

SPOOK-O-REE

RIO GRANDE COUNCIL



OCTOBER 25TH-27TH

Camp Perry, Rio Hondo TX



CHARLES F. PERRY SCOUT CAMP
FM 1420

Rio Hondo, TX 78583
(956) 423-0250

Website: www.RioGrandeCouncil.org

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2024 Cub Scout Spook-O-Ree

October 25-27, 2024

EARLY BIRD REGISTRATION UNITL 10-4-2024

\$20 per Scout / Tag-A-Long

\$10 per Adult

Includes: All camp activities and healthy snack, and patch while supplies last.

REGULAR REGISTRATION

A \$10 administrative fee will be applied to registrations submitted after October 4th, 2024. Pricing will include activities only. **(Patch, t-shirt, and meal tickets will no longer be available.)**

STAFF MEMBER REGISTRATION

Event staff member registration will be free – *Meals & shirt are not included, but are available for pre-purchase.*

LUNCH & DINNER

\$5.00 Lunch Ticket per person

\$5.00 Dinner Ticket per person

EVENT PATCHES

Event Patches will be included with early registration (October 4th deadline) and only available while supplies last. Patches will be issued at a first come first serve basis.

EVENT T-SHIRTS

\$18.00 Youth Small - Adult XL

\$21.00 Adult XXL & XXXL

T-shirts only available during early registration (October 4th deadline)

PUMPKIN CARVING CONTEST

Bring a carved pumpkin from home to be judged during lunch time on Saturday. Results will be given at Campfire.

COSTUMES

Halloween costumes are highly encouraged for attending adults and youth during Campfire and Spooky Trail Experience.

General Information

UNIFORMS

Please be in full official Scout uniform (all Scouts and adult leaders) for only Morning/Evening Flag Ceremonies and each evening meal. Activity shirts, i.e. Camp T-Shirt, may be worn all other times.

VEHICLES IN CAMP

Vehicles are only allowed inside campground for vendor business, medical disability, or quartermaster duties. These authorized vehicles are to remain on the blacktop pavement. Handicap vehicles will be able to park in the handicap parking spots at the Health and Fitness Pavilion and the horseshoe parking area. All trailers will be stationed in the main parking lot area. All other vehicles will also be parked in the main parking lot area. **ABSOLUTELY NO CARS ARE ALLOWED PAST THE MAIN PARKING LOT.** Vehicles will not be allowed on camp trails.

SCOUT CONDUCT

All adults and youth are to follow the Scout Oath and Law during the Cub Adventure. Inappropriate conduct will NOT be tolerated and will result in asking the participant(s) to be removed from camp grounds.

CAMPSITES

Campsites will be assigned by the staff, each unit will be asked to use the minimal space for its campsite. Due to a large expected attendance, more than one troop may be assigned to each campsite. Please be courteous to your fellow campsites mates. All units must remove garbage from their campsites and place it in the dumpster prior to departure.

Lights Out will be at 11:00pm each evening, Reveille will be at 6:30 am in the each morning. Quiet hours are between those times. Units should arrive with enough time to set up campsites by Lights Out.

All units will be assigned cleanup assignments and should complete them prior to departure. (Camp Staff will give the final approval).

CAMP SAFETY

Follow all rules regarding knife safety, proper handling of knives and tools. All campsites have a fire ring. Practice sensible fire safety, please make campfires in the designated fire rings located in each campsite. Please do not remove fire rings from other campsites. Liquid fuels are not recommended. Please follow BSA policy on handling, use and storage of such fuels. Please do not cut down any live trees for firewood. Any cutting down of live trees will require permission. Please keep out of the Camp Ranger house, Ranger Shop, and all other buildings unless instructed to do so.

CAMP PROGRAM

Scoutmasters and Assistant Scoutmasters maybe requested to assist in some of the events. Skits, songs, etc must conform to Scouting standards and must be submitted to the Spook-O-Ree Program Director in the office for screening prior to 5:00pm Saturday. Please come by and tell us what you'd like to do. We encourage all units to participate.



