

# **Camp Winton Leader Guide**



## **Cub Scouts 2026**

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## **Contact Information**

### **Golden Empire Council Camping Department**

Julia Hawkinson, GEC Program Director  
 (916) 333-5434 or [Julia.Hawkinson@Scouting.org](mailto:Julia.Hawkinson@Scouting.org)

### **Council Service Center**

3851 N. Freeway Blvd Suite 100  
 Sacramento, CA 95834

Camp Winton  
 (209) 295-9902

Available June 14- July 29

## **Hello, Scouts and Scouters!**

Get ready for an unforgettable summer at Camp Winton! We're thrilled to welcome Cub Scouts to Camp Winton for the very first time! We've made tons of exciting upgrades and have a whole new batch of adventures waiting for you at the beautiful Lower Bear River Reservoir. It's going to be an epic summer full of memories, challenges, and FUN!

This guide is your go-to resource for everything you'll need to know before you arrive at camp. Whether you're an adult leader or parent, we've got all the info you'll need to make your Camp Winton experience smooth and enjoyable. From program details to essential administrative steps, we've laid it all out in a way that will help you get the most out of your adventure. Make sure to give it a thorough read so you're fully prepared!

We've been working hard during the off-season to bring you an exciting and action-packed program, filled with something for everyone—from Cub to adult. Whether you're here to explore the thrilling waterfront, conquer the challenge courses, try your hand at archery, or get lost in our wild forest settings, Camp Winton has it all. It's adventure after adventure, all in one place!

Our dedicated camp staff is ready to make this summer absolutely incredible. They've been specially trained to ensure your experience is packed with excitement, challenges, and moments you'll cherish forever. You'll be amazed by the stunning Sierra Mountains, thrilled by the unique Scouting adventures we offer, and make lifelong friends along the way. Your next great adventure is waiting for you at Camp Winton—don't miss it!

We can't wait to have your family join us at Camp Winton this summer. If you have any questions or need help with anything, don't hesitate to reach out to our Camping Department. We're here for YOU!

Thank you for choosing Camp Winton as your summer destination. Get ready for a West Coast Adventure like no other—we're counting down the days until we see you!

Yours in Scouting,

The GEC Camping Department

## The History of Camp Winton

Winton was conceived, circa 1954, when Scout Executive Walt Whidden established a great relationship with the executives of the Winton Lumber Company. Along with these executives, Walt located a site on Lower Bear River Reservoir. In 1956, funding was approved by a new Scout Executive, Alden Barber, and his Executive Board. Assistant



Scout Executive Martin Mockford was the construction director. Two carpenters were hired and along with weekend work parties of adult volunteers and Scouts, the camp was constructed.

In 1956 and 1957, while still under construction, the camp was used as a base for Explorer camping. Explorers worked half a day on the camp and enjoyed an outdoor camping program for the other half. During this time, the fireplace and chimney on the lodge were built. To get enough rocks, the staff would have each camper trade a rock for their meal. The camper with the largest rock would get to eat first.

Camp Winton was dedicated by the Order of the Arrow in a special ceremony July 3, 1958, at Dedication Point. The Point was used for many years for the morning and evening flag ceremony, until the area grew too small for the amount of Scouts in attendance. The Camp Winton symbol of the two “W”s, one on top of the other, was taken from the Winton Lumber Company logo. For over sixty years Camp Winton has provided an outstanding camp experience to nearly 75,000 Scouts.

## Our Philosophy & Mission

We strive to create the Scouting experience of the year for every Scout who attends camp. Leadership and personal growth, with duty and responsibility are the key ideals in Scouting and are the basis for everything we do.

Above all else, we will:

1. Ensure every Scout has a one-of-a-kind experience
2. Help build memories with friends, leaders, and family that will last a lifetime
3. Teach fundamental skills to each Scout, developing leadership, citizenship, personal wellbeing, and confidence
4. Create a camp program that is exciting, innovative, and meaningful

# The Summer Camp Experience

There is something so special about Cub Resident Camp- packing up for four days and three nights of nonstop fun in the beautiful scenery of Camp Winton. Your Pack's can look forward to a world class camp experience, with stellar staff, food, and accommodations.



## An Accredited Camp

Camp Winton is accredited each year by the National Camp Accreditation Program (NCAP). At the beginning of each summer, our camp and staff undergo a rigorous review to ensure we meet (and exceed) all standards and guidelines for health, safety, emergency preparedness, and program. We take pride in making sure we meet the standards in all areas of camp, and offering the Scouts and Scouters in our care the best experience possible.

## The Staff

Our staff hiring and training is a 10-month process, starting the day camp closes the previous year. We hire the best candidates for each position and complete a week-long training program before we see any Scouts! We are dedicated, we are enthusiastic, and we are here to serve. The staff at Winton is top notch and what sets us apart! You will find none better throughout Scouting America.

## The Food

Our meals are planned and prepared by Upper Crust Food Service professionals. You will enjoy well-balanced meals- with hot breakfast every morning, cereal, salad bars, and seconds at lunch and dinner! We monitor food allergies and dietary restrictions, and will always have alternative options for those with specific needs.

\*Please make sure you notate dietary needs for every individual in your reservation portal.

# Program

Program is the heart of Camp Winton. While you are with us, your Scouts can expect to enjoy rotations through 12 areas in camp, ensuring everyone has the chance to experience all Camp Winton has to offer. In addition to activities, you can look forward to campfires, songs, skits, games, and other special activities throughout the week.

## Program Areas

*The following guide is tentative and subject to change at any time. Updates will be provided as necessary leading up to camp.*

### Aquatics and Waterfront

The Bear River Reservoir offers campers a wealth of opportunities to get in or on the water, with something available for every Scout. The Waterfront is supervised at all times by a Scouting America National Camp School certified Waterfront Director and a team of trained lifeguards to ensure a safe and fun experience for all. Aquatic activities will be available for all swimming ability levels, and there will be supplies for each Cub Aquatic Adventure available.

