

Camper Guide

Rotary Scout Camp

Boy Scout Resident Camp for
Scouts with Special Needs



July 8 – 12, 2018

Heart of America Council, BSA



BOY SCOUTS OF AMERICA
Heart of America Council
10210 Holmes Road
Kansas City, MO 64131-4212
www.hoac-bsa.org

Dear Scoutmaster, Parent or Guardian:

Opportunities await your Scout this summer. Thank you for the time you give throughout the year working with the Scouts in your unit. Rotary summer camp is one of the highlights of a troop's and scouts year-round program. The time has come to start the groundwork that will make your Scout's summer camp experience a success. In preparing for camp, it is important that you read this 2018 Camp Participant's Guide, which includes all of our program elements and paperwork required for camp. For your convenience, this guide and other summer camp resources are available on the Council website at www.hoac-bsa.org (look under Camping, Camping Resources, then under Rotary Scout Camp). Please share this information with your Scouts.

Rotary Camp is designed to give your Scout a time that he will be able to learn more skills, make lifelong friends and have fun camping in the woods or in a cabin. Our staff is looking forward to working with your Scout and encouraging them to achieve new heights. I would encourage you to get with your Scout and see if they would want to camp in woods, which requires more walking, or see if there are any skills that they would like to work on while at camp. If there are please contact our Camp Director, Jeff Dutzel before camp so we can work to accommodate these requests.

If your troop is active in either the Order of the Arrow or the Tribe of Mic-O-Say, please encourage your Scoutmaster to find out the details of what is available for your Scouts in our Honor Camping Programs in the Heart of America.

In addition to your summer camp experience, I encourage you to **take advantage of all our council properties as well as the Rotary Youth Camp and make them a part of your year-round camping program.** Your Troop can hold weekend campouts at the Naish or Bartle Scout Reservations or schedule an event during the offseason at the Rotary Youth Camp. Our scout reservations provide many program opportunities along with a dedicated Campmaster Corps to support you during your weekend camping experience.

The entire camp staff appreciate this opportunity to work with each of you to provide your Scouts with a memorable summer camp experience. Feel free to let any one of us know what assistance we can provide.

Have fun camping,

B. Scott Hess
Council Camping Chair



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Dear Scoutmaster, Parent and/or Guardian:

Our team has been working hard since August in preparing to put on the best camp yet! In order to help you prepare your Scout for camp, included you will find information and forms necessary for all participants.

This week at camp promises to be a great summer camp experience. Our program staff has been preparing exciting activities such as merit badges, campfires, swim parties, dance parties, and evening events all themed around our 2018 theme, "Winter Wonderland."

If you have any questions while reviewing this handbook, please do not hesitate to contact me. While reviewing this handbook, please note the procedures for check in. In addition, be sure to fill out the camper information form which is online under the Rotary Camp page. By completing this prior to June 29, it will help us to expedite check-in. Also, please note that closing night campfire will begin at 4:30pm with camper checkout at 5:00pm.

On behalf of the entire camp staff, we are looking forward to providing your Scout with a memorable and positive summer camp experience!

Yours in Scouting,

Jeff Dutzel
Camp Director
816-805-7964
jdutzel@gmail.com



Quick Reference & Important Dates

Camp Director

Jeff Dutzel
816-805-7964
jdutzel@gmail.com

Staff Advisor

Tanner Fuson
816-942-9333
tanner.fuson@scouting.org

Staff Advisor

Anthony Gonnello
816-942-9333
anthony.gonnello@scouting.org

Heart of America Council

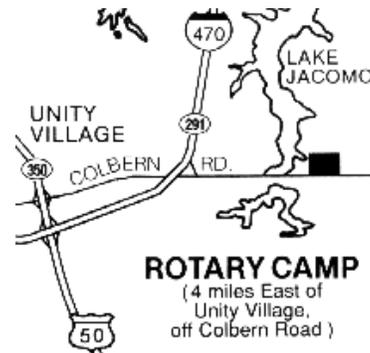
(Mailing Address Before Camp)
10210 Holmes Road
Kansas City, Mo 64131-4212
816-942-9333
www.hoac-bsa.org