CONTACT INFORMATION

EMERGENCY NUMBERS

Area Code: 956

CAMP..... 999-9999
HEALTH LODGE..... 999-9999
Cameron County Sheriff554-6700
Cameron County Constable.....361-8228
STX Emergency Care EMS.....364-2711
Harlingen Medical Center365-1000
Valley Baptist Medical Center.....389-4382
Poison Control800-222-1222
US Coast Guard - SPI Base.....364-7400
Texas Game Warden.....361-746-1842

Program Director.....Mike Huerta
Quartermaster.....John McGinnis

Health Officer.....Travis Cress
Health Officer Adviser.....
Doctor on Call.....

Scout Executive.....Luis Rodriguez
Rio Grande Council Office.....423-0250
Scouts First Helpline.....844-726-8871

NATIONAL CAMP STANDARDS

Camp Perry Scout reservation is inspected annually by a team that represents the Scouting America. The camp meets or exceeds all standards and regulations. We are also inspected regularly by the Texas Health Department. We feature a Health Lodge staffed by qualified professional provider for routine health checks and problems. Strict health and safety standards are maintained at all times.



How to Register Your Unit

Registration for Spook-O-ree is done online at [\[CLICK HERE\]](#). The site accepts all major credit cards and also accepts e-checks.

\$20.00 per Scout before October 11, 2024 / midnight deadline

\$20.00 per TagALong before October 11, 2024 / midnight deadline

\$10.00 per Adult before October 11, 2024 / midnight deadline

- After October 11, 2024, a \$10 Administrative Late Fee will be imposed on all registrations.
- On-Site Registration will be available and subject to \$10 administrative late fee.
- Patches will be available on a first come first serve bases wile supplies last with Early Bird Registration.
- T-Shirts will be available for purchase with Early Bird Registration.

Campsites are assigned based on unit size and need. You will receive your campsite assignment at check-in. For assistance, email riograndecounciltech@gmail.com.

LEADERSHIP REQUIREMENTS

Each unit must have two registered adult leaders in camp at all times. LEADERS MUST BE AT LEAST 21 YEARS OLD. Scouting America requires "two deep leadership" for the safety of your Scouts. We recommend a ratio of 8 scouts or less per leader. No adults will be allowed into camp without a cleared Criminal Background Check conducted by the Rio Grande Council. (Submit no later than October 11th 2024).

All adult attending camp and staying overnight with a unit must comply with the following:

- [Cub Scout Family Camping Guidelines](#) & [FAQs](#)
- Be a registered member of the Scouting America.
- Complete Youth Protection Training (YPT) training and bring a copy of the certificate.
- Complete Cub Scout BALOO training and bring copy of certificate. (1) adult minimum per Pack.
- Complete Health Form - Part A, B

GENERAL CAMP FACILITIES INCLUDE:

- Dining Hall
- Health and Fitness Center
- Trading Post
- STEM Building
- Order of the Arrow Lodge
- Archery Range
- Rifle Range
- Shotgun Range
- Fishing Dock
- Aquatics Dock
- Swimming Pool
- ADA Campsite
- Shower / Latrine Facilities
- Gaga Ball Pit
- OA Amphitheater
- Quartermaster's Storage
- Basketball Court
- BMX Course



FRIDAY CHECK-IN

CHECK IN TIME BEGINS AT 5:00PM.

Camp staff will be checking in units between 5PM - 7PM. on Friday October 25th 2024. Please plan your arrival at Camp Perry as close as possible to check-in on time.

Check-in is completed at the health & fitness building before your unit has received their campsite assignment. Campsites are assigned based on unit size and need. For assistance, email riograndecounciltech@gmail.com.

Early arrivals are asked to wait in the parking lot area with their adult supervision until the check-in process begins. Any maverick scouts should be accompanied by an adult until the scout is checked in and given their campsite assignment.

Unit leaders will receive their camp event packets, which will include a lanyard, camp map, itinerary and meal tickets for their event participants. The lanyard will be color coded to the scout's rank; Lions & Tigers: Red, Wolves & Bears: Blue, and Webelos I & II: Green. Siblings and tag-a-longs will receive a colored lanyard aligned to their age.

Wrist Bands will be provided for all registered attendees. Leaders, Scouts and guests arriving/leaving camp during the weekend must stop at the camp office to sign in or out. Any changes to campsite adult leadership must be provided to the Camp Director when it occurs. This allows staff to account for all persons on site in case of an emergency.

Each unit will be given a camp assignment. These assignments can be a continuous task Saturday as we use and enjoy the camp or cleaning up a section of the camp Sunday before departing. Assignments will be chosen on a first come first serve basis or assigned. Scouting starts with the family, your den, your pack, to our entire RGV community. To make this weekend a great experience for our families and kids please pitch in and do your part.