- Polar Bear Swim
  - Enjoy the best wakeup call in camp with a dip in the Bear River Reservoir bright and early! Participate to earn the Polar Bear patch
  - Monday & Tuesday or Thursday & Friday, 6:30am at the Waterfront

### The Range

Winton offers BB guns and archery for Cub Scouts. The ranges are under the supervision of an adult certified by the NRA and BSA National Camp School at all times. They are assisted by other staff trained in Range and Target Activities. Permission slips are required from parents/guardians authorizing their Scout to participate in any Range and Target Activity.

*\*\*Personal firearms of any caliber, ammunition, hunting arrows and crossbows are strictly prohibited and may not be brought to camp. Individuals may be allowed to bring personal bows into camp if arranged with the Camp Director in advance.\*\**

### Climbing

Challenge yourself to reach new heights with the Climbing program! Camp Winton is no average experience- our natural rock climbing area will give you a whole new perspective on this adventure. Climbing is supervised at all times by staff trained in compliance with NCAP and Scouting America safety standards.

## Handicraft

The pride and satisfaction of making something at camp is very real. Our Handicraft staff is here to guide Scouts through a variety of arts and projects.

## Scout Craft

Knots! Knives! Shelters! Oh my!

Head on over to Scout Craft to learn all there is to know about quintessential Scouting skills.

## Winton Institute of Technology (W.I.T.)

W.I.T. was founded to teach Scouts the necessary STEM skills to inspire a new career, create a hobby, or use new technology. Our WIT staff will take you through exciting lessons and experiments!

## Nature

Spend some time with our Nature staff and learn all about the incredible organisms that call Camp Winton home. Cast a line out into the Bear River Reservoir and see what lies beneath the surface, look through a telescope to study the stars up above, take a hike, and so much more.

## **Special Activities and Events**

*The following guide is tentative and subject to change at any time. Updates will be provided as necessary leading up to camp.*

### Campfire

Campfires at Camp Winton are a cornerstone of our legendary program. Throughout camp, there will be several opportunities to enjoy songs, skits, jokes, and more from the Staff and your fellow Scouts. Come prepared with something to share!

- Opening Campfire
  - On the first night, we'll kick off camp with excitement from your Winton Staff!
  - Chairs recommended for adults with issues sitting on the rocks during the entire campfire program.
- Camp-Wide Pack & Closing Campfire
  - Program put on by all Packs in attendance on Night 3
  - Run by Camp Staff with help from you, this will be a night to remember.
  - This cooperative campfire program will give your Scouts an opportunity to get on stage
  - Details will be provided during the daily leader meetings

- Chairs recommended for adults with issues sitting on the rocks during the entire campfire program.

### **Flag Ceremonies**

Your unit is encouraged to attend the daily camp-wide morning and evening flag ceremonies after which you go directly to meals at the lodge. Your unit is also welcome to conduct morning and evening flag ceremonies in your unit's campsite.

Scouts and leaders are expected to wear full Field Uniform (Scout shirts, tucked-in, etc.) to all flag ceremonies.

### **Camp Leadership and Daily Meetings**

*Adult Leader meetings will be held daily during Camp. It is vital each Pack is represented at these meetings.*

#### **Adult Leaders**

Cubs must be under parent supervision at all times, with the exception of Webelos or AOLs under the supervision of Unit Leaders. All adults that attend Summer Camp must complete Scouting America Safeguarding Youth Training. All California registered unit leaders must have completed the AB506 Youth Protection training. It is preferable that the regular unit leader or regular assistants attend camp the entire session. An orientation meeting will be held at 4:00 pm on Day 1 for adults. Please have an adult representative from your Pack present at this meeting. Information will be given out concerning the camp, its policies & procedures, and any specific items related to your camp session. We will also address any specific needs or questions you might have at this meeting.

An Adult Leader meeting will be held each morning at 10:00 a.m. in the Lodge for you to discuss any concerns or needs you may have.

#### **Camp Commissioners**

Commissioners provide a great variety of services to your unit. They are the "front line" staff of the summer camp team. They help units however they can.

# Sample Daily Schedule

Times and activities are subject to change.

<b>Time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	
<b>7:00 AM</b>		Reveille	Reveille	Reveille	
<b>7:45 AM</b>		Flags	Flags	Continental Breakfast	
<b>8:00 AM</b>		Breakfast	Breakfast	<b>Checkout</b> Campsite cleanup & checks, paperwork pickup Depart when ready	
<b>9:00 AM</b>		Program Rotation	Program Rotation		
<b>10:00 AM</b>		Program Rotation	Program Rotation		
<b>11:00 AM</b>		Program Rotation	Program Rotation		
<b>12:15 PM</b>			Lunch	Lunch	
<b>1:00 PM</b>	<b>Camp Arrival</b>		Program Rotation	Program Rotation	
<b>1:30 PM</b>	Check in, med checks, swim test, camp tour		Program Rotation	Program Rotation	
<b>2:30 PM</b>	<i>No entrance into camp before 1:00pm</i>		Program Rotation	Program Rotation	
<b>3:30 PM</b>			Program Rotation	Program Rotation	
<b>4:30 PM</b>	Leader Meeting		Free Time	Free Time	
<b>5:30 PM</b>	Flags		Flags	Flags	
<b>5:45 PM</b>	Dinner	Dinner	Dinner		
<b>8:00 PM</b>	Opening Campfire	Pack Campfire	Closing Campfire		
<b>10:00 PM</b>	Lights Out	Lights Out	Lights Out		

# General Information

## Registration and Insurance

Every Scout who attends summer camp must be registered with Scouting America. Registered Adult Leaders must have a current Safeguarding Youth Training and background check, as well as the California state AB506 Youth Protection training and Live Scan fingerprinting. Parents *do not* need to be registered with Scouting America, but should complete Safeguarding Youth Training.

Insurance in accordance with national policy is required. Units from the Golden Empire Council attending Camp Winton are covered by Council insurance. Out of Council Packs must provide proof that they have Pack and/or council accident/sickness insurance coverage, as well as a registration form from their council office.

## Camp Fees

Camp Winton is an all inclusive camp experience. The registration fee includes your campsite, toilet and shower facilities, eight professionally prepared meals, program supplies, and all activities.

