

LET FREEDOM RING

Cub Adventure Camp

2026

Guide Book



Leatherstocking Council
Scouting America

Hear Ye! Hear Ye !

It's that time of year again where we imagine sitting around the campfire listening to stories, seeing skits, and singing songs as smoke wafts to the star lit sky. Feel the thrill as your child pulls back on their bowstring, releases the arrow and whoosh, it hits the target for the first time. See your child grow up before your eyes, as they learn that they can take care of themselves in the woods. Summer camp is the culmination of an exciting year in Scouting. It's time to delight in the outdoors, learn new skills and have fun with friends. From the youngest Cub Scout to the Webelos and Arrow of Lights preparing to move into Scouts BSA, Camp Kingsley is the adventure that puts the "outing" in Scouting! Summer camp experiences will provide you with memories that will last a lifetime. Camp is all about challenging yourself to try something new and we make that possible with a variety of activities including boating, