

Greater St. Louis Area Scouting
Rhodes France Scout Reservation

2026 SCOUTS BSA PRE-CAMP LEADER MEETING



WELCOME & INTRODUCTIONS

2026 Camp Leadership

Tom Miller, Camp Director

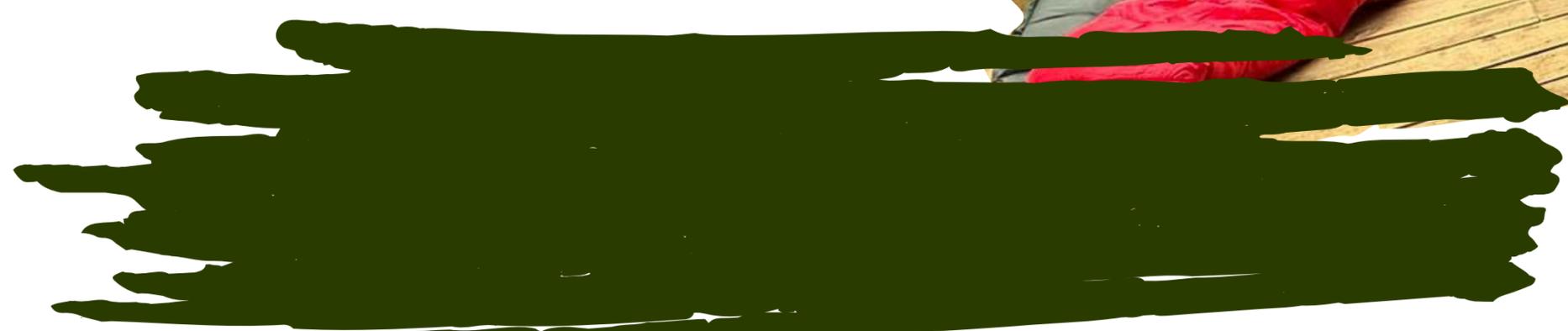
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2026 LEADER GUIDE & PROGRAM GUIDE



Attachments

-  [2026 Rhodes France Leader Guide \(1/6\)](#)
-  [2026 RFSR Program Guide](#)
-  [Class Attendee Counts](#)
-  [Pre-Camp Swim Test Form](#)
-  [Parental Release Form \(Required for all Youth\)](#)
-  [Wayfinder Program \(First Year Scouts\)](#)
-  [How to confirm Estimated Registration](#)
-  [Class Catalog](#)



ADDITIONAL RESOURCES

stlbsa.org/camps



CAMP RESOURCES / INFORMATION

Everyone

- [Annual Health & Medical Form- Parts A & B](#) (for events <72 hours)
- [Annual Health & Medical Form- Parts A, B & C](#) (for events 72+ hours, physical required)
- [Apply to Staff Summer Camp](#)
- [Campership Application](#) (financial assistance, only for GSLAC Scouts)
- Camp Discounts
- [Special Diet Requests](#)
- [Access Your Unit's Account](#)
- [Refund Request Form \(2026\)](#)
- Need to Delete Participants from Camp Reservation?
[Complete this Form](#)
- [Homesick Scouts - Best Practices](#)

Cub Scouts - Summer Camp

- [Cub Scout Camp Marketing Resources](#)
- [Day Camp FAQ](#)
- [Overnight Camp FAQ](#)
- What is Cub Scout Overnight & Day/Twilight Camp
- Cub Scout Camp & Ages Chart
- [How to Sign Up for Summer Camp as a Pack](#)

Cub Scouts - Weekend Camping

- [Authorization for Multiple Unit Event, Campout, or Activity](#)
- Pack Overnight Campout Site Appraisal

Scouts BSA / Venturing

- [Parent Portal How-To Guide](#)
- Parent Portal How-To Video
- [Parent Portal Link](#)
- Pre-Camp Swim Check Form
- Outdoor Programs Parental Release Form

Scouts BSA / Venturing Promotional Flyers

- 2026 Scouts BSA & Venturing Camps Flyer
- 2026 Specialty Camps Flyer
- 2026 Swift High Adventure Base Flyer
- 2026 S-F Ranger Program Flyer
- 2026 Horse Camp Flyer
- 2026 Swift Aquatics Badge Workshops Flyer

KEY DATES

**April 15 - Early Bird
Savings Day**

Pay in full to receive
\$30 off!