## Camperships

A Scout is Thrifty and as such is encouraged to do all they can to help pay their way to camp. At times, however, it is difficult for a Scout and their family to raise the full fee for summer camp. Limited financial help is available from the Golden Empire Council on an individual basis for Scouts who could not otherwise go to camp due to financial hardships. Leaders in the Golden Empire Council who know of any youth with a legitimate need for financial help are encouraged to help that Scout apply for a Campership. The Campership Application is available at any Council Service Center or on the council website, [www.gec-bsa.org/camping](http://www.gec-bsa.org/camping), and must be submitted as soon as possible for consideration. Camperships are available for youth members of the Golden Empire Council who have participated in popcorn and camp card sales.

## Cancelation and Refund Policy

***Cancellations 30 or more days before the start of camp will receive a 100% refund.***

***Cancellations 29 days or sooner from the start of camp will receive a 0% refund.***

The Golden Empire Council has instituted a refund policy that will enable us to provide the best quality program at camp. A great deal of advanced planning and purchasing takes place for camp programs, meals, and merit badges. To maintain the most cost effective and positive program, all refunds will be applied to the Pack registration, up to

the \$500 nonrefundable reservation fee. No refunds will be issued for cancellations within 30 days from the start of Camp. Refunds are not given for no-shows, schedule conflicts, weather conditions, or behavior issues occurring before or during the event. Refunds are considered based upon the following criteria and timeline and are returned at the **end** of camp season. Any overpayment of camp fees will be documented at check-in. A check for the overpayment will be mailed from the Council Service Center. We are not permitted to issue refunds from camp.

Participants who cancel from an event within 7 days of expected arrival will be considered for up to a 60% refund **if** the refund request is accompanied by a verified Doctor's note stating the patient was not to attend camp during their registered dates. Refund requests under these circumstances will not be considered if not received at the Council Service Center more than 14 days after the start of the event. If you need further clarification, please call the Camping Desk at 916-333-5434.

### **Campsite Selection**

Campsites are considered a "pencil assignment" and are subject to change. Specific locations in camp or campsites can be requested in your reservation portal. All requests are taken into consideration. We receive many campsite requests that are beyond our capacity so campsite assignments are not guaranteed. Assignments will be based on unit size, willingness to share a site with another unit, and medical needs.

It is important to register and submit all requests early, and let us know of any changes as soon as possible. Please follow-up any significant attendance or needs changes with a call or email to the camping department. Final campsite assignments will be made the week prior to your arrival.

### **Pre Camp Orientation Meeting**

A pre-camp meeting will be held to provide unit leaders with the most current information about camp, including advancement and program schedules. The Cubmaster (or designated camp leader), other adult leaders, and parents are invited to attend. *YOUR UNIT MUST BE REPRESENTED*. This meeting will be held virtually to ensure all Packs are able to attend.

#### **Sunday April 26, 2026 at 12:00pm via Zoom**

The meeting link will be sent to all registration holders in advance.

#### **Agenda:**

- Final information about the resident camp program, schedule, and other activities will be shared

- Review policy concerns regarding transportation, medical forms, permission slips, or fees
- Cover National guidelines and their effect on camp
- Identify those Units that will arrive or depart at times different from the schedule
- Questions and answers

## **Camp Information**

### **What's in your Campsite**

Your campsite is equipped with everything you need to create your Pack's home base for the week. The amenities included in each campsite are:

- A bulletin board
- Running water
- Wash basin
- One leader tent with two cots
- Shovel, rake, buckets, and a garden hose
- Latrine and shower facilities nearby

### **Camp Cleanliness and Hygiene**

Plan to bring antibacterial soap for washing hands, and encourage all Scouts to do so often, especially before, during, and after handling food. Wash all utensils, cups, water bottles, and other food preparation items often. 99% of camp sickness comes from unclean hands and improper food handling.

### **Quiet Time and Rest**

Sleep can dictate whether or not your Pack and Scouts have a great week or a poor week at camp. Each person needs a certain number of hours each night to rest.

### **Tents**

Units must bring their own tents. Each tent must be labeled with "No Flame in Tent" signage. Camp Winton will provide one adult leader tent (sleeps two) per campsite. Campsites that are shared only contain one leader tent. Each campsite also contains tent platforms and plenty of ground space.

### **Stoves and Lanterns**

Liquid fuel lanterns and stoves are prohibited in camp! Propane lanterns and stoves are permitted. BSA policy requires stoves and lanterns should be under close adult supervision at all times.

## Personal Gear

There are lots of things you should, and should not, bring with you to camp. Below is a general guide of recommended items to help you and your Scouts have the best week possible at Camp Winton. Please ensure all personal items are easily distinguishable or labeled.

### Recommended Personal Packing List

- Scout Field Uniform
  - Shirt, shorts or pants, belt, socks
- Activity Uniform
  - Pack t-shirt and hat
- Closed toed shoes/ boots
  - Good for walking/ hiking
- Prescription medications as appropriate, with necessary forms
- Water bottle
- Clothing
  - Socks, undergarments, pajamas, etc.
- Rain gear
- Warm layers
  - Sweatshirt, jacket
- Sleeping bag
- Sleeping pad
- Swimsuit
- Toiletries
  - Soap, shampoo, toothbrush, toothpaste, comb, towel, sun protection, insect repellent, other necessary personal items
- Money for trading post items- kits, tools, snacks, treats, t-shirts (\$25-\$50 recommended)
- Other items such as a camera, day pack, compass, flashlight
- Money for lunch on the drive home if appropriate
- Completed paperwork:
  - Copy of Annual Health and Medical Form AB
  - Trip/ Activity permission slip
  - Climbing permission form
  - Range and Target Activities permission form
  - Early release permission form (if applicable)

## Recommended Pack Equipment

- Tents, ropes, and poles for entire unit
- Unit, Patrol, and US Flags
- Clean rags
- Soap for cleaning hands, water bottles
- First aid kit
- Hammer and screwdrivers
- Insect repellent
- Pliers
- Twine
- Extra tarps for tents
- Tablecloth
- Ground cloths
- Pens/ pencils
- Axe, bow saw
- Binder/ paper
- Lantern (battery or propane/ butane only)
- Campfire songs, skits, and stunts
- Mess kit for cobbler
  - Optional- all cooking utensils and dishes will be provided

## Dining Operations

### Meals and Special Diets

Meals are well balanced and prepared in accordance with a nutritionist planned menu by a professionally hired food service company. Scouts and Adults who have dietary restrictions or specific needs must provide that information in the registration portal.