CHECK-IN REQUIREMENTS

- ALL YOUTH AND ADULTS MUST BE REGISTERED WITH BSA.
- ONE COPY OF UNIT ROSTER WITH ADULT CELL NUMBERS
- BSA HEALTH FORM PART A / B FOR YOUTH AND ADULTS
 - PART A, YOUTH SIGNATURE REQUIRED
 - PART A, PARENT SIGNATURE REQUIRED
- A PRINTED COPY OF EACH ADULT'S YPT CERTIFICATE
- A PRINTED COPY OF MINIMUM (1) ADULT BALOO CERTIFICATE
- OUT OF COUNCIL UNITS WILL NEED PROOF OF INSURANCE.

SPOOK-O-REE CHAIR TIPS

- Medications must be in original prescription container with pharmacy label.
- Make sure your parents have signed the medical forms and accompanying notes before you arrive to camp.
- Photocopy forms and keep the originals in a safe space at home.
- Keep an extra copy of special dietary & medical needs roster with a unit adult leader for quick reference while at camp.

Sunday Check Out

Departure is scheduled for Sunday October 27th, 2024 12pm (or earlier).

Each unit is expected to complete a camp clean up assignment before check out can be started. This area will be assigned to your unit on Friday. Please speak with office staff if you have not received this assignment.

Each unit is expected to return all camp provided items to the Quartermaster. These items include tools. Flags, water jugs, etc, that are used during the week in your campsite or for service projects. Any items missing will be accounted for before a troop is allowed to check out. Units will be charged for each rip that occurs on camp tents, if any tents that are deemed unrepairable by the camp director, the unit will be charged for replacement.

A final campsite inspection will be made to insure no waste articles are left for the next occupants to clean up.

All Medical forms will be returned at check-out time. If a medical binder is left behind, please note that administrative staff will destroy all documentation to prevent violation of HIPAA laws.



SCHEDULE OF EVENTS

Friday October 25th, 2024

- 5:00PM - 7:00PM Check-In & Camp Set Up
- 7:00PM - 8:00PM Leaders Meet & Greet / Event Info FAQ
- 11:00PM Lights Out

Saturday October 26th 2024

- 7:00AM - 8:30AM Receive Scouts / Camp Set Up Cont.
- 8:45AM-9:00AM Opening Flag Ceremony
- 9:00AM - 12:00PM Scout Activities
- 11:00AM - 1:00PM LUNCH
- 1:00PM-5:00PM Scout Activities Continued
- 5:30PM-5:45PM Flag Retreat Ceremony
- 5:45PM - 7:00PM DINNER
- 7:00PM - 8:15PM Interfaith Service / Campfire Program
- 9:00PM - 11:00PM Spooky Trail Experience
- 11:00PM Return to Camp Site (Lights Out)

Sunday October 27th, 2024

- 8:00AM Breakfast at Campsite
- 9:00AM Begin Campsite Break Down & Clean up
- 9:00AM - 11:00AM Final Camp Inspections



Pumpkin Carving Contest

The pumpkin carving contest will take place in the Dining Hall. All attendees will have a chance to cast their votes in person and via facebook.

Saturday Night Program

Saturday night everyone will get together at The Bowl for fun and fellowship as we gather for a campfire program. Please remember that each unit is expected to participate in the campfire program. Please come to the office by 5pm and get on the campfire program list with your song or skit.

Sunday Program

Interfaith Service: There will be an interfaith service on Sunday. Please make plans to attend.

Clean Up Assignments: Each unit is expected to complete a camp clean up assignment before check out can be started. This area will be assigned to your unit on Friday. Please speak with office staff if you have not received this assignment.



