



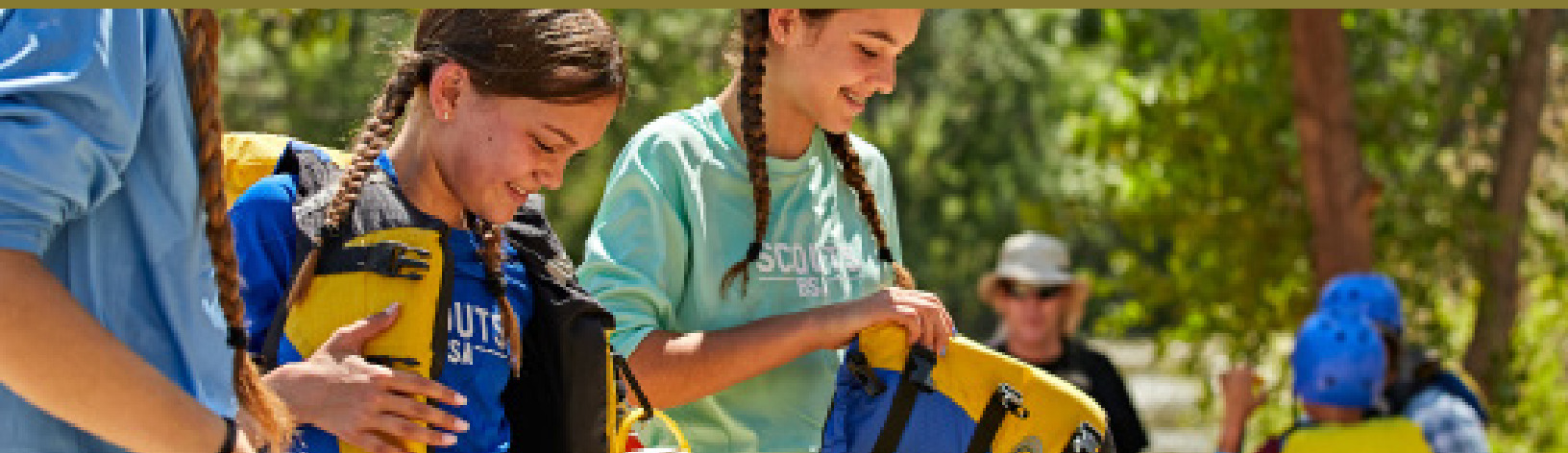
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# SPADE RANCH

SPADE RANCH HIGH ADVENTURE CAMP  
AT ARIZONA'S CAMP GERONIMO

PARENT GUIDE



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# SPADE RANCH HIGH ADVENTURE CAMP

## SPADE RANCH ADVENTURE AT ARIZONA'S CAMP GERONIMO

### OUR AIM IS TO CULTIVATE A LIFELONG LOVE OF THE OUTDOORS AND HIGH ADVENTURE THROUGH SPADE RANCH.

Spade Ranch Adventure is designed for youth 14 years and older looking for an exciting and challenging outdoor experience. Campers will mountain bike in the shadow of the Mogollon Rim, go caving at Diamond Point, climb natural rock in Coconino National Forest, and more! Led by a team of trained and experienced staff, your child will learn how to overcome their fears by working as a team while having the summer of their lives!

### SESSION DATES

Spade Ranch will run for four sessions. Select one of the dates below and register at:

<https://www.azoutdoored.org/>

Session #1: July 17 - July 20

Session #2: June 20 - July 23

Session #3: July 24 - July 27

Session #4: July 27 - July 30

### CAMP EXPERIENCES WILL INCLUDE:

- Natural Rock Climbing and Canoeing at Blue Ridge Reservoir – If you like the feel of a climbing harness, the cool touch of natural rock, and the taste of sweat as adrenalin pumps through your system, then this is the program for you. In the cool morning participants will practice basic climbing skills and spend the afternoon canoeing in the reservoir
- Mountain Biking - Participants will have an introductory class on the principles and techniques of Mtn Biking including short and long rides through and on trails around Camp Geronimo.
- Caving - Participants will explore one of the many caves located along the Mogollon Rim. Be prepared to get muddy as you experience total darkness, learn about cave formations, and practice low impact caving techniques.
- Challenge Course - Participants will have the opportunity to enhance their team building and leadership skills with interactive activities and cable-to-pole elements (Low COPE Course).