*Meals and special needs are coordinated ahead of time. To ensure each individual has their needs met, all information must be entered into the registration portal at least two weeks in advance.*

### Cookouts and Special Food Requests

The camp commissary provides food, Dutch ovens, and utensils for units needing food for special Dutch oven meals and desserts. Special requests must be made to the kitchen manager. Special food may also be brought to camp and stored in the camp kitchen.

*To avoid attracting wildlife, food may NOT be stored in your campsite.*

## **Cobblers**

Each unit will be able to order cobblers for the evening of Day 2. You can make orders at the leaders meeting each day and pick up the supplies after evening flags. Cobbler is a great opportunity to invite friends or staff members to your campsite for an evening of fun and fellowship!

## **Departure Morning Breakfast**

Before departure, a continental breakfast will be served in front of the Lodge.

## **Seconds and Extra Food**

Cereal, fruit, yogurt, and other items will be available in addition to served hot food at breakfast. A salad bar will be available in addition to served hot food at lunch and dinner. When available, seconds will be offered to all campers. Other items, such as peanut butter sandwiches and fruit are available at all meals and throughout the day.

# **Around the Camp**

## **The Duff Holder Trading Post**

The Camp Trading Post provides a full selection of Handicraft supplies, camping necessities, souvenir items, camp t-shirts, sweatshirts, jackets, writing paper, pencils, stationary, and comfort items. Snacks, candy, soda, and ice cream are always available. The Trading Post is open daily, with hours posted. \$25-\$100 per Scout should meet most needs during the week.

## **Lost and Found**

Lost and Found items of value should be turned in to the camp office in the Lodge. Other items can be placed in the box on the porch, painted with a cow pattern. Leaders should encourage Scouts to label their belongings with name and Pack number. Lost and Found items will be kept for one week after being collected, then donated to a local charity. Please mark all items transported into camp via Das Boat.

## **Quartermaster**

Units may pick up latrine supplies and cleaning equipment as needed. Scout leaders may also pick up tools for special camp projects. The Pack is responsible for the return of all items checked out in clean, working order, prior to departure of camp. Your camp commissioner will be available to provide the needed supplies.

## **Weather**

Our average afternoon high temperatures are in the low to mid 80s. Overnight lows usually range from upper 40s to lower 60s. Weather can be unpredictable in the Sierras, plan accordingly for colder days or rain.

## **Mail**

Mail is unreliable and cannot be guaranteed to be delivered to camp. Please consider giving all postcards, letters, and care packages to Unit leaders ahead of time, labeled with the day to 'deliver' to your Scout.

# **Emergency Procedures and Preventative Measures**

## **Fire Prevention**

Fire drills are held within the first 24 hours of arriving at camp, in accordance with state law and Scouting America standards.

To prevent fire, follow these simple rules:

- Never remove your fire tools from your campsite unless reporting to Flag Pole Rock for fire drill or real fire emergency
- Liquid fuel stoves and lanterns are not permitted in camp. Propane or butane stoves and lanterns are highly encouraged.
- Do not leave any fire unattended. Fires must be dead out and cold to the touch.
- Campfires in unit sites must be under adult supervision at all times.
- Campfires are subject to current area restrictions and red flag warnings, and are not guaranteed.
- Scouts may not play with matches or lighters
- Smoking, vaping, and other tobacco products are not permitted in any camp building or activity area
- Flames from any source are not permitted in tents. Only battery lanterns or flashlights are allowed inside tents.

## **Lightning**

In the event of lightning, all outdoor activities will halt and participants will move to the nearest grounded shelter. When the storm passes, Scouts will be advised by the area director as to their next step.

## Extreme Heat

Hydration is one of the most important factors in staying healthy at camp. Staying hydrated will help campers acclimate to the altitude. On days with high temperatures, everyone should add to their fluid intake. Each person should drink as much as four (4) quarts of water a day during extreme temperatures. Even those in excellent physical condition should avoid strenuous exercise during these times.

## General Camp Rules

At Winton, the foremost rules for personal and group behavior are the ideals found in Scouting. Scouts and Leaders should follow the Scout Oath, Scout Law, and Outdoor Code for all behaviors. All adult leaders are required to read, agree to live by, and sign the *Scouter's Code of Conduct*.

Beyond these ideals, the following rules are expected to be followed and enforced at Camp Winton:

- Fireworks are prohibited
- Throwing rocks or other items outside of a designated activity is prohibited
- Alcoholic beverages, all tobacco products (including vapes and chew), and all other illicit substances are prohibited. Zero tolerance.
- No firearms or any kind of ammunition may be kept in the possession of any Scout or adult.
- No pets or other animals are allowed at camp (registered service animals permitted)
- No aerosol cans in campsites
- No fires or open flames are allowed in tents, Adirondacks, cabins, or any other camp structure.
- Campfires must be actively monitored by an adult leader over the age of 21 at all times
- Close toed shoes must be worn at all times. Open toed shoes are only permitted within the boundary of waterfront or at the showers
- No running on trails, hills, or stairways
- Two deep leadership must be maintained at all times for youth. BSA Safeguarding Youth and the Guide to Safe Scouting must be followed. All adults must be trained.
- All campers and visitors must sign in/ sign out at the Med Lodge
- Anyone leaving camp must sign out at the med lodge

- All cars must be parked in designated camp parking areas and not brought into camp
- Drivers must place a Camp Winton Parking Permit on their dashboard, with all information visible from the outside
- No one may ride in the back of a truck or trailer, seat belts must be work by anyone in a moving vehicle
- Speed limit in camp is 5 mph. Pedestrians always have the right of way.
- Bicycles are not permitted

### **Damage to Camp Facilities**

All campsites and equipment will be inspected upon check-in and check-out. Any damages will be assessed and documented by the Camp Commissioner and a report given to the camp management. Damages may include lost equipment, defacing tents/buildings, or ecological damages. Please conduct a thorough check-in inspection with your Pack Guide. Sample charges for damage are as follows:

#### **Tents and Dining Flies**

Rips and Tears per Inch .....	\$25.00
Tent Replacement- 2 Man .....	\$850.00
Tent Replacement- 4 Man .....	\$1,120.00
Tent Fly .....	\$345.00

## **Arrival and Departure Procedures**

### **Arrival Time**

Packs will be assigned an arrival time between 1:00pm and 4:00pm. Units are not permitted to exit the parking area and enter camp before 1:00pm.