SCHEDULE BY RANK

Lions / Tigers

Color: Red

8:45 AM - 9:00AM	Opening Flag Ceremony
9:00 AM - 10:00AM	Station 4: Flag Pole (Hike)
10:00AM - 11:00AM	Station 3: Dining Hall
11:00AM - 1:00 PM	LUNCH
1:00 PM - 3:00 PM	Station 2: Target & Range
3:00 PM - 4:00 PM	Station 1: Health & Fitness
4:00 PM - 5:00 PM	Station 5: Fishing Docks
5:45 PM - 7:00 PM	DINNER
7:00 PM - 8:15 PM	Camp Fire Program
9:00 PM - 11:00 PM	Spooky Trail
11:00PM	CAMPSITE (Lights Out)



Wolf / Bear

Color: Blue

8:45 AM - 9:00AM	Opening Flag Ceremony
9:00 AM - 10:00AM	Station 1: Health & Fitness
10:00AM - 11:00AM	Station 5: Fishing Docks
11:00AM - 1:00 PM	LUNCH
1:00 PM - 2:00 PM	Station 4: Flag Pole
2:00 PM - 3:00 PM	Station 3: Dining Hall
3:00 PM - 5:00 PM	Station 2: Target & Range
5:45 PM - 7:00 PM	DINNER
7:00 PM - 8:15 PM	Camp Fire Program
9:00 PM - 11:00 PM	Spooky Trail
11:00PM	CAMPSITE (Lights Out)



Webelos / Arrow of Light

Color: Green

8:45 AM - 9:00AM	Opening Flag Ceremony
9:00 AM - 11:00AM	Station 2: Target & Range
11:00AM - 1:00 PM	LUNCH
1:00 PM - 2:00 PM	Station 1: Health & Fitness
2:00 PM - 3:00 PM	Station 5: Fishing Docks
3:00 PM - 4:00 PM	Station 4: Flag Pole
4:00 PM - 5:00PM	Station 3: Dining Hall
5:45 PM - 7:00 PM	DINNER
7:00 PM - 8:15 PM	Camp Fire Program
9:00 PM - 11:00 PM	Spooky Trail
11:00PM	CAMPSITE (Lights Out)





Station 1 - Health and Fitness

9:00AM-10:00AM Wolf/Bear

1:00PM-2:00PM Webelos/AOL

3:00PM-4:00PM Lions/Tigers

Station 2 - Shooting Sports

9:00A-11:00A Webelos/AOL

1:00PM-3:00PM Lion/Tiger

3:00PM-5:00PM Wolf/Bear

LUNCH

11:00AM-1:00PM

Station 3 - Nutrition

10:00A-11:00A Lion/Tigers

2:00PM-3:00PM Wolf/Bear

4:00P-5:00P Webelos/AOL

Station 4 - Outdoor Hike

9:00AM-10:00AM Lion/Tiger

1:00PM-2:00PM Wolf/Bear

3:00P-4:00P Webelos/AOL

Station 5 - Fishing

10:00A-11:00A Wolf/Bear

2:00P-3:00P Webelos/AOL

4:00PM-5:00PM Lion/Tigers

CAMP ACTIVITIES

Station 1 - Health and Fitness Center

- Teamwork – Rules – Sportsmanship – Referees
- What does it mean to be “physically fit”? (Scout Law)
- Stretching (Warming Up – Cooling Down)
- Kangaroo Hop – Wheelbarrow – Crab Crawl – Leap Frog Relay
- Obstacle Course (roll, zigzag run, jump, crawl)

Station 2 - Shooting Sports

Firearms Safety – Firearms Handling – Range Commands

- Station 2 will be broken into multiple stations before entering either range.
- BB Gun: (Away from Range) Firearms Safety, Handling, & Range Commands
- Archery: (Away from Range) Firearms Safety, Handling, & Range Commands
- Slingshot: (Away from Range) Weapon Safety, Handling, & Range Commands

Station 3 - Dining Hall (Outside)

Nutrition – Health – Healthy Food Choices

- Nutrition Talk Balanced Plate-Meal
- Build a plate (toy foods or coloring)
- Create healthy trail food (make your own trail mix)
- Good Food Choices Game
- Service Project – Clean the Dining Hall (WEBELOS)

Station 4- Flag Pole

Hike – Essential 6 – Outdoor Code

- Essential 6 items for a hike
- Outdoor Code - Trek Lightly
- (Lions: SAW: Stay, Answer, Whistle)
- Hike – Identify plants and, signs of insects, animals, reptiles, birds etc.