**May 15 - Campership
Applications Due**

**May 31 - Final Payments
Due**

Price increases June 1



REFUND POLICY

Any unassigned youth spots will be removed after April 15th

All refund requests must be 30 days before the opening of camp unless extenuating circumstances are met

10% processing fee applies to all refunds. Only 75% of fee eligible for refund after May 31st





2026 T-SHIRTS

Pre-order by
April 27th!

Pickup at Camp!



REGISTRATION STEPS

Ensure numbers are accurate! Add or request deletions

Add names!

Register adults

Sign Up for Classes

Submit Dietary Needs



MEDICAL FORM

Health forms are required for all attendees and the **MUST** be on the Scouting America Annual Health & Medical Record Form

Under 72 Hours - Parts A&B Only

Must be completed within the last 12 months

CHECK FOR COMPLETION!



Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____
Date of birth: _____

High-adventure base participants:
Expedition/trip 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 these 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. §§164.102, 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/files/videos/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/files/videos/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 1907.5(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 continuously 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've 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 stated 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: _____
Phone: _____

Name: _____
Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____
Phone: _____

Name: _____
Phone: _____

PARENTAL RELEASE FORM

Required for ALL youth

Collect early

All forms will be turned in during
check-in at camp



GREATER ST. LOUIS AREA COUNCIL
SCOUTING

Outdoor Programs Parental Release

ALL SCOUTS MUST HAVE THIS FORM SIGNED

The programs offered by Scouting America provide youth and adults the opportunities to participate in activities that contain a certain element of risk. Scouting America has gone to great lengths to make sure that these programs are done in a safe environment with properly trained leaders conducting the activity. These programs include Aquatics, Range and Target Activities, Climbing, Cycling, Backpacking among others.

By signing this document, the parent or guardian does hereby give permission for their child to receive training and to participate in the activities listed below while on the properties of the Greater St. Louis Area Council - Scouting America or at events sponsored by the Greater St. Louis Area Council.

Aquatics: Swimming, Canoeing, Rowing, Small Boat Sailing, Motorboating, Water Sports, Paddleboarding, Kayaking, and Snorkeling.

Range and Target Activities:

- Cub Scouts can use BB rifles, bows and arrows, and slingshots. Webelos and Arrow of Light Scouts can also use pellet air rifles.
- Scouts BSA, Venturing and Sea Scout members can shoot small-bore rifle, shotgun, muzzleloading rifle, muzzleloading shotguns, and archery
- Scouts BSA members who are 14 years of age or older, or are 13 years of age and have completed the eighth grade, Venturing and Sea Scout members may participate in the NRA FIRST Steps Pistol Orientation sponsored by their council or district. No other pistol program is allowed, except for potential participation in approved council cowboy action programs. Pistol use is limited to pistols and revolvers as follows: .177 pellet pistol; .22 long rifle rimfire; .38 caliber special; or 9 mm only.

Climbing: Climbing and rappelling on man-made towers, climbing and rappelling on natural surfaces, bouldering on man-made surfaces, low ropes and high ropes activities.

Cycling: Mountain Biking, BMX, and Road Biking.

Backpacking: Extended hikes over rugged terrain, cooking over open fires and using chemical fueled stoves.

Participants will need to have this form completed and presented to the administration staff at Check-in on Sunday and prior to taking part in the event.

Participant's Name: _____

Pack/Troop/Crew No. _____ Council: _____

Birthdate: ____/____/____ BSA ID #: _____

Parent/Guardian Signature: _____

Telephone: _____ Date: _____

Email: _____

Unit Number
Week at Camp
Campsite



PRE-CAMP SWIM TESTS

STRONGLY RECOMMENDED!

Use the Scouting Unit Swim Classification Record

Qualified Lifeguard or Adult (With Swimming & Water Rescue Training)

Speeds up your check-in day

PROGRAM INFORMATION



ARRIVAL & CHECK-IN

DO NOT ARRIVE PRIOR
TO 1:00PM

Sign-in at your
assigned time

Medical Rechecks, Swim
Tests, Dining Hall
Orientation, Camp Tour



CAMP PROGRAM

Merit Badges

Wayfinder Program

APEX Program

Leader Training

Family Night



CAMP PROGRAM

Open Swim/Boat

Evening Programs

Other





STAFF **OPPORTUNITIES**



QUESTIONS?