With many units and adult leaders arriving and checking in at the same time, we need your help. We want to make this the easiest, fastest, and most efficient check in process you have ever experienced. We will have staff in the parking area to assist you in parking and escorting your unit into camp.

*Due to the nature of Camp Winton, it is difficult for us to arrange transport of gear or Scouts outside of our traditional Check-in and Check-out times. Please contact the Camping Desk two weeks before your arrival to notify them if you will not be arriving during the traditional camp hours. All early arriving units must wait in the Parking Lot for their Staff escort into camp.*

*We are limited by U.S. Forest Service regulations on the number of trips and times we can*

*travel on the service road into camp. No personal vehicles are allowed in camp or on the road at any time.*

### **Gear Drop Off (Das Boat)**

Pack gear is transported into camp via our Camp Winton barge, Das Boat.

Gear must be loaded onto Das Boat at the beach located at the north end of the dam.

Make sure to label all gear with the unit number. Signage will be provided at the entrance to the beach. A staff member will meet you at the beach and direct you for placement and loading of equipment on Das Boat. Do not leave your gear unattended at any time.

Due to space limitations on Das Boat, personal gear such as camp chairs, tents, and sleeping bags will not be accepted for transport. Limit your Pack gear to approximately the size of one foot locker. The boat will shuttle gear to camp Day 1 between 1:00 p.m. and 4:00 p.m. At camp, your gear will be unloaded and waiting for you near the boat dock.

*Camp Winton is not liable for any damaged, lost, or stolen equipment.*

### **Parking and Transportation**

Camp Winton is traditionally a hike in, hike out camp. To accommodate our Cub Scouts, shuttle transportation will be available from the parking area down to check in for those who do not wish to complete the one mile hike into Camp. Personal gear will be transported on the shuttle, large Pack gear and patrol boxes should be dropped for Das Boat before arriving to the parking area.

Details on arrival times and shuttle scheduling will be provided at the Pre-Camp Leader meeting.

*Parking is limited. Carpooling or arranging transportation is highly encouraged. Large trailers, campers, and buses cannot be accommodated.*

### **Reception Area**

The reception area is the camp parking lot. A staff member (your Pack Guide for the session) will greet you and assist your unit to camp at your assigned time. They may first take you to Parker's Place to explain important camp policies and safety rules. Before or after orientation, the unit leader will check-in with the camp administrative staff at the Medical Lodge. Your guide will then take your unit to your campsite where you will change into swimsuits for your swim check.

### **Check-In Station**

The check-in station is located in front of the Medical Lodge. Rechecks will be done as necessary by the medical staff. Your unit leader will bring all required paperwork with them to the check-in station. The Camp Medic and qualified camp staff will review the Medical Forms and follow-up with any camper if clarification is needed

### **4:00pm Adult Leader Meeting**

The first of adult leaders' meetings will take place in the Lodge at 4:00 p.m. on Day 1. Please be sure to send at least one representative to this meeting (and the additional 10 a.m. daily meetings). This first meeting will distribute lots of essential information to ensure your Pack has the safest, most enjoyable experience possible throughout its week at camp.

### **Arriving Late to Camp**

(After 4:00 p.m. Day 1) Notify the Camping Desk at the Pre-Camp Orientation Meeting that you will be late! Staff will give an orientation and medical rechecks as soon as you arrive. Swim checks may be done your activity rotation, at the discretion of the Camp Director or Waterfront Director. Arriving late should not interfere with the completion of any program activities.

### **Departure Instructions**

Before breakfast, Packs should pack their gear, take down their tents, clean the campsite, and take their unit gear to the boat dock or shuttle pickup. After breakfast, a Staff Member will be assigned to your unit to inspect your campsite. Check your mailbox one final time for any updates, return of records, medical forms, etc. that you might have missed on Friday night.

Departure from camp will be arranged based on the order you arrived. All participants will be shuttled out, or should depart on foot, no later than 10:00am.

## **Medical Lodge Information**

### **First Aid**

First Aid treatment for minor medical problems should be handled at the unit campsite or at the Camp Medical Lodge. Major problems will be treated in coordination with local hospitals, as per Scouting America policy. The Camp Medic will always be available at the Med Lodge, or can be reached in camp via camp radios.

### **Prescription Medicines**

All prescriptions and over the counter drugs must be in original containers and be reviewed with the Camp Medic during your medical re-check. The parent, Camp Medic, or authorized unit leader will administer medication.

All prescription medications declared on the Annual Health & Medical Record or Prescription Medication Record *must* be brought to camp, even if not frequently taken.

Scouts must carry their personal Epi-pens and inhalers with them at *all times*.

It is the parent and Unit Leader's responsibility to ensure that Scouts receive medications at the appropriate time. The Scout must have a "prescription medication record" form filled out by the parent/guardian stating the dosage and frequency of the medication. A copy of this record must be turned in with the medication(s) at medical re-check.

### **Outbreak Procedures**

In the event of a communicable illness outbreak, participants with illness will receive care in a quarantined environment until they are sent home. Others in their campsite will be immediately re-screened for fever/other symptoms.

Golden Empire Council Camps and programs will continue to follow all relevant instructions, requirements and restrictions imposed by Scouting America, state, county, and local authorities as related to all communicable diseases. GEC Camps and programs will continue to require appropriate parts of the Annual Medical and Health Record (AHMR) forms for the camp or outing. If you or your camper are symptomatic, please do not come to camp. Staff will conduct any required and reasonable re-checks upon arrival at camp.

