Registration can be done online at www.campwhitsett.org.

PAYMENT:

\$175.00 per person— This fee will be added to the unit invoice, and must be paid no later than the last billing cycle 16 days prior to coming to camp.

WHAT TO BRING:

Participants should refer to the individual items listed in the “What to Bring” section of this packet. Participants **MUST** turn in their medical forms and youth permission forms to our staff member during check-in. Participants who arrive without these documents will not be allowed to stay in Camp.

TRANSPORTATION INFORMATION:

The SPLs and their buddies should plan to arrive by 1:00pm in Camp.



SENIOR PATROL LEADER TRAINING

Senior Patrol Leader Training is open to each unit's SPL and one fellow Scout.

TROOP #: _____ **COUNCIL:** _____ **DISTRICT:** _____

WEEK #: _____ **TROOP RESERVATION #:** _____

SPL's Primary Contact (parent) - (Please print all information legibly)

NAME: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **E-MAIL:** _____

NIGHT PHONE: () _____ **DAY PHONE:** () _____

Senior Patrol Leader - (Please print all information legibly)

NAME: _____

Buddy's Primary Contact (parent) - (Please print all information legibly)

NAME: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP:** _____ **E-MAIL:** _____

NIGHT PHONE: () _____ **DAY PHONE:** () _____

SPL's Buddy- (The SPL's buddy is optional)

NAME: _____

Program Information:

Payment: \$175 Per Participant

This fee will be added to the Unit Invoice, and must be paid no later than the last billing cycle 16 days prior to coming to Camp. We strongly recommend that this form be submitted to our office as soon as possible, and we prefer to receive a minimum of one month before your Troops' arrival at Camp.

What to Bring: Participants should bring all the individual items listed in the Spring Leaders' Packet. Participants **MUST** turn their medical forms and youth permission forms into our Staff member at the Camp Trading Post. Participants who arrive without these documents will not be allowed to remain in Camp.

Program Schedule: Once at Camp Whitsett participants will jump right into the exciting activities that are their orientation of Camp. These activities also serve to develop the participant's leadership and ethical choice making skills. After several days of training Senior Patrol Leaders will eagerly greet their Troops on Sunday and lead them through their week at Camp.

Note on Transportation: All participants are required to arrange their own transportation to Camp.

**SIERRA EXPEDITIONS PRESENTS:
SIERRA C.P.T.
FOCUSING ON LEADERSHIP**

The fundamentals of Scouting, the ethics and knowledge of the outdoors, and the communities that we live in are all building the character of the youth of tomorrow. As a core objective, this program seeks to develop leadership skills in the participating youth. All participants must be between 14 and 20.

C.P.T. is part of the Sierra Expeditions' efforts, partnering with Camp Whitsett, to continue building the character of older youth through activities and challenges which will hold their interest. As young adults get wrapped up in high school life, they often lose interest in Scouting or become involved with other activities. This program is designed to give older Scouts the opportunity to meet others their age and to give them an experience that they will remember for the rest of their lives.

C.P.T. is a leadership development program, which focuses on promoting and developing individual and group skill sets using high-adventure based activities which will include backpacking, biking, rock climbing, and other challenging outdoor elements. The emphasis will be placed on group decision making, teamwork, wilderness ethics, risk management, critical thinking, and problem solving skills. As part of the design of this program, the specific schedule of activities changes from year to year and is not announced.

C.P.T. requires a minimum of six participants, maxing out at 10. Each weekly program develops differently based on the unique dynamics of each group of participants. Trained staff members guide the program based on the skills and needs of the group.

Older Scouts may attend C.P.T. as individuals, not attached to other members of their troop, or within a troop-based group. Either way, they leave Camp Whitsett Monday morning and return on Friday evening—spending the entire week away from camp and the other campers in a fun, high-adventure filled week.

Due to the strenuous and challenging nature of the program all participants are asked to prepare for a physically and mentally demanding week. All participants must be 14 by June 1 of the program year and not yet 21 by the start of the program; they must also meet the Sierra Expeditions height/weight requirements.

INDIVIDUAL AWARD PROGRAM

To qualify for the of the awards at Camp Whitsett, a Scout must complete all of the requirements for the appropriate award, listed below. All of the requirements are signed off and reviewed by the unit leader. Requirements may be satisfied by the associated merit badges.