Station 5 – Dock

- Fishing Basics

Station 6 Bowl Camp Fire

- Announce Winner for Pumpkin Carving Contest
- Campfire skits
- Spooky Trail

MEAL SCHEDULE

LUNCH

11:00 AM - 1:00 PM

Entre: Hot Dog / Chips
Side: Fresh Garden Salad Mix
Snack: Fruit Cup
Beverage: Water / Tea / Lemonade

DINNER

5:45 PM - 7:00 PM

Entre: Spaghetti with Meat Sauce
Side: Fresh Garden Salad Mix / Garlic Bread
Snack: Fruit Cup
Beverage: Water / Tea / Lemonade

Scout Necessities

Day Camp, Saturday

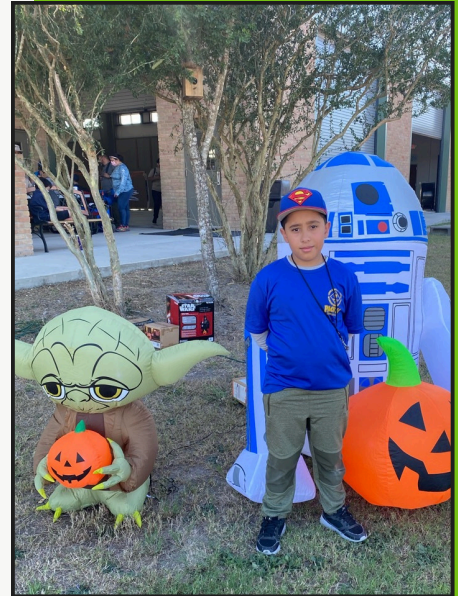
- 6 essentials
- Outdoor Shoes for Athletic Activities
- Full Scout Uniform with pack/troop shirt underneath
- Reusable water cup/container
- Bug/Mosquito/Tick Repellant
- Sun Block
- Snack food items
- Folding chair

Overnight Campout

- All items for day camp
- Tent
- Sleeping items (sleeping bag, blankets, pillow)
- Personal Hygiene items
- Food items for lunch & dinner (if not registered for meals)
- Items needed to cook/prepare food items

Costume Rules

Halloween costumes are highly encouraged for attending adults and youth during Campfire and Spooky Trail Experience. Costumes should be respectful of others and avoid offensive, explicit, or insensitive themes.



UNIT _____ ROSTER

Camp Site: _____

ADULTS LEADERS

NAME	PHONE	HF	CBC	YPT	BALOO
Jane Doe	956-999-9956	✓	✓	✓	✓

YOUTH

NAME	GUARDIAN	HF	T&R	NAME	GUARDIAN	HF	T&R
Jane Doe	956-999-9956	✓	✓	Jane Doe	956-999-9956	✓	✓

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
 Date of birth: _____

High-adventure base participants:

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

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

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

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

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

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken. If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



Rio Grande Council Camp

ADULT LEADER APPLICATION FOR PARTICIPATION

This form must be filled out *completely* and legibly. This form is REQUIRED from all adults over the age of 18 who will attend camp. Please print and use blue or black ink.

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: _____ Birthdate: _____ Sex: _____

Driver License

State: _____ DLN#: _____

Social Security Number: _____

1. Are you registered with the Boy Scouts of America? Yes NO

If no, you must complete the registration process **before** attending camp. All participants must attach a copy of their registration card or an *official BSA* copy of the unit roster showing their name as a registered member of that unit.

2. Have you ever been convicted of a felony or misdemeanor? (You may answer NO if your conviction was ordered sealed, expunged or eradicated) Yes No

Conviction of a crime is not an automatic bar to participation. All circumstances will be considered, including what you were convicted of and how long ago. You must provide complete information about any conviction by attaching a separate statement.

3. Have you completed the BSA Online Youth Protection Training course within the last 24 months? Yes NO (Must be completed bi-annually!)

If NO, you MUST complete this course and attach a copy of the certification card provided upon successful completion of the training. Training may be completed at the BSA Online Learning Center: <http://myscouting.org> If you have already completed the course, please attach the copy of the card to this form.

4. Personal information provided at the top of the form will be used to conduct a search in the Sex Offender Registration database to meet this state requirement.

The system used for the criminal background check will also conduct a check in the sex offender database. Both searches will be conducted at one time in our office, so there is no need to attach searches done by the unit.

5. As of May 16, 2010, ALL adults participating in a licensed youth camp in the state of TX MUST have a criminal background check (conducted annually) in order to determine if any person may be precluded from participation in a state licensed camp based on the results of this check.