Campers and adults who develop symptoms of any illness at camp must go home. Refund requests must be submitted in writing (via email is fine) within 14 days of the activity in order to be considered. The refund request must be accompanied by a written California licensed medical professional's verification of the medical necessity to stay home from camp or the activity. This Doctor's note will be verified by the Camping Department before a refund is issued. The Camp Director or designee can verify the health necessity to leave early for campers or adults who get sick while at camp or an event. Leaving early for a health reason must be noted in the camp's First Aid Log before departing. *We live in a rapidly changing world, so these policies and practices may be updated at any time.*

### **Hospital or Doctor Visit**

In the event that a Scout requires medical attention from a physician or hospital the following procedure will be followed:

1. It is the responsibility of unit leadership to provide transportation for members of their unit requiring non-emergency attention. Staff is not available to assist with transportation.
2. At least two registered adults, no less than one leader from the unit, will accompany the Scout requiring medical services. You may be accompanied by leaders from other units or off duty staff members.
3. The Scout's medical form must be collected before departing camp

4. Parents or guardians will be notified immediately by the Camp Director or unit leader of any serious illness or injury. Parents who will not be at home while Scouts are at camp must advise adult leaders of contact information in case of an emergency
5. The Camp Medic must clear all cases requiring outside medical care
6. The Pack is responsible for providing proof of insurance upon arrival at the doctors office/ hospital, or pay cash for services provided

## **Swim Checks**

The BSA Swim Test must be completed by all Scouts and adults attending camp who wish to participate in waterfront activities.

This test must be administered every year at camp. Due to altitude and water conditions, Swim Tests conducted before camp will not be accepted.

As soon as your unit guide leads you to your campsite, any Scouts or adults who need the Swim Test should change into their swim gear and head to the waterfront.

### **Buddy Tags**

The aquatics staff will make all the buddy tags. Tags will be available for Scouts and Adults when they come down to the waterfront for their rotation time. Buddy tags are color coded to represent the level of swimming ability for the scout/adult.

### **Swim Classifications**

All participants are classified into the following three ability levels:

- Non-Swimmer:
  - Does not meet the “Beginner” swimmer requirements
- Beginner:
  - Can complete the following, or attempts and completes part of the “Swimmer” test:  
Jump feet first into water over the head in depth, level off, and swim 25 feet on the surface. Stop, turn sharply, resume swimming and return to the starting place
- Swimmer:
  - Completes the following:  
Jump feetfirst 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.

All swim classifications and waterfront access are at the discretion of the Waterfront Director and aquatics staff. Swim Checks can be taken once during check in day, and retaken during the week if necessary.

## Required Forms for Check In

There are a number of forms required for camp attendance. We recommend you recruit a leader whose only role is to disperse, track, and collect forms required for camp.

### Unit Roster and Check Off Form

This form will cover Unit information, Pack Roster, emergency contact details, Safeguarding Youth Training dates, and check off section for other forms. Please complete this form and have 5 copies to be turned in as listed below.

1. Medical- Along with the following:
  - a. Scouting America Annual Health and Medical Record (AHMR), Parts A, B, C
  - b. Copy of insurance card, front and back
  - c. Prescription Medication Record (if applicable)
2. Camp Director- Along with the following:
  - a. Early Release Form (if applicable)
3. Range and Target Activities- Along with the following:
  - a. Range and Target Permission Slip
4. Aquatics Director
5. Personal Unit records
  - a. Post on your bulletin board in camp

### Individual Forms

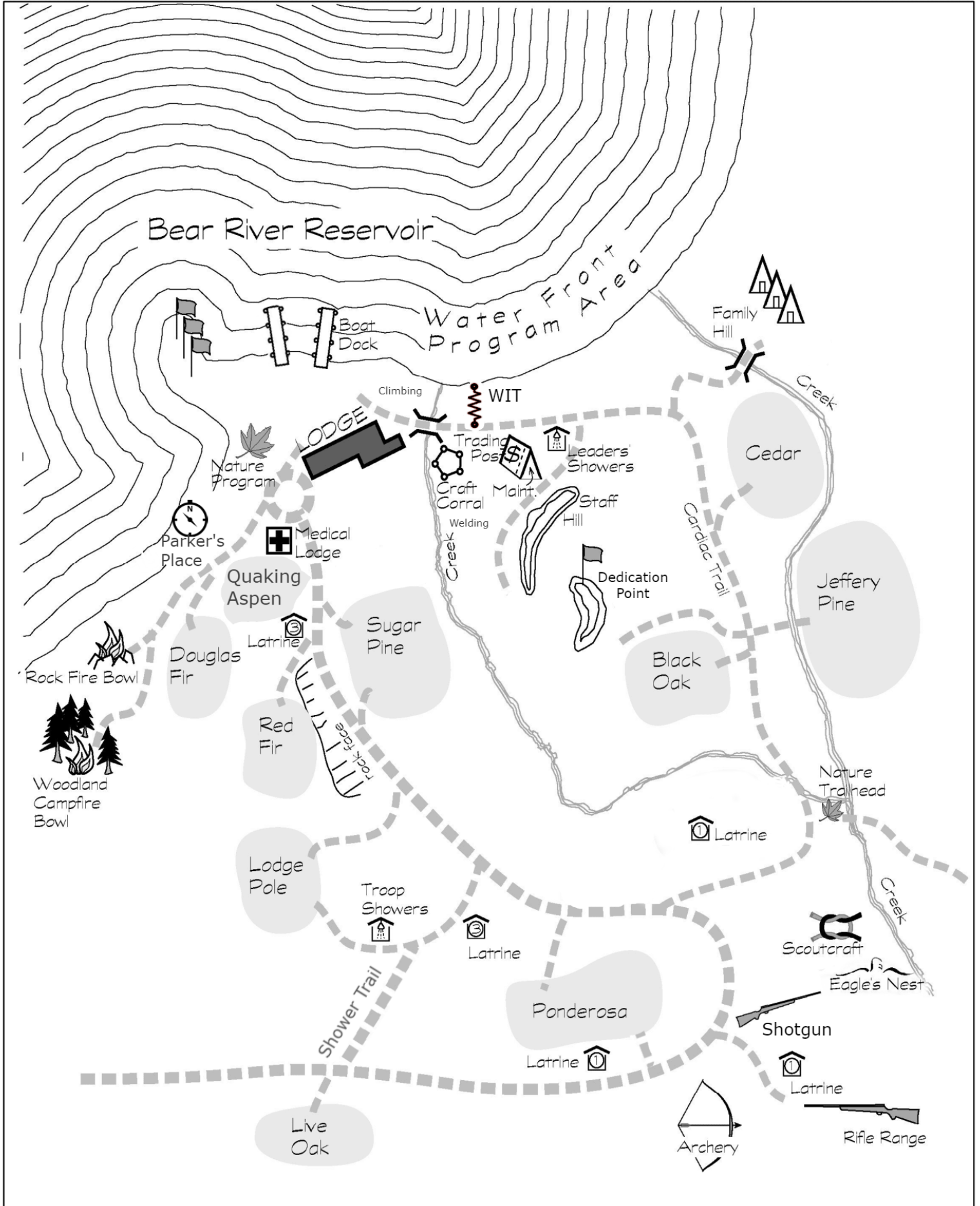
These forms are required for each Scout attending camp. Forms necessary for Adults are indicated.

