

Participants Name: _____ Troop Number: _____

Participation Agreement

I acknowledge that participating in the activity described above involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the "Activity"), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the Participant that is authorized by the Anthony Wayne Area Council, Boy Scouts of America or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) release and promises to indemnify, defend, and hold harmless Anthony Wayne Area Council, Boy Scouts of America for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Anthony Wayne Area Council, Boy Scouts of America, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Anthony Wayne Area Council, Boy Scouts of America cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

Signature: _____ Date _____

Signature: _____ Date _____

(Participant and/or All parent/guardians if participant is a minor)



Swim Test Classification Form for Girls and Adults

- If an activity will take girls or adults into water more than ankle deep a *Swim Test Classification Form* is required.
- A girl or adult always has the option to opt out of the swim test and declare themselves a Non-Swimmer (Red).
- Swim Tests can be conducted by a lifeguard, swim instructor, swim coach, water safety instructor, or other qualified adult. A "qualified adult" is one who has a recognized certification, training, license, or accreditation, and has experience in supervising/educating youth on water safety.
- *Swim Test Classification Forms* are good for one year from the date of the test.
- Troops maintain an original copy of the *Swim Test Classification Form* in Troop records for four (4) years.

Any change in classification after this date will require a reclassification test. AHG Adult Members leading or conducting water activities reserve the right to retest all participants to assure that swim standards have been met.

Please circle one classification:

Girl/Adult Name	
Troop #	
Date of Test	
Location of Test	

Classification	Requirements
Green (Swimmer) (BSA Class RED & BLUE): May swim in all designated swimming areas.	Jumps into deep water. Swims 75 yards with strong forward stroke. Swims 25 yards with restful backstroke or elementary backstroke. Rests by floating. Total 100 yards with entry and turn.
Beginner (Yellow) (BSA Class RED): May only swim in the shallow end or areas where they can touch the bottom.	Jumps into deep water. Swims 25 feet. Turns. Returns. Total 50 feet with entry and turn.
Non-Swimmer (Red) (BSA Class WHITE): Must use Coastguard approved Personal Flotation Device (PFD) and may only swim in the shallow end or areas where they can touch the bottom.	Cannot complete either of the above swimming tests, without considerable strain, touching the bottom, holding onto wall, lane lines, etc. or chooses to opt out of a swimming test.
Name of person conducting Swim Classification Tests:	
<input type="checkbox"/> Lifeguard <input type="checkbox"/> Swimming Instructor <input type="checkbox"/> Swimming Coach <input type="checkbox"/> Water Safety Instructor <input type="checkbox"/> Other	
Certification expires:	
Signature:	

**PLEASE PROVIDE A COPY OF THE CERTIFICATION OF
THE PERSON ADMINISTERING THE SWIM TEST**



Troop _____ Medication Log

[illegible]

- Girl and Adult Members who will be participating in Authorized High Adventure Activities are required to complete a new High Adventure Activity Medical Form each year.
- The form requires a health examination from a licensed health care provider. Laws vary state to state and members are encouraged to check with their health care provider to determine if they can examine/ complete/ sign these forms.
- These forms are kept on file at the Troop level.
- The high adventure classification is based on a number of risk factors including but not limited to the physical exertion, potential for injury, potential severity of an injury, recommended supervision of the activity, equipment used in the activity that could fail, and prior accidents and injuries for the activity.
- **Licensed health care provider:** You are being asked to certify that this individual has no contraindications for participation in the following activities: Bouldering (Indoor and Outdoor), High Ropes and Challenge Courses, Giant Swings and Zip lining (activities utilizing harnesses), Horseback Riding (on trails or in a ring), Rappelling (Indoor and Outdoor), Rock Climbing (Indoor and Outdoor), Shooting Sports (paintball, BB guns, CO2 Pellet Rifles, Rifle and Shotgun, Spelunking, Ice Fishing, Winter Sports and Activities (skiing, snowboarding and snowshoeing), Canoeing, Kayaking, Pedal Boating, Row Boating, Sail Boating, SCUBA Diving and Snorkeling, Stand-Up Paddle Boarding, Surfing, Tubing, Waterskiing, Wakeboarding and Kneeboarding, Whitewater Activities. Please complete the sections below.