The National Office of the BSA has made arrangements for councils in the state of Texas to conduct these background checks for all participants of their summer camp programs. The Rio Grande Council will conduct these checks on all participants to ensure compliance with the Texas Youth Camp Act.

By signing and submitting this application, you are authorizing a criminal background check and a search in the Sex Offender Registration database of yourself. This check will be made from public record sources. You also confirm that the information provided and attached to this form is true and not falsified in any way.

You must also sign the Disclosure & Authorization Form Attached.

Signed: _____ Date: _____

2018 Summer Camp
Leader's Guide

Camp Charles F. Perry

DISCLOSURE/AUTHORIZATION FORM

NOTICE TO APPLICANT REGARDING BACKGROUND CHECK

In order to safeguard the youth in our care, the Boy Scouts of America will procure consumer reports on you in connection with your application to serve as a volunteer, and the Boy Scouts of America may procure additional consumer reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. The Boy Scouts of America has contracted with LexisNexis, a consumer reporting agency, to provide the consumer reports. LexisNexis may be contacted by mail at LexisNexis, 1000 Alderman Drive, Alpharetta, GA 30005 or by telephone at 800-845-6004.

The consumer reports may contain information bearing on your character, general reputation, personal characteristics, and mode of living. The types of information that may be obtained include but are not limited to Social Security number verification, sex offender registry checks, criminal records checks, inmate records searches, and court records checks. The information contained in these consumer reports may be obtained by LexisNexis from public record sources. **The consumer reports will not include credit record checks or motor vehicle record checks.**

The nature and scope of the consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to LexisNexis at the address listed above. Additional notices for applicants in California, New York, Minnesota, and Oklahoma are provided.

APPLICANT'S ACKNOWLEDGMENT AND AUTHORIZATION

I have carefully read this notice and authorization form and I hereby authorize the Boy Scouts of America and LexisNexis to procure a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility for a volunteer position with the Boy Scouts of America. I also understand that as long as I remain a volunteer, additional consumer reports may be procured at any time. I understand that if the Boy Scouts of America chooses not to accept my application or to revoke my membership based on information contained in a consumer report, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the reporting agency, LexisNexis.

ADDITIONAL NOTICES TO CALIFORNIA, MINNESOTA, OKLAHOMA, AND NEW YORK APPLICANTS California

Under California law, the consumer reports described above that the Boy Scouts of America will procure on you are defined as investigative consumer reports. These reports will be procured in connection with your application to serve as a volunteer, and additional reports may be procured at any time during your service as volunteer in order to evaluate your continued suitability for volunteer service. The reports may include information on your character, general reputation, personal characteristics, and mode of living.

Under section 1786.22 of the California Civil Code, you may inspect the file maintained on you by LexisNexis, during normal business hours and with proper identification. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication, by appearing at LexisNexis offices in person, during normal business hours and on reasonable notice, or by certified mail upon making a written request. You may also receive a summary of the information contained in this file by telephone. LexisNexis will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information. This written explanation will be provided whenever a file is provided to you for visual inspection. If you appear in person, you may be accompanied by one other person of your choosing, who must furnish reasonable identification.

For Applicants in California, Minnesota, and Oklahoma Only

You have the right to request a free copy of any report procured on you. If you wish to receive a free copy of any report procured on you, check the box below.

- I request a free copy of any report procured on me.

New York

As explained above, a consumer report will be requested in connection with your application, and additional consumer reports may be requested during the course of your service with the Boy Scouts of America. You have the right, upon request, to be informed whether or not a consumer report was requested and, if a consumer report was requested, of the name and address of the consumer reporting agency that furnished the consumer report.

My signature below indicates that I have read, understand, and accept the accompanying disclosures and acknowledgments.

First name _____ Last name _____ Suffix _____
(No initials or nicknames) Please print. Middle name _____ Date _____ Unit No _____
Signature of applicant _____

APPENDIX 5 - ACTIVITY CONSENT FORM

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	/ /	Age during activity Edad al momento de realizar la actividad

Address Domicilio		
City Ciudad	State Estado	Zip Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)	From De	to a	(Date) (fecha)	(Date) (fecha)
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INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud 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 enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha
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Area code and telephone number (best contact and emergency contact)
Código de área y número telefónico (primer contacto y contacto de emergencia)

Email (for use in sharing more details about the trip or activity)
Correo electrónico (para informar más detalles sobre el viaje o actividad)

Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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