- Parent Activity Consent Form
  - Provides leaders transporting Scouts to camp permission to treat them. This form should travel to camp in the same vehicle as the camper, not held by the tour leader. This is the one form that *should not* be handed in at

camp. The Unit Leader should collect them on arrival and hold them for departure.

- Medical Forms
  - Scouting America Annual Health and Medical Record (AHMR), Parts A, B
    - Part C of the Annual Health and Medical Record *is not required*
  - Copy of insurance card, front and back
  - Prescription Medication Record (if applicable)

The speed of your unit's check in will be greatly improved if all roster information and forms are grouped by type of form, and in alphabetical order – NOT by camper. For example, all medical forms are in alphabetical order, then all shooting sports permission slips are in alphabetical order.



Camp Winton • BSA •  NORTH - Map not drawn to scale



# PARKING PASS

Display THIS side up on dashboard of ALL vehicles in the Camp Parking Lot  
Vehicles not staying all week *should* be parked outside of camp along the road.

To prevent theft or vandalism: DO NOT DISPLAY THIS PASS ON VEHICLES PARKED OUTSIDE OF CAMP  
WINTON

UNIT  
NUMBER: \_\_\_\_\_

CAMPSITE: \_\_\_\_\_

DRIVER  
NAME: \_\_\_\_\_

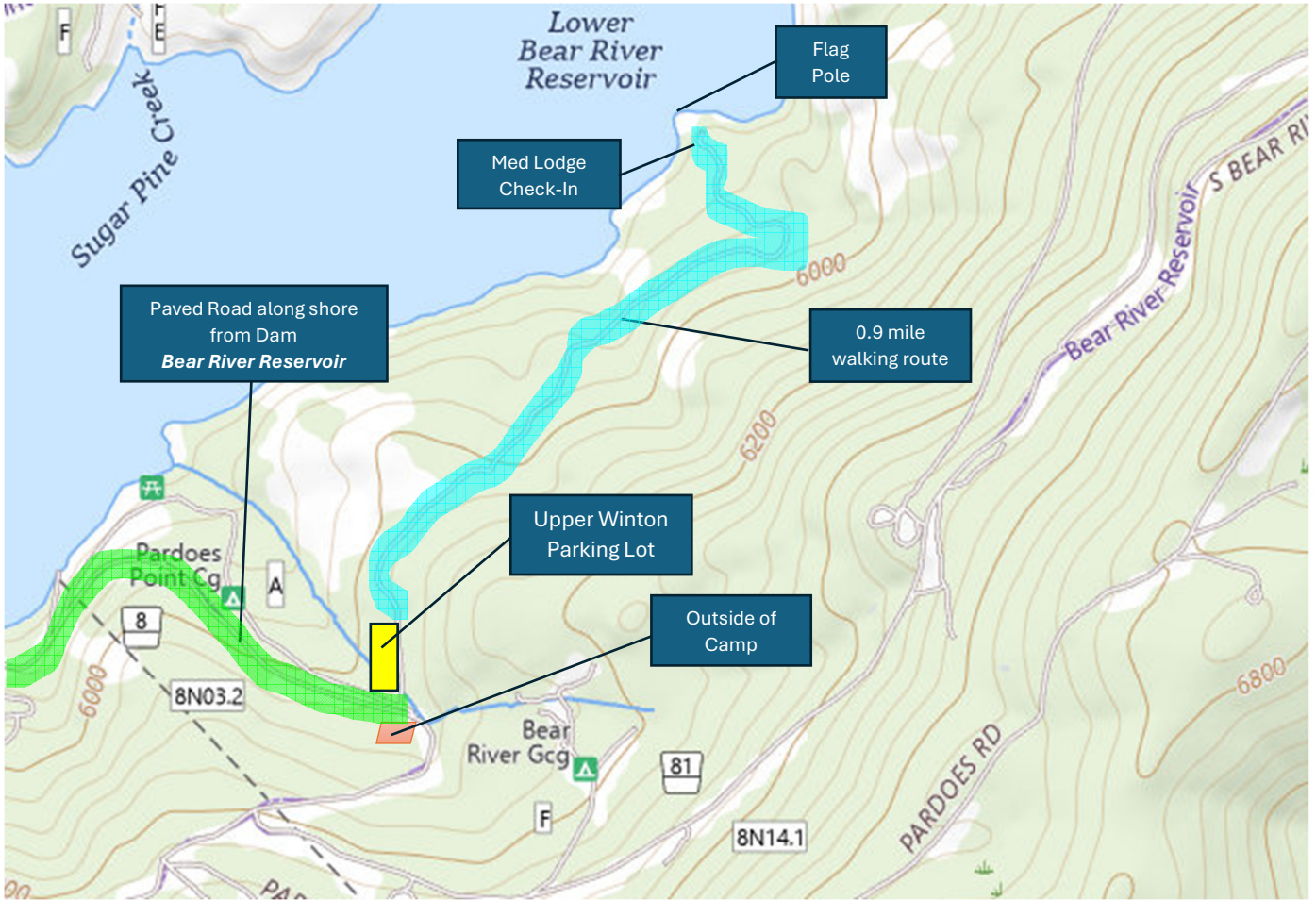
**2026 Summer Resident Camp WEEKS:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>BSA Week-1</b> Jun 21 – Jun 27, 2026 | <input type="checkbox"/> <b>BSA Week-3</b> Jul 5 – Jul 11  |
| <input type="checkbox"/> <b>Cubs 1</b> Jun 28 – Jul 1            | <input type="checkbox"/> <b>BSA Week-4</b> Jul 12 – Jul 18 |
| <input type="checkbox"/> <b>Cubs 2</b> Jul 1 – Jul 4             | <input type="checkbox"/> <b>Close Camp</b> Jul 19 – Jul 22 |