Member Name					
Date of Birth		Weight		Blood Pressure	
Age		Height		Pulse	

	Normal	Abnormal	Explain
Eyes			
Ears/Nose/throat			
Lungs			
Heart			
Abdomen			
Musculoskeletal			
Neurological			
Other			

I certify that I have reviewed the health history and examined this individual and find no contraindications for participation in AHG Authorized High Adventure Activities. This participant: (1) Does not have uncontrolled or poorly controlled heart disease, asthma, hypertension, or diabetes. (2) Has not had orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months. Or, has received a letter clearing them for participation from their surgeon or treating physician. (3) Has had no seizures in the last year.

Licensed health care provider's signature		Date	
Print Name		Phone Number	
Address, City, State, Zip			

Each year, AHG Girl and Adult Members must complete a new Health and Medical Form to be kept on file at the Troop level.

Member Name		<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Attaching a photo to this form can help to avoid errors in identification.</p> </div>	
Date of Birth	Age		
Weight	Height		
Street Address			
City, State, Zip			
Parent/Guardian Name(s)			
Phone Number(s)			
<u>Emergency Contacts</u>	Name		
	Relationship		
	Phone Number		
	Name		
	Relationship		
	Phone Number		
<u>Allergies:</u> If applicable, please list all known allergies including medications, food & environment	<u>Allergy</u>		<u>Normal reaction and management of reaction</u>
<u>General Health Information:</u> Check all that apply, past or present, to this member's health history.	<input type="checkbox"/> Abdominal/stomach/digestive problems <input type="checkbox"/> Asthma <input type="checkbox"/> Convulsions/seizures <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> Excessive fatigue <input type="checkbox"/> Fainting or dizziness <input type="checkbox"/> Head injury/concussion <input type="checkbox"/> Heart disease/heart attack/chest pain/heart murmur/coronary artery disease <input type="checkbox"/> Hemophilia or blood disorders <input type="checkbox"/> Hypertension (high blood pressure)		<input type="checkbox"/> Kidney Disease <input type="checkbox"/> Lung/respiratory disease <input type="checkbox"/> Menstrual cramps <input type="checkbox"/> Migraines/headaches <input type="checkbox"/> Motion/altitude sickness <input type="checkbox"/> Muscular/skeletal conditions/muscle or bone issues <input type="checkbox"/> Neurological disorders <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Sinus problems <input type="checkbox"/> Sleep apnea, sleepwalking or sleep disorders <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Thyroid disease

Member Name					<u>Troop Number</u>	
Additional notes about this member's behavior, physical, emotional or mental health needs pertinent to their participation in American Heritage Girls						
<u>Medications:</u> If medications of any type will be taken or needed during Troop meetings	<input type="checkbox"/> No medications are routinely taken. <input type="checkbox"/> The medications listed below are regularly taken (including inhalers, Epi-Pens, over the counter medications, homeopathic, and prescription medications). If additional lines are needed, please attach a separate page.					
	<u>Medication</u>		<u>Dosage</u>		<u>Reason for medication</u>	
<u>Tetanus Immunization Policy:</u> AHG requires members to have Tetanus immunization within the last 10 years.	<input type="checkbox"/> I (or my daughter) has received tetanus immunization on _____ (date). <input type="checkbox"/> I (or my daughter) have not received tetanus immunization and I would like to request exemption based upon a lack of immunization records, religious, philosophical or medical grounds. Signature of individual or parent/guardian: _____					
<u>Immunizations:</u> The following immunizations are recommended by AHG, Inc. but are not required.	Type	Year Received	Type	Year Received	Type	Year Received
	Pertussis		Polio		Hepatitis B	
	Diphtheria		Chicken pox		Meningitis	
	MMR		Hepatitis A		Influenza	
I give permission for full participation in American Heritage Girls programs, events and activities, subject to limitations noted herein. I know of no health reason(s), other than the information indicated in this form, why I or my daughter should not participate in any of the American Heritage Girls activities. Please check one: <input type="checkbox"/> In case of an emergency, I understand every effort will be made to contact me (or my next of kin). In the event that contact cannot be made, I hereby give my permission to the licensed health-care provider selected by my Troop or Charter Organization to secure proper treatment, including related transportation, hospitalization, anesthesia, surgery, or injections of medication for myself or my child, except as noted. I agree to the release of records necessary for treatment. <input type="checkbox"/> I do not give my consent for medical treatment of my daughter or I. In the event of illness or injury requiring treatment, I wish AHG volunteers to take no action beyond basic first-aid measures						
<u>Additional notes:</u>						
Signature of individual or parent/guardian					Date	



Trip, Activity, or Event Permission Slip

This form is used for Troop, activities or events outside of regular Troop meetings.