Beaver Award

- I. First year at Summer Camp
- II. Do the following:
 - A. Complete a one hour service or conservation project
 - B. Pass five rank advancements or earn one merit badge
 - C. Put into use the Scout Oath and Law
 - D. Participate in Troop “Free Time” activities as determined by your adult leader. Complete an assignment given by your adult leader

Flying W Award

- I. Second year at Summer Camp
- II. Do the following:
 - A. Complete the Beaver Award Requirements
 - B. Complete an additional two hour service project
- III. Do eight of the following:
 - A. Tie five basic knots
 - B. Complete one handicraft project
 - C. Teach a skill to two or more Scouts
 - D. Complete one additional merit badge
 - E. Find, prepare, and eat an edible plant
 - F. Identify four constellations
 - G. Participate as a leader in a troop activity
 - H. Swim the quarter mile
 - I. Shoot a score of 40 or better in rifle or 20 or better in archery
 - J. Complete an assignment given by your leader

MB DIFFICULTY CHART

Scouts should be successful in acquiring the information and mastering the skills necessary to complete the requirements for merit badges offered at Camp Whitsett. Therefore, to assist leaders and help Scouts choose appropriate merit badge classes, we have assigned levels representing the relative difficulty of each class offered.

Level 1: Scouts of any age.

Level 2: Scouts 12 and above or who have completed the Second Class rank.

Level 3a: Scouts age 13 and above, or who have developed good study skills including report writing.

Level 3b: Scouts age 13 and above, or who have developed the strength and coordination usually associated with 13 year olds.

Level 4: Scouts age 14 and above, or who have developed the strength, coordination, and study skills associated with 14 year olds, or have substantial experience.

LEVEL 1 CLASSES

Art	Nature	Archaeology
Basketry	Swimming	Fishing
Leatherwork	Woodcarving	Geocaching
Mammal Study	Indian Lore	

LEVEL 2 CLASSES

Camping	Pottery	Weather
Geology	Archery	Pioneering
Orienteering	Rifle Shooting	Reptile & Amphibian
Rowing	Soil & Water Conservation	Study

LEVEL 3 CLASSES

Astronomy (a)	Whitewater (b)	Forestry (a)
Environmental Science (a)	Climbing (b)	Wilderness Survival (b)
Fish and Wildlife Mgmt(a)	Fly-Fishing (b)	Shotgun Shooting (b)
Canoeing (b)	Lifesaving (b)	

LEVEL 4 CLASSES

Cit. in the Community	Cit. in the Nation
First Aid	Small Boat Sailing

Scout Merit Badge Scheduling Worksheet

Camp Whitsett
WLACC

1. Check "What I Want to Do at Whitsett" and/or the websites www.bsa-la.org to pick your Merit Badges.
2. Pick your Merit Badge sessions, one session per time period (be careful not to overlap times). Do not mark in the Shaded squares.
3. When done, give this sheet to your Scoutmaster.
4. Note the longer session times for Canoeing, Rowing, Sailing, Climbing, & Horsemanship MBs

Your Name: _____

Advancement Sessions - Choose a maximum of one row from each column (most MB sessions run the entire week) - Choose white spaces not shaded spaces.