<input type="checkbox"/> Camp Staff Vehicle	6-14-2026 through	7-22-2026
<input type="checkbox"/> Emergency Vehicle	5-15-2026 through	11-30-2026
<input type="checkbox"/> Camp Vehicle	5- 1-2026 through	11-30-2026

# DISPLAY OTHER SIDE UP ON DASHBOARD

Only IF parked in upper Winton Parking Lot



# 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	(Date) (fecha)	to a	(Date) (fecha)
--	------------	-------------------	---------	-------------------

### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

### CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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.

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.

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.

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.

**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.**

**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.**

**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.**

**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.**

List participant restrictions, if any: \_\_\_\_\_  
 None

Restricciones del participante, si existen: \_\_\_\_\_  
 Ninguna

Participant's signature Firma del participante	Date Fecha
---	---------------

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
--	---	---------------

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)
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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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BOY SCOUTS OF AMERICA®

# CAMPER EARLY RELEASE FORM

**Camper:**

Name: \_\_\_\_\_

Unit # \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Unit Leader:**

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Unit Leader Approval for Release:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

**Person to Whom Camper is Released:**

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Release: \_\_\_\_\_ Time of Release: \_\_\_\_\_ AM / PM

Proof of Identity of Said Person:

**Reason for Release:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Camp Representative Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Camp Representative:**

Name: \_\_\_\_\_

Camp Position \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

# Scouting America



## Golden Empire Council

### Parental or Legal Guardian Permission and Release Form for a Minor to Use Firearms, Ammunition, BB Gun Devices, & Range & Target Activity Equipment.

Child's Name \_\_\_\_\_ Unit Type & Unit # \_\_\_\_\_  
Parent's/Guardian's Name \_\_\_\_\_  
I, the undersigned parent, or legal guardian of

CHILD'S NAME

a minor, do hereby give my child express permission and consent to be furnished and be in possession of a firearm(s) and ammunition provided by the Scouting America Golden Empire Council or by staff or members

of the Scouting America Golden Empire Council, for the purpose of allowing my child to engage in lawful, recreational sports, including participation in instruction in the safe handling and shooting of firearms, target shooting, or in related firearms activities conducted under the supervision of the Scouting America Golden Empire Council Range & Target Activities Director or under the supervision of NRA-Certified Instructors 7 USA Archery Instructors and range staff retained by the Scouting America Golden Empire Council for purposes of providing such a program to my child in the Cub Scouts, Scouts, Venturing & Sea Scout youth Range & Target Activities programs. (Cal. Penal Code §§ 27945, 29615, 29650, & 29655; and 18 U.S.C. §922(x)).

I understand that for the purposes of this consent, "firearms" includes any handguns, or long guns that may lawfully be possessed by a minor under state and federal law, based on the age-appropriate programs in the Scouting America Range & Target Activities Manual and Guide to Safe Scouting publications. I also give my child express permission and consent, pursuant to California Penal Code section 19915, to possess a "BB device" as defined in California Penal Code section 16250, based on the age-appropriate programs in the BSA Range & Target Activities Manual, and Guide to Safe Scouting. I also give my child express permission and consent to be furnished with a Scouting America approved Range & Target Activities age-appropriate equipment such as firearms, ammunition, airsoft/pellet, archery, slingshots, tomahawks, knives, and water rockets, catapults & rockets based on the age-appropriate programs in the Scouting America Range & Target Activities Manual, and Guide to Safe Scouting furnished to or possessed by my child during any Golden Empire Council event where said equipment is used as part of a program provided by Scouting America is otherwise valid.

This form must be signed for all minor youth, even if their parent or legal guardian is on the range with their scout. This consent will remain in effect for my child, during the dates of this event from \_\_\_\_\_ 20\_\_\_\_ and \_\_\_\_\_ 20\_\_\_\_\_.

I understand that I may revoke this consent at any time by notifying the Golden Empire Council in writing. A photocopy or facsimile of this written consent will serve as an original. This written consent form will be in the possession at all times of the Golden Empire Council staff /instructors for safekeeping.

\_\_\_\_\_  
**Signature of Parent/Legal Guardian**

\_\_\_\_\_  
**Date**



## COPE and Climbing Course Hold-Harmless/Release Agreement

I understand that the Golden Empire Council is dedicated to creating a safe environment for all participants which dictates the need for personal responsibility. Climbing is inherently dangerous and involves a certain degree of risk that could result in injury. In consideration of the benefits to be derived and after carefully considering the risk involved, I hereby release, hold harmless, and waive all claims I may have against the Scouting America, Golden Empire Council, activity coordinators, all employees, volunteers, or other organizations associated with the COPE and Climbing activities.

\_\_\_\_\_  
Participant's printed name

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

### Parent Contact INFO

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian printed name

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

\_\_\_\_ **Contact me about joining a Cub Scout Pack or Boy Scout Troop.**

3851 North Freeway Blvd.  
Suite 100  
Sacramento, CA 95834  
916-929-1417  
[www.gec-bsa.org](http://www.gec-bsa.org)

**Prepared. For Life.™**



## 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: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ Male Female

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 No
		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 No
		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 (e.g. EpiPen)? 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.**

### Immunizations

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.

Y	N	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: \_\_\_\_\_

## Part C: Pre-Participation Physical

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

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

Date of birth: \_\_\_\_\_

### High-adventure base participants:

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

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



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, 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. You can also visit [scouting.org/health-and-safety/ahmr](http://scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		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			
Skin issues			
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. (See table below.)
		Has no uncontrolled heart disease, lung disease, 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 planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's 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