Please return this form to the Troop By:			
Is this a trip, Activity or event being held virtually?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Girl Name:			
Troop Number			
Trip, activity or event information	Location/facility Name	Camp Chief Little Turtle, Anthony Wayne Scout Reservation	
	Location/facility address	2282 W 500 S Pleasant Lake, IN 46779	
	Date(s)	June 10-14, 2025	
	Time(s)	Noon June 10th - 10am June 14th	
	Leaving from/Returning to		
	Activities include		
Emergency Contacts		Name	
		Relationship	
		Phone Number	
		Name	
		Relationship	
		Phone Number	
My daughter can be released to the following people:			
I have submitted a Health and Medical Form with my daughter's current health information.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
As the parent/guardian, I authorize my daughter to participate in the above AHG Troop trip, activity or event and I understand this event may be held virtually.			
Parent/guardian signature			
Date:			

AHGC Camp Kateri Summer Camp Sign-Up

**This is for units to use to collect your information for camp registration.
We don't need this emailed to us as part of the Camp forms**

Name: _____ Troop #: _____ Shirt Size: _____ Date of Birth: _____ Age: _____
Level (age): Tenderheart(5-8): _____ Explorer(9-11): _____ Pioneer(12-14): _____ Patriot(15-17): _____ Adult _____

Allergies, Dietary Restriction, & Medical Concerns related to Camp.

Based on Medical Diagnosis need not Personal Preferences.

Allergies: _____

Medically Diagnosed Dietary Restrictions: _____

Medical Conditions: _____

The program is set for all levels except PiPa that have some options. They can sign up below.

Adults

You must be Physically able to do all activities in areas where assigned.

Patriot Quest - Canoeing, Biking, Sailing, Conservation Projects, Zipping, and Outdoor Skills ie. Lashing and Pioneering

Other Areas - Swimming, Boating, Hiking, Shooting Sports (BB Guns, 22's, & Archery), Fishing, Crafts

Participate with my child in crafts & activates Yes (\$65) _____ No _____ (\$65 includes all the material to do the same activates as you child)

Must walk with their children: _____ (Child Name: _____)

Willing to work a station or travel with a flock: _____

Willing to work Patriot Quest: _____

Certified Lifeguard Yes _____ No _____

PIPA's Only

If you would select to participate in COPE you will miss the morning sessions all three days.

If you would select to participate in Welding & Forging you will miss the afternoon sessions all three days.

COPE: Yes _____ No _____ Welding & Forging: Yes _____ No _____

Patriots Only

Patriot Quest is for Patriots Only. No Pioneers Due to the advanced activities for Patriot Quest, their program is an additional \$35 and worth every penny!

If you select to participate in Patriot Quest you will only do Patriot Quest activities missing all other program sessions on all three days. Patriot Quest: Yes \$35 _____ No _____

Order your Camp Kateri Turtle Buddy

No _____ Yes \$15 _____ Yes Personalized \$18 _____

Turtle order info for ordering posted in BAND and on AWAC Registration Page!



My daughter is interested in bringing her Class A uniform & participating in the daily flag ceremony.

Yes _____ No _____

Questions about summer camp sign up?

Please contact your camp coordinator with questions or have them call Melissa Martin at 260-705-0584

AHG Camp Kateri Summer Camp Apparel Order Form

Included with summer camp is a T-Shirt. (Adult 2XL- 4XL will cost additional \$5)

You have the option to purchase extra shirts or upgrade your shirt to a V-neck T-shirt (Adult sizes only)

We are also offering Tank tops & Sweatshirts for purchase.