Start	9:00	10:00	11:00	12:00	2:00	3:00	4:00	7:00	8:00	Difficulty level {L1=Level 1, L2=Level 2, L3= Level 3, L4=Level 4, L5=Level 5}
End	9:50	10:50	11:50	2:00	2:50	3:50	4:50	7:50	pm	- Prerequisites & special needs
AQUATICS										
Canoeing MB										L3b - Swimming MB, clothes (Long Pants, Long Shirt) -long session
Lifesaving MB										L3b - Swimming MB, clothes (Long Pants, Long Shirt)
Rowing MB										L2 - Swimming MB, clothes (Long Pants, Long Shirt) - longer time
Small Boat Sailing MB										L4 - Swimming, Lifesaving & Rowing or Canoeing MB - 2 to 3:30
Swimming MB										L1 - Clothes (Long Pants & Long Shirt)
CAMP										
First Aid										L4 - 7-9p.m. First Class or Higher, See Pre-requisite Form
Citizenship and the Community										L4 - See Pre-requisite Form
Citizenship and the Nation										L4 - See Pre-requisite Form
White water MB	Arrange in camp - one day ALL day									L3b- Arrange in camp - takes ONE day, ALL day
HIGH ADVENTURE										
Climbing MB										L3b - 14 years minimum - climbing times needed also
Geocaching MB										L1 - See Pre-requisite Form
SHOOTING SPORTS										
Archery MB										L2 - Prior Experience recommended
Rifle Shooting MB										L2 - Prior Experience recommended
Shotgun Shooting MB										L2 - Prior Experience recommended
FRONTIER VILLAGE										
Indian Lore MB										L1
Archaeology MB										L1
HANDICRAFT										
Art MB										L1 - See Pre-requisite
Basketry MB										L1 - Appx. \$15 for projects
Leatherwork MB										L2 - Appx. \$15 for projects
Pottery MB										L2 - Two hour sessions, See Pre-requisite Form
Woodcarving MB										L1 - Appx. \$10 for projects
NATURE LODGE										
Astronomy MB										L3a
Environmental Sci. MB										L3a
Fish & Wildlife MB										L3a
Fishing MB										L1
Fly Fishing MB										L3b
Forestry MB										L2
Geology MB										L2
Mammal Study MB										L1
Nature MB										L1
Reptile & Amph. MB										L2
Soil & Water Cons.n MB										L2 - See Pre-requisite Form
Weather MB										L2 - See Pre-requisite Form
SCOUTCRAFT										
Camping MB										L2 - See Pre-requisite Form
Orienteering MB										L2 - Prior Experience Recommended
Pioneering MB										L2 - Should know knots and lashings from TF, 2nd & 1st
Wilderness Survival MB										L3b - requires an overnight with minimal equipment
PATHFINDER AREA										
Trail to 1st Class										L1-two hour and a half long sessions

Check your Merit Badge requirements (www.bsa-la.org) for necessary pre-camp work and long term projects, etc. before camp

MERIT BADGE PREREQUISITE

All Scouts must have a separate form for each merit badge.

FULL NAME: _____ WEEK OF CAMP: _____
TROOP NUMBER: _____ COUNCIL: _____
MERIT BADGE APPLYING FOR: _____

The Scout named above realizes that certain designated merit badges cannot be completed at Camp Whitsett unless prerequisite requirements are met prior to arriving at camp. He also realizes that this form must be completed correctly, signed, and given to the camp merit badge instructor as verification that the requirements have been met. The camp can then grant the merit badge upon successful completion in the camp course in the above mentioned merit badge.

I certify that the above named Scout has met the following requirements:

- | | |
|-------------------------------|--------------------------------|
| I. Camping | Requirement 5E, 7B, 8D, 9A & B |
| II. Soil & Water Conservation | Requirement 7 |
| III. Art | Requirement 4 |
| IV. Weather | Requirement 8 |
| V. Geocaching | Requirement 8 |
| VI. Cit. in the Community | Requirement 2A & B, 7 |
| VII. Cit. in the Nation | Requirement 2, 3 |
| VIII. First Aid | Requirement 2D |

Scoutmaster Signature

Date

FORM REQUIREMENTS

Annual BSA Health and Medical Record Youth Permission Form

*Medical and Youth Permission Forms are also found online at:
[www. Campwhitsett.org](http://www.Campwhitsett.org)*

For 2011, the BSA has released a new medical form, the Annual Health and Medical Record, that replaces the old Parts A, B, and C forms. This is the required form for 2011, however if you or your Scout have a 2010 form completed within one year of your visit to Camp Whitsett, we WILL accept the 2010 form, as the BSA establishes 2011 as a “transition year.”

Christian Science faith members must have a written statement from their practitioner attesting to their health if they choose not to have a physical exam.

Request for religious exemption from medical care and treatment must be completed on form 19-451 or 19-452 (available upon request).

Please Note: Mountain Mesa Hospital insists on seeing a camper’s medical insurance card (front and back) before they will give medical attention. We strongly suggest that you attach a photocopy of each person’s medical card to his or her camp medical records.

