

## **If your son plans to join us at Summer Camp, you will need to:**

### **By February 16<sup>th</sup>:**

The \$30 early bird deposit is due. Please make checks payable to Troop 964. The Troop will be write one check for all the Scouts and adults, which must be sent to Chicago Area Council by the end of February.

### **By May 18<sup>th</sup>:**

#### **Registration Fee:**

- Scouts: Provide a check for **\$280** payable to Troop 964, unless you already paid the \$30 early bird deposit. **After May 31<sup>st</sup>, there is a \$30 late fee added by Chicago Area Council** (except new Scouts). The Troop will be writing one check to register all the Scouts prior to this date.
- Adults: For adults/Leaders staying the entire week, provide a check for **\$165**, unless you already paid the \$30 early bird deposit. The daily rate is \$27 if you are not staying the entire week.

### **By June 15<sup>th</sup>:**

#### **Medical Forms:**

BSA Medical Forms (Parts A, B, and C) are due June 16<sup>th</sup>, unless the physical cannot be scheduled by that date (please discuss with Mark Smith). You should have already completed Parts A and B during troop registration in January. Part C requires a physical be performed **within the last 12 months of summer camp (since July 19, 2014), and signed by a doctor. A copy of your medical insurance card is also required.** An electronic copy of the medical form is attached.

#### **Permission Form / Travel Lunches & Pizza Night Fees:**

Turn in one permission form per Scout and Adult with a check for \$25 if your son will be riding up and back with the Troop. The Troop provides lunch on the way to and from summer camp, a pizza night, and an ice cream night while at camp. **If your son is not riding up and back with th troop, see Mark Smith for an adjusted cost.** An electronic copy of the permission form is attached.

### **By June 22<sup>nd</sup>:**

#### **Money for Outposts/High Adventure:**

There are a number of outposts that the Scouts can sign up for such as small boat sailing, horsemanship, and shotgun. (First year Scouts do not generally sign up for outposts.) If your son plans to sign up for an outpost, the required fee is due by June 22<sup>nd</sup>. The registration form showing the outposts and associated fees will be provided once it is available.

#### **Allowance/Spending Money:**

We recommend that any money you plan to send along with your son for craft / merit badge related items or spending money be provided in small bills in an envelope and turned into the Troop. This avoids the problem of a Scout spending all his money in the first day or two on candy or snacks, and not having money left for merit badge or craft related materials. The Troop Leadership will then dole out the money to the Scout based on specific requests by the Scout.

**"COMPLETE ONE FORM PER SCOUT / ADULT"**

**Owasippe Summer Camp Permission Form**

**Arrive at the Legion Hall at 5:30 AM on Sunday, July 12<sup>th</sup>**, as we will be departing from the Legion parking lot at 6:00 AM. **We will be returning by about 3pm on Saturday, July 18<sup>th</sup>**. We will call for a ride home when we are about 30 minutes away. (Please keep in mind we are on Eastern Standard Time while at Owasippe)

***Mark Smith's cell: 773-791-5060***

***John Longo's cell: 847-340-1409***

Please return the portion below by **Monday, June 15<sup>th</sup>**, along with lunch & pizza money.

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**Owasippe Summer Camp Permission Form**

I hereby authorize my son \_\_\_\_\_ to travel to and from and to participate in an activity with Boy Scout Troop 964 at **Owasippe Scout Reservation, near White Hall, Michigan, from 7/12/14 - 7/18/14.** In the case of an accident or emergency, I authorize the adult leaders accompanying the Boy Scouts on this activity to do what they deem necessary to properly care for my son, including seeking emergency medical treatment for him. I agree and acknowledge that I shall be financially responsible for all costs arising from any medical treatment received by my son on this activity. I authorize the release and the use of the below listed Medical Insurance Information. I hereby indemnify and hold harmless and release from liability from any and all claims or actions arising out of this activity, the adult leaders accompanying the Boy Scouts on this activity, the Boy Scouts of America, the Northwest Suburban Council, American Legion Post 964 and its officers and membership, Boy Scout Troop 964 and its adult leadership and waive all rights to damages in any form that may occur in connection with this activity.

**Medical Insurance Information:**

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

List medications that will be taken during the week at camp:

\_\_\_\_\_

**In case of emergency, I can be contacted at the following numbers during the week:**

Home Phone: \_\_\_\_\_

Mom cell phone: \_\_\_\_\_ Mom work phone: \_\_\_\_\_

Dad cell phone: \_\_\_\_\_ Dad work phone: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\$\_\_\_\_\_ \$25 Food costs (lunch to/from, pizza night and ice cream night)

\_\_\_\_\_ I will be camping with the troop this week, and I have \_\_\_\_\_ seat belts in my vehicle

\_\_\_\_\_ I can help drive on \_\_\_\_\_ Sunday and/or \_\_\_\_\_ Saturday, and I have \_\_\_\_\_ seat belts

**\*\*Please keep in mind we are on Eastern Standard Time while at Owasippe\*\***

|   |
|---|
| Owner Name: _____                                 |
| Year/Kind/Make of Vehicle: _____                  |
| Number of Seatbelts in Vehicle: _____             |
| Drivers License Number: _____                     |
| Liability Insurance Limits: Property Damage _____ |
| Each Person _____ Each Accident _____             |

|                         |
|-------------------------|
| Charge to Scout Account |
| \$ _____                |
| Parent Signature:       |
| _____                   |

## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



**You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.**



**Examiner: Please fill in the following information:**

|                                     |    | Yes                    | No | Explain |  |     |    |                        |  |         |  |
|-------------------------------------|----|------------------------|----|---------|--|-----|----|------------------------|--|---------|--|
| Medical restrictions to participate |    |                        |    |         |  |     |    |                        |  |         |  |
| Yes                                 | No | Allergies or Reactions |    | Explain |  | Yes | No | Allergies or Reactions |  | Explain |  |
|                                     |    | Medication             |    |         |  |     |    | Plants                 |  |         |  |
|                                     |    | Food                   |    |         |  |     |    | Insect bites/stings    |  |         |  |

Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

|                  | Normal | Abnormal | Explain Abnormalities |
|------------------|--------|----------|-----------------------|
| Eyes             |        |          |                       |
| Ears/nose/throat |        |          |                       |
| Lungs            |        |          |                       |
| Heart            |        |          |                       |
| Abdomen          |        |          |                       |
| Genitalia/hernia |        |          |                       |
| Musculoskeletal  |        |          |                       |
| Neurological     |        |          |                       |
| Other            |        |          |                       |

### 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):

| True | False | Explain   |
|------|-------|---|
|      |       | 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 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.   |
|      |       | <b>For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.</b>  |

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

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

#### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

| Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight | Height (inches) | Max. Weight |
|-----------------|-------------|-----------------|-------------|-----------------|-------------|-----------------|-------------|
| 60              | 166         | 65              | 195         | 70              | 226         | 75              | 260         |
| 61              | 172         | 66              | 201         | 71              | 233         | 76              | 267         |
| 62              | 178         | 67              | 207         | 72              | 239         | 77              | 274         |
| 63              | 183         | 68              | 214         | 73              | 246         | 78              | 281         |
| 64              | 189         | 69              | 220         | 74              | 252         | 79 and over     | 295         |