Rotary Youth Camp

Camp Address (July 5-13)
22310 E. Colbern Rd
Lee's Summit, Mo 64086

Camp Phone Number

(Only for July 5-13)
816-246-6311



2018 Dates to Remember

Wednesday, June 27

Last day to mail paperwork to office

Sunday, July 8

Campers Arrive 9:00 AM

Sunday, July 8

Opening Night Campfire 7:00 PM

Monday, July 9

OA Ceremony 4:00 PM

Thursday, July 12

Closing Night Campfire 4:30 PM

Thursday, July 12

Camper Checkout 5:00 PM



ROTARY SCOUT CAMP

GENERAL INFORMATION

About Camp:

Rotary Scout Camp is designed to help all campers be successful. Most campers will be paired 1:1 with a staff person who will serve as his buddy for the week. Staff and campers are divided into 5 troops and travel to activities including merit badges as a troop. Their staff will help them as needed with daily hygiene, traveling around camp, meal time, program activities, swimming and merit badges. No matter their level, our goal is for all campers to be successful with everything they do.

Arrival Time at Camp/Check In:

The arrival time for campers starts at 9:00 am on Sunday, July 8, 2017. Please note the time below for the appropriate time to arrive. Following this time will help with the speed of check in and the flow of lines. In addition, once your application is processed, you will receive a link to complete paperwork online. This link is also online hoac-bsa.org under Boy Scout Camping, Rotary Scout Camp. This will replace some of the paperwork that has been included in this packet.

Please do not arrive before this time, as staff will not be available. Campers should eat before arrival.

9:00 am – Campers arriving with parent (not part of a Troop or Venture Crew attending camp)

9:45 am – Kansas Campers arriving with Troop or Venture Crew

10:30 am – Missouri Campers arriving with Troop or Venture Crew

Camp Mail: If you wish to write your son during camp, the camp address is:

Rotary Youth Camp

Scout's Name

22310 E Colbern Rd

Lee's Summit, MO 64063

Mail received after July 12th will be returned to sender

Camp Phone: The camp phone number is (816) 246-6311.

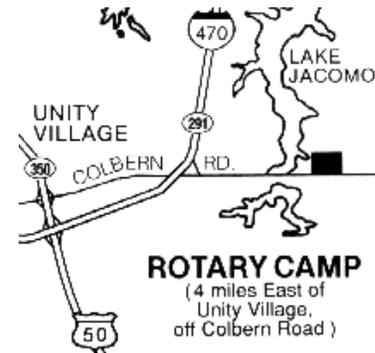
Departure: On Thursday, July 12, 2017, at 5:00 PM (or immediately after closing campfire) camp will officially close. Parents and caregivers are requested to report to the Camp Office to check your Scout out, prior to the campfire. THIS IS VERY IMPORTANT, all campers must be checked out. All campers must be picked up by 5:00 pm to allow staff to clean camp and be dismissed.



Directions to Camp: The Rotary Youth Camp is easy to find. The camp is located on the south side of Lake Jacomo on Colbern Road at 22310 E. Colbern Rd, Lee's Summit, MO 64086.

From the West - Take Interstate 470 East and exit on Colbern Road. Continue East 1.6 miles; Rotary Camp is on the North Side and the gate will be marked "Rotary Youth Camp."

From the East – Take 470 South, and exit on Colbern Road. Continue East 1.6 miles; Rotary Camp is on the North Side and the gate will be marked "Rotary Youth Camp."



Medical Treatments: Rotary Scout Camp will have a Doctor/Paramedic/Nurse at camp 24 hours a day. Any emergency cases will be taken to the hospital deemed best for treatment of injury but generally will be Truman Lakewood or St. Luke's - East Hospitals and you will be called immediately. All medications must be turned in to the health office at check in and will be distributed by camp medical personnel as prescribed.

Medication and Physical: Enclosed is a physical form which MUST be completed within the past 12 months and signed by a medical physician (M.D. or D.O.). The physical MUST be presented to the Camp Medical Officer at the time of check in. No camper will be allowed to remain at camp without one. All parts must be completed and signed. If there are any special instructions for any medications, please put a sheet with those instructions in the physical form. Please fill these out in detail. In addition, you will receive an email to complete additional information for medications. This is replacing previous forms. It is important to complete this form prior to camp to help with the speed of check-in. **Please make copy of form AND send copy to office prior to June 25th**

Summer Food Service Program: This is required by Rotary Youth Camp. We are participating in a government food program. All campers under the age of 18 must have this form completed. If you do not qualify for free or reduced lunches, simply put name and "does not qualify"

Visitors: Visitors during camp are not encouraged but will be allowed. If you come to camp to visit your son, you MUST check into the camp office. On Thursday evening, we will be having a closing campfire and you are welcome and encouraged to attend. Rotary Scout Camp officially closes following the campfire. Visitors are not permitted after 8:00pm.