Please note: The Youth Permission Form is necessary for “Consent to Furnish Firearms to Minor.” If a Scout arrives at camp without the parent’s written consent he will not be allowed to use the range. If a parent does not wish to give consent, please write the words: “No Permission” across that portion of the form.

Annual Health and Medical Record

(Valid for 12 calendar months)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle-accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

Risk Factors

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

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

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscoutranch.org or 575-376-2281
- Northern Tier National High Adventure Base: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout Jamboree: www.bsajamboree.org

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/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

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

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. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

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

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

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](http://Scouting.org).)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants: Expedition/crew No.: _____ or staff position: _____
--

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

- Without restrictions.
- With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

- 1. Name _____ Telephone _____
- 2. Name _____ Telephone _____
- 3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

- 1. Name _____
- 2. Name _____
- 3. Name _____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, *including height and weight requirements and restrictions*, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____
(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____
(if required, for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me: Yes No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

EXAMINER'S CERTIFICATION

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above)

True False

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY
 Reviewed by _____ Date _____
 Further approval required Yes No Reason _____
 By _____ Date _____

Part C Full name: _____ **DOB:** _____

Boy Scouts of America Western Los Angeles County Council

Parental Firearms Permission and Release and Consent to Full Program

MINOR'S NAME (Please print):

Section A. Parental Firearms Permission and Release

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor any firearm or live ammunition without the express permission of their parent or guardian. Your child will not be allowed on the shooting range without the following signed release. If you do not wish your child to participate in shooting activities please write "NO PERMISSION" at the bottom of this Section A (immediately above the line "Consent to Full Program") and then continue to Sections B and C. If you do wish your child to participate in such activities, please complete the rest of this Section A, sign and date it and continue to Sections B and C.

I (Please print) _____ the Parent Legal Guardian of the above named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to the Boy Scouts of America, Western Los Angeles County Council (the "Council"), and to instructors certified by the Council meeting the requirements for instructors established by the Boy Scouts of America (National), to furnish a firearm (including without limitation a BB gun, air rifle, pellet gun, or CO2 gun), and related ammunition, to said minor for the purpose of instructing your child in the safe handling and loading of firearms, the safe discharge of firearms and marksmanship.

Signed: _____ The Parent Legal Guardian

Print full name: _____

Date: _____

Section B. Consent to Full Program

The Council's camp programs may include some or all of the following activities: horseback riding, archery, camping, swimming, snorkeling, boating, sailing, hiking, mountain biking, crafts, use of sharp instruments, including a knife and ax, rock climbing, rappelling, team sports, and other similar activities. Your signature below will grant consent for the above named minor to participate in all of the above activities at camp without limitation if you check the box marked "Consent to full program." Alternatively, if you wish to limit or exclude your child's participation in any of the aforementioned activities, please check the other box below and explain the activity or activities in which your child's participation is restricted or excluded and the manner in which it is to be restricted:

Consent to full program Consent to program with the following limitations/exclusions:

Signed: _____ The Parent Legal Guardian

Print full name: _____

Date: _____

Section C. Prohibited Activities

Each camp (the "Camp") has rules and policies that all scouts and other participants (collectively, "Participants") are required to abide by in compliance with Boy Scout and, in the case of Camp Emerald Bay, Catalina Conservancy, rules and policies. Upon arrival at a Camp, staff members will review all rules and policies with the Participants. These rules and policies include, but are not limited to:

