

# Falley Scout Reservation (FSR)

## Accommodations Request Form for both youth and adults.

A separate form must be filled out for each camper, both youth and adults, who require or desire accommodation wither it be dietary, physical, or some other type of accommodation while at FSR. BSA is exempt from the Americas With Disabilities Act (ADA) since it is a club, but is aware that it is ethically appropriate to provide what we determine to be reasonable accommodations, and to be as inclusive as possible, but not to the extent that excessive risk to the participants, or detriment to the program for others will occur.

This form is provided as a fillable PDF. Please if possible fill all of it out on a digital device of your choosing, except for the signature space, then print it and then sign the signature space. Attach to this form any doctor's notes for any conditions diagnosed by a medical professional that you are seeking accommodation. For all others simply complete the rest of the form.

Completed Accommodation Request Forms need to be turned in by May 1<sup>st</sup>, 2021 to ensure adequate time for them to be reviewed, for feasibility, and benefit to the participant, as well as adequate time to educate the staff. Completed forms will be accepted after this date, through the events duration, but late delivery of forms commonly reduces the feasibility, and quality of the accommodation, if it is still possible at all.

Forms need to be turned into the Jayhawk Area Council Scout Service Center, located at 1020 SE Monroe Street, Topeka, Kansas 66612, any time prior to May 1<sup>st</sup>, 2021. After that date contact the service center at (758) 354-8541 to find out where to deliver the form, and to get answers to any other questions.

Note: For those attempting merit badges while at FSR, the requirements are to be met as written, no more can be required and no less can be allowed, regardless of any accommodation needs, or desires. Other parts of the advancement continuum do have some opportunity for alternatives. See <https://www.scouting.org/resources/guide-to-advancement/special-needs/advancement-flexibility-allowed/> for more details.

### Details about the event person seeking accommodation wants to attend:

Dates you are planning to be at FSR: \_\_\_\_\_

Activity you are planning to attend at FSR: \_\_\_\_\_

Campsite or Building you hope to be assigned: \_\_\_\_\_

**Information about person seeking accommodation:**

Name (First/Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Participants Home Council: \_\_\_\_\_

District: \_\_\_\_\_ Unit Type & #: \_\_\_\_\_

The following signature line is for a person who has legal guardianship over the participant seeking accommodation, and their medical records, wither it be the person them self, a parent, or otherwise legally assigned guardian.

This signature authorizes Camp/Facility Management and Medical Staff to share any information they deem necessary regarding providing accommodation including HIPAA (Health Insurance Portability and Accountability Act) regulated information on this form or attached to this form, or submitted with this form, or received at any other time regarding the participant listed above with appropriate camp staff.

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

If the signature line was not signed by the participant complete the next three lines.

Parent/Guardian Name (First/Last): \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Attending camp with participant?      YES       NO

Please mark the box or boxes of the accommodation types requested for this participant.

Dietary       Physical       Other

Please note all accommodation requests and explain any accommodations needed below:

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If the space provided is not adequate you may attach up to one side of one page of typed or printed information other than doctor's notes. If more space is needed please contact the camp director Britta McKee at either 785.221.0216 or [britta.mckee@scouting.org](mailto:britta.mckee@scouting.org)