What to Bring: The following is a list of items your Scout should bring with him to camp. *Please make sure his name is on all items.* This is critical!

Laundry Bag	Min. of 10 t-shirts, shorts/pants, underwear, socks
Scout Uniform	Light jacket
Extra pair of shoes or sneakers	Foot locker, bag, or suitcase
Sleeping bag or sheets & covers	Pillow
Small battery operated fan	Medications – turned into health lodge
Flashlight	Towels (3-4)
Swimsuit	Plastic Cup with Lid and Handle (put name on cup)
Money for trading post (\$10-\$20 max)	Shower shoes (flip flops)
Rain Gear	Sunscreen
Toiletries (soap, shampoo, toothbrush, toothpaste, razor, shaving cream, deodorant and comb)	
Other items which are generally used every day and extras.	

What not to bring:

Knives	Expensive items	Tobacco products	Cell phones
Jewelry	Fireworks	Electronics	Candy or gum, Snacks
Matches	Tabaco/Alcohol		

Online Information Form

Once your camper paperwork has been processed, you will receive an email with a link to an online form. This online form is replacing many paperwork items that was completed and brought to camp. It is important to fill this out prior to June 15th so that we may prepare for camp and keep the check in line moving. Those who do not fill out the online form will be required to fill out all paperwork at camp prior to getting in line for check-in. The online form will cover the follow:

1. Camper info
2. Photo Release
3. Scout Advancement
4. Prescription Medicine
5. Dietary Restriction



2018 Camp Program Highlights

- Winter Wonderland Theme
- Merit Badges
- Daily Swim
- Dance Party
- Pool Party
- Campfires

2 Outpost Programs

Scouts will sleep in tents, cook some of their own meals and participate in activities designed especially for the more experienced camper. Pre-approval from the Troop Scoutmaster and Rotary Staff is required for participation in this program.



Handicraft Area

Scouts will have the opportunity to work on skill level appropriate crafts. Actual projects will be different each session. Typically, they are leather, wood or craft strip projects.





A Note From the Health Lodge...

Hello Friends and Families!

I hope you are all as excited for camp as we are! Camp will be here before we know it! To help the health lodge staff expedite check-in and assist us in caring for your camper for the week, we have a few tips for you. We have a new medication form which is online and the link will be emailed to you from our camp director, please be sure to complete to help expedite check-in.

1. Medications are given at four times during the day, three times with meals and at bedtime. Please choose the best time for your camper to keep him on his schedule. Concerns can be discussed at check-in.
2. Please send original containers with your camper. We need to know what medications and doses your camper is receiving. You may bring medications already organized into separate medication envelopes if desired.
3. Any of the medications listed such as Tylenol and benadryl will be available in the health lodge. Help us maximize our space by keeping those bottles at home unless your child needs a specific form.

Don't hesitate with any questions or concerns during check in. Look forward to meeting all of you! It's going to be a great week at camp this year!

Health Lodge Staff

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? YES NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):					SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Eligibility Determination: Free Reduced Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:
You must designate at least one adult. Please include a telephone number.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____



Part B: General Information/Health History

Full name: _____

DOB: _____

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

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

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/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	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		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 B: General Information/Health History

Full name: _____
 DOB: _____

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

Allergies/Medications

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 INDICATE 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 by the BSA. 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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.
 Reviewed by: _____
 Date: _____
 Further approval required: Yes No
 Reason: _____
 Approved by: _____
 Date: _____

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.
For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.		

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						
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



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SCOUT OATH

On my honor I will do my best
To do my duty to God and my country
And to obey the Scout Law;
To help other people at all times;
To keep myself physically strong,
Mentally awake, and morally straight.

SCOUT LAW

A Scout is
Trustworthy
Loyal
Helpful
Friendly
Courteous
Kind
Obedient
Cheerful
Thrifty
Brave
Clean
Reverent