V-Neck Shirt Upgrade: Adult Small - Adult XL \$5, 2XL \$7, 3XL \$9, 4XL \$11

T-shirts: Youth Small - Adult XL \$15 2XL \$17, 3XL \$19, 4XL \$21

V-Neck Shirt : Adult Small - Adult XL \$17 2XL \$19, 3XL \$21, 4XL \$23

Tank Top: Adult Small - Adult XL \$17 2XL \$19, 3XL \$21, 4XL \$23

Sweatshirts: Youth Small - Adult XL \$30 2XL \$32, 3XL \$34, 4XL \$36

Upgrade or Purchase Below!

Name: _____ Troop #: _____

V-Neck Shirt Upgrade: Adult Small - Adult XL \$5, 2XL \$7, 3XL \$9, 4XL \$11 Upgrade YES (Size) ____ NO ____

T-shirts: Youth Small - Adult XL \$15 2XL \$17, 3XL \$19, 4XL \$21 Purchase Additional YES (Size) ____ NO ____

V-Neck Shirt : Adult Small - Adult XL \$17 2XL \$19, 3XL \$21, 4XL \$23 Purchase Additional YES (Size) ____ NO ____

Tank Top: Adult Small - Adult XL \$17 2XL \$19, 3XL \$21, 4XL \$23 Additional YES (Size) ____ NO ____

Sweatshirts: Youth Small - Adult XL \$30 2XL \$32, 3XL \$34 4XL \$36 Additional YES (Size) ____ NO ____

New Logo Coming Soon!!



**AMERICAN HERITAGE GIRLS
CAMP KATERI '23**



AMERICAN HERITAGE GIRLS PACKING LIST

Must have backpack with you at all times

Summer List

NO electronics!

- Official AHG Uniform (If doing Flags)
- Moisture-wicking T-shirts
- Moisture-wicking underwear
- Quick-drying pants/shorts (pockets!)
- Long-sleeve shirts (for sun, bugs)
- Sun-shielding hats/Sun glasses
- Solar ground lights for by tent door.
- Biodegradable soap
- Bandanas
- Hiking boots / gym shoes
- 2nd pair of shoes
- Socks (synthetic or smart wool, never cotton if possible)
- Sleepwear (cooler at night sometimes)
- Bag for dirty clothes
- Water sandals
- Fleece jacket or pullover for cool nights & hikes
- In-camp closed toe sandals or Chacos only
- Sleeping bag/pillow/sheet (for when hot)
- Brush/toothbrush/paste/ponytail holder
- Sleeping pad
- Camp chair, tent rug by door for shoes
- May want to bring: cards, paper & pencils, book to read in Ziplock, camera in Ziplock, & Religious Material

Troop & Leaders

Clipboard
Alarm Clock
Clothes line (50-100ft) and Pins
Lantern for latrine Light
Hammer/Mallet
Dining fly for shade

Patriot Quest

Tarp
Hammock
Rope (50-100ft)

Day Pack, Essential

(with comfortable shoulders, will always carry)

- First Aid Kit (small), you can make your own, always have flash light batteries and gloves for bleeding
- Sunscreen/ Chapstick
- Bug spray, deep woods (optional)
- Multi-tool or Pocket Knife, if certified w/ totin-chit (optional)
- Water bottle (2 if possible)
- Carabineers to attach items
- Light weight Mess kit (cup, utensils, plate) Camp spork (Walmart)
- Flashlight, extra bulb if that style
- Hat/Buff
- 6' rope / Paracord bracelet (available at trading post)
- Whistle, may be on bracelet clasp
- One Piece Swimsuits/quick dry small towel
- Gallon Ziplock bag (to keep things dry)
- Wallet w/ ID & Money for camp store
- Rainwear (jacket and pants preferred when cool out)
- Poncho will do when warm, but legs get wet

An ideal day pack has a waist strap to keep weight even and not just on shoulders.



This above list is recommended. Everything is the ideal items and not always possible. Girls are growing & any substitutes are fine. The day pack is required because it teaches the girls personal responsibility and to be prepared. Any backpack will do. If you need assistance gathering these items, please let us know. Clothing is recommended one group for each day. Place each day in a sealed ziplock bag to keep dry. These are also sold in 2 gallon size which holds more. The freezer style are sturdier.