# SPADE RANCH HIGH ADVENTURE CAMP

## SPADE RANCH ADVENTURE AT ARIZONA'S CAMP GERONIMO

### YOUR WEEK AT SPADE RANCH

#### Day 1 —

Participants should arrive at Camp Geronimo by 11:00 AM to get checked in before lunch at 12:00 PM. Please be sure to bring all the required paperwork! After lunch, our staff will guide you to your campsite and help you get settled in before heading to the pool for the BSA Swimmer Test.

#### Swim Test

Jump feet first into water over the head in depth. Level off and swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be completed in one swim without stops and must include at least one sharp turn. After completing the swim, rest by floating.

A successful swim test is necessary for participating in the canoeing activity. Alternative program will be provided for those who cannot pass.

#### Day 2 & 3 —

Your schedule will depend upon which activity your group will be doing that day. All the activities will start after breakfast, so be prepared and bring all the items necessary for that day's activity.

#### Day 4 —

Pack all belongings and prepare for checkout be-



# CAMP DETAILS AND CHECK-IN

## SPADE RANCH ADVENTURE AT ARIZONA'S CAMP GERONIMO

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### CAMP GERONIMO'S HOUSING AND DINING

Camp Geronimo is located north of Payson in the shadows of the magnificent Mogollon Rim on nearly 200 acres of forest and meadows. Facilities may be viewed at: [www.azoutdoored.org](http://www.azoutdoored.org)

Participants will be housed in canvas platform tents and will eat meals in the camp dining hall. Facilities may be viewed at: [www.azoutdoored.org](http://www.azoutdoored.org)

### MAILING INFORMATION

Mail is delivered to camp once a day. Post mail 3-5 days in advance of camp arrival day to ensure a timely delivery. For all mail:

Youth Name - Session #  
CAMP GERONIMO - SPADE RANCH  
2599 W. Webber Creek Road  
Payson, AZ 85541

For express mail, please DO NOT check box for signature, this will delay delivery by at least one day. All mail sent Postage Due will be returned to sender.

### CAMP CONTACT INFORMATION

Camp Geronimo  
2599 W. Webber Creek Road  
Payson, AZ 85541  
Emergency Contact Number: 928-474-4688

Service Center Office  
8840 E Chaparral Rd. Ste. 200  
Scottsdale, AZ 85250  
Monday - Friday: 9:00am – 5:00pm  
For registration questions call 602-955-7747

### Trading Post

The trading post will be open at convenient hours every day during camp. The Trading Post will carry camp t-shirts, patches, souvenirs, merit badge pamphlets, craft supply materials, soft drinks, candy, and a wide selection of outdoor supplies.

### CHECK-IN

All participants should arrive at Camp Geronimo by 11:00 AM on day one of their program. Participants will need to bring the following forms:

1. Participant Health History Form: [Participant Health History Form](#)
2. A copy of the Family Insurance Card attached to the medical form.
3. [Pre-event Medical Screening Checklist](#)

### NEED TRANSPORTATION?

Please indicate so when you register! More information about bus transportation to Payson from Phoenix metro locations will be shared with those in need.



# PACKING LIST

## SPADE RANCH ADVENTURE AT ARIZONA'S CAMP GERONIMO

### PACKING

Preparing for camp is an easy process, but it does require planning ahead. The following check list is designed to guide so you are comfortable at camp.

#### PLEASE LEAVE AT HOME:

- Gaming devices, or expensive electronics
- Matches, lighters, hot sparks
- Laser pointers
- Bicycles
- Fireworks
- Alcoholic beverages or illegal drugs, smoking devices or vapes
- Sheath knives
- Personal firearms or projectile items such as wrist rockets
- Pets – Service dogs always welcome!

#### LOST PROPERTY

Prior to arriving at camp, encourage youth to clearly mark all personal items with their name. This will help return items to them before departure. Lost and Found is in Camp HQ. Any items left at camp will be stored at our Council Service Center for 30 days and then donated to the local charities.