- 1) A Participant must not throw rocks.
- 2) A Participant must follow the buddy system such that he must have a buddy for all activities at the Camp and may be asked to return to the Camp if found without a buddy.
- 3) In the case of Camp Emerald Bay, the Camp has undeveloped and potentially unsafe areas including, but not limited to: Doctor's Point, the Chapel, all cliffs, and all hiking trails. Use of these areas by a Participant is considered to be "at his own risk" and any minors venturing into these areas must be accompanied by an adult.
- 4) A Participant may not swim or otherwise enter the water when the waterfront is closed.
- 5) A Participant may not enter areas designated as "off limits" or having a similar designation. Off limits areas include, but are not limited to:
 - a) Staff areas such as staff housing, laundry area, maintenance area and the staff lounge, except in case of emergency.
 - b) Program areas when closed. This includes but is not limited to: the field sports ranges, and, in the case of Camp Emerald Bay, the Pennington Marine Science Center, Scoutcraft area, Nature area, the Ship's Store, and the Camp water tank and helipad.
- 6) A Participant may not smoke.
- 7) A Participant may not feed, handle or in any way interact with animals. This includes, but is not limited to: feral cats, insects, foxes, squirrels, bison, deer and snakes.
- 8) A Participant may not use prohibited items which include:
 - a) Alcohol and narcotics (including medicinal marijuana)
 - b) Ammunition, firearms, compressed air guns, pellet guns, martial arts weapons, fish spears or spear guns, and bows and arrows (unless participating in an authorized and supervised activity designed for such purpose).
 - c) Bikes
 - d) Fireworks, fuel or propane
 - e) Any other illegal substance or items

By signing below I agree, on behalf of the above minor, to have my child abide by the above rules and policies as well as any additional ones he is informed of by the Camp staff. Additionally I certify that I have discussed the foregoing rules and policies with my child and that he will follow and abide by these rules and policies as well as any other they are informed of by the Camp staff.

Signed: _____The Parent [] Legal Guardian []



Section D. Exculpation and Indemnity

With regard to those activities listed in Sections A and B as to which you have given your consent to have your child participate (the "Participatory Activities"), and with respect to the any activities engaged in by your child that violate the rules and policies of a Camp, as summarized in Section C above (the "Prohibited Activities"), by signing below, you (for yourself and on behalf of your child and his/her parents, if applicable), agree that (i) the Council, the Boy Scouts of America and each of their respective directors, officers, members, activity coordinators, instructors or participants, employees or volunteers (collectively and individually, the Indemnified Parties"), shall not be liable or responsible for any injury or damage your child may suffer or incur as a result of participating in the Participatory Activities or the Prohibited Activities unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party, and (ii) your child and you, to the full extent of your liability under applicable law for your child's actions or omissions, jointly agree to defend, hold harmless and indemnify the Indemnified Parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees and court or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made) for, or on account of, any injuries or damages received or sustained by any person or persons (including your child) arising or in any way related to any action or omission of your child during the course of engaging in said Participatory Activities or Prohibited Activities, unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party.

Signed: _____The Parent [] Legal Guardian []

Print full name: _____

Date: _____





Sierra South, Inc. P.O. Box 1909, Kernville, CA 93238

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

*****READ BEFORE SIGNING*****

In consideration of the services of Sierra South, Inc., dba Sierra South Paddlesports, dba Sierra South Mountain Sports, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SSI"), I hereby agree to release, indemnify, and discharge SSI, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
- 2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation.
- 3. I willingly agree to comply with the terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless, SSI, its officers, officials, agents, and/or employees, other participants, sponsors, advertisers, and, if applicable, owners, and lessors of premises used to conduct the event (Releasees), from any and all claims, demands, losses, and liability arising out of or related to an injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent of the law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

Signature of Adult Participant _____ Print Name _____ Date _____
Mailing-Address _____
City _____ State _____ Zip _____ Phone _____
EMAIL _____

For Parent or Guardian of Participant of Minor Age
(Must be completed by parent or guardian for participants under the age of 18)

In consideration of (print minor's name) _____ (Minor) being permitted by SSI to participate in its activities and to use its equipment and facilities, I as parent/guardian with legal responsibility for this Minor, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Print Name: _____
Date: _____

PHOTOGRAPHY/VIDEO WAIVER

By participating in or attending any activity in connection with the program, whether on or off the premises, I consent to the use of any print or digital photographs, pictures, film, or videotape taken of me for publicity, promotion, television, websites, or any other use, and expressly waive any right of privacy, compensation, copyright or ownership right connected to same.

TO HELP US BETTER SERVE YOU AND YOUR FRIENDS. PLEASE CIRCLE THE APPROPRIATE WORD AND FILL IN THE INFORMATION BELOW

How did you hear about Sierra South? **Friend** **Brochure** **Internet** **Other:** _____

Would you like to be put on our mailing list? Please check your interest(s):

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