### CAMP PACKING CHECK LIST

#### LABEL EVERYTHING

#### CLOTHING:

- 3 tee shirts
- Fleece or wool vest or jacket
- Rain jacket
- 2 shorts
- Swimsuit
- One pair long pants
- Socks and underwear
- Wide brimmed hat
- 2 pairs of shoes—tennis shoes, hiking shoes
- Sandals for the shower house or lake

#### PERSONAL ITEMS:

- Bandanna
- Towel and wash cloth
- Toiletries: toothbrush, paste, brush/comb, soap, shampoo, deodorant, insect repellent, and feminine hygiene products.
- Shaving gear
- Reusable water bottle
- Flashlight
- Lip balm
- Sunscreen
- Sunglasses—Polarized
- Waterproof watch
- Sleeping Bag
- Cot or Sleeping Pad
- Day pack
- Tent
- Spending money for Trading Post

# PACKING LIST

## SPADE RANCH ADVENTURE AT ARIZONA'S CAMP GERONIMO

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### SPECIFIC GEAR NEEDED FOR SPADE RANCH ADVENTURE:

#### CAVING

Participants will explore one of the many caves located along the Mogollon Rim. Be prepared to get muddy as you experience total darkness, learn about cave formations, and practice low impact caving techniques. (Caving is conditional on National Speleological Society and US Forest Service Authorization) Note: Cave Mud will permanently stain clothing.

- Long Pants
- Long-Sleeve Shirt
- Change of clothes and shoes
- Closed-toe shoes
- Water bottle
- 1 Headlamp
- Trash bag

#### CANOEING

- Closed-toe or water shoes
- Bathing suit
- Hat
- Sunscreen
- Water Bottle
- Sunglasses
- Dry clothes and towel for ride home

#### MOUNTAIN BIKING

Participants will have an introductory class on the principles and techniques of Mtn Biking including short and long rides through and on trails around Camp Geronimo.

- Pants
- Closed toed shoes
- Sunscreen
- Participants may bring personal biking gear and Mountain Bike if desired

Participants may bring personal gear for any of the activities listed, but cannot be used until & unless it passes staff inspection.

# HEALTH AND MEDICAL

## SPADE RANCH ADVENTURE AT ARIZONA'S CAMP GERONIMO

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### HEALTH LODGE

The Camp Health Lodge is staffed 24 hours a day by qualified medical personnel. Arrangements have been made with the local rescue squads and hospitals to handle any medical emergencies.

### MEDICAL FORM

Any person staying overnight must submit a Personal Health History Form upon arrival at Camp.

The Personal Health History Form is provided as a fillable PDF [Personal Health History Form](#), and parents are encouraged to fill it out on their computer, then print the record (rather than printing the record and filling it out by hand). Doing this will improve the readability and accuracy of each member's medical information. Please bring a paper copy with you to camp.

### SPECIAL NEEDS/FOOD ALLERGY REQUESTS

Please communicate special needs prior to arrival at camp. On day one, any participants with special dietary needs should visit with the dining hall staff to discuss accommodations that the camp can make for their diet.

### MEDICATION POLICY

Grand Canyon Council requires that all prescription and over the counter (OTC) medications be stored under lock and key, except when in the controlled presence of health care staff or other adult staff member responsible for the administration and /or dispensing of medications.

- Emergency medications such as inhalers, Epipen's, and nitro should be maintained on the patient's person.
- All other medications will be stored at the Health Lodge.
- All medication should be in a container issued by a pharmacist with the medication name and strength, the dose and dose frequency clearly marked on the container.





# CAMP SAFETY

## SPADE RANCH ADVENTURE AT ARIZONA'S CAMP GERONIMO

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### WILDLIFE SAFETY

Youth have an opportunity to observe many types of wildlife that includes deer, bats, raccoons, birds, skunks, turkey, snakes, coyotes, amphibians, and bears. It is wise to remember that these animals are the permanent residents of the backcountry.

Therefore, treat all animals with respect and observe from a distance. Store all food in a secure place.

Do not follow, feed, tease, or handle wildlife. If you discover a snake or an animal that is behaving strangely, please notify the camp staff immediately.

Please leave food and sodas at home! Do not eat food and drinks in cabins. Make sure your youth keep their sleeping bags free of food smells by changing their clothes before going to bed and washing hands and faces. Please haul all bagged trash to dumpsters daily.

### YOUTH EARLY RELEASE POLICY

1. Verification must be made to assure that the person requesting release is acting as the legal parent or guardian or under the direction of the legal parent or guardian.

Verification may be done by the following:

- Presentation of proper identification matched with the name listed as the legal parent or guardian on the youth's medical form.
- Contact via telephone with the legal parent or guardian. The telephone number used may be supplied by the Scoutmaster or obtained from the medical form.

2. It is understood that any person who requests the early release of a youth will abide by the policy set forth above and completes the early release form prior to the release of the youth.

3. It is understood that a youth will never be released to another youth under 18 years of age without verified permission from the legal parent or guardian.

## A HEALTHY CAMP BEGINS AND ENDS AT HOME!

A healthy camp really does start at home.

Here are some actions you can take to help your child have a great camp experience.

1. If your child is sick, stay at home - If your child is showing signs of illness such as running a temperature, throwing up, has diarrhea, nasal drainage and/or coughing/sneezing, keep the child home. This reduces the spread of illness at camp and supports your child's recovery. Know your camp's policy about illness and camp attendance.
2. A Scout is clean - Teach your child to sneeze/cough in his/her sleeve and to wash his/her hands often while at camp, especially before eating and after toileting. If you really want to achieve impact, teach your child to accompany hand washing with another behavior: keeping their hands away from their face.
3. Let us know how we can support your child's health needs - If your child has mental, emotional, or social health challenges, talk with a camp representative before camp starts. Proactively discussing a camp's ability to accommodate a child can help minimize – if not eliminate – potential problems.
4. Inform us of any unique nutritional needs ahead of time - Should your child need a particular nutrition plan because of allergies, intolerances or a diagnosis (e.g., diabetes), note these on the Health History form but also contact the camp to make sure (a) they have noted that need and (b) the camp can address it. Discuss how your child will receive appropriate meals and snacks then explain that to your camper. Should your child be uncomfortable with the plan, arrange for a camp staff member to assist/monitor the process until the child is comfortable.
5. Pack closed toed shoes - Make sure your child has and wears appropriate closed toed shoes for activities such as soccer and hiking, and that your child understands that camp is a more rugged environment than home. Talk with your child about wearing appropriate shoes to avoid slips, trips and falls that, in turn, can result in injuries such as sprained ankles.
6. Dress in layers - Send enough clothes so your child can dress in layers. Mornings can be chilly and afternoons get quite warm. Dressing in layers allows your child to remove clothing as s/he warms while still enjoying camp.
7. Be well rested before and during camp - Fatigue plays a part in both injuries and illnesses – and camp is a very busy place! If your child is going to a day camp, be sure they get enough rest at night. If the child will be at a resident camp, explain that camp is not like a sleepover; they need to sleep, not stay up all night!
8. “Be Prepared” for sun protection - Remember to send sunscreen appropriate to the camp's geographic location and that your child has tried at home. Teach your child how to apply his/her sunscreen and how often to do so.
9. Bring a reusable water bottle - Instruct your child to use it and refill it frequently during their camp stay. Staying hydrated is important to a healthy camp experience, something your child can assess by noting the color of their urine (“pee”); go for light yellow.
10. Help your youth understand who to talk to if they have a concern - Talk with your child about telling their leaders, Health Officer, the nurse, or camp director about anything that is troublesome for them at camp. These leaders can be quite helpful as children learn to handle being lonesome for home or cope with things such as losing something special. These helpers can't be helpful if they don't know about the problem – so talk to them.
11. Let us know how we can help - Should something come up during the camp experience or afterward — contact the camp's representative and let them know. Camps want to partner effectively with parents; sharing information makes this possible.



# PARTICIPANT HEALTH HISTORY FORM

Please fill out the following information & attach the requested additional information to be turned in at registration of camp.

Dates will attend camp: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Camper Name: \_\_\_\_\_  
First Middle Last

Male  Female Birth Date \_\_\_\_\_ Age on arrival at camp: \_\_\_\_\_

## CONTACT INFORMATION

Camper Home Address: \_\_\_\_\_  
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:  
Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

Preferred Phone #: (\_\_\_\_\_) \_\_\_\_\_

## INFORMED CONSENT & TALENT RELEASE

I understand that participation in camp 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 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 volunteers or professionals who need to know of medical conditions that may require special consideration in conducting camp 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.

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. The participant has permission to engage in all 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: \_\_\_\_\_

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**MEDICAL INFORMATION**

**Allergies:**

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

Yes	No	Allergies/Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/Stings	

**Medication:**  This camper will not take any daily medications while attending camp.  
 This camper will take the following daily medication(s) while at camp:

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper’s name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

Name of Medication	Reason for Taking	When it is given	Amount/Dose	How is it given?
		<ul style="list-style-type: none"> <li>• Breakfast</li> <li>• Lunch</li> <li>• Dinner</li> <li>• Other: _____</li> </ul>		
		<ul style="list-style-type: none"> <li>• Breakfast</li> <li>• Lunch</li> <li>• Dinner</li> <li>Other: _____</li> </ul>		
		<ul style="list-style-type: none"> <li>• Breakfast</li> <li>• Lunch</li> <li>• Dinner</li> <li>Other: _____</li> </ul>		

(If additional lines are necessary, please attach on a separate sheet.)

The following non-prescription medications may be stocked in the camp Health Office and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- Acetaminophen (Tylenol)
- Phenylephrine decongestant (Sudafed PE)
- Antihistamine/allergy medicine
- Diphenhydramine antihistamine/allergy medicine (Benadryl)
- Sore throat spray
- Lice shampoo or cream (Nix or Elimite)
- Calamine lotion
- Laxatives for constipation (Ex-Lax)
- Ibuprofen (Advil, Motrin)
- Pseudoephedrine decongestant (Sudafed)
- Guaifenesin cough syrup (Robitussin)
- Dextromethorphan cough syrup (Robitussin DM)
- Generic cough drops
- Antibiotic cream
- Aloe
- Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)



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.

Non-prescription medication administration is approved for youth by

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**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 (Date)	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		COVID-19	
<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/Mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e. HIB)	

Please list any additional information about your camper’s medical history that may aid us in providing care:

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**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance  Yes  No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_



***Include a copy of your insurance card, if appropriate; copy both sides of the card so information is readable.***

**Parent/Guardian Authorization for Health Care:**

The aforementioned health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities, except as noted by myself, and/or an examining physician. I give permission to the medical professional selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the medical professional to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand that the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child, and these providers may talk with the program’s staff about my child’s health status.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

**FOR CAMP USE ONLY:**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPORVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



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# BSA Pre-Event Medical Screening Checklist

This is a tool to help leaders identify potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.\*

**Name:** \_\_\_\_\_ **Date/Event:** \_\_\_\_\_  
**Unit:** \_\_\_\_\_ **Campsite:** \_\_\_\_\_

**Do not participate** if you have any of the following symptoms in the past 24 hours:

- Fever (100.4° F or greater)
- Vomiting
- Diarrhea
- New cough

**Do not participate** if you or anyone you live with has recently tested positive for COVID-19 or does not have test results back.

If you have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider's treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with or anyone you have recently been around feel unwell. Symptoms might include:

- Unexplained extreme fatigue
- Unexplained muscle aches
- New rash
- Sore throat
- Open sore

**Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.**

\*Councils are encouraged to customize this checklist with the engagement of local health authorities and their Council Health Supervisor.



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# APPENDIX - CAMP GERONIMO MAP / DIRECTIONS



## CAMP GERONIMO GRAND CANYON COUNCIL BOY SCOUTS OF AMERICA

### HOW TO REACH CAMP GERONIMO:

Camp Geronimo is located approximately 20 miles north of Payson, Arizona and is at an elevation of 5,420 feet. The coordinates of the Camp are: 34° 24' 10.6" N 111° 22' 06.1" W

Leaving the Phoenix metropolitan area, take State Highway 87 north. After reaching Payson, continue on Highway 87 about 12 miles until you reach the Control Road turn-off marked by highway marker 265, turn right. Continue on the Control Road for about six miles, then turn left onto Webber Creek Road, follow this for about 2 miles into camp. Allow 2 to 2-1/2 hours driving time from Central Phoenix.

Leaving from Flagstaff, take Lake Mary Road to State Route 87 south past Pine to Control Road. Turn left on Control Road (dirt) for about six miles, then turn left onto the Webber Creek Road, follow this for about 2 miles into camp. Allow 2 to 2 1/2 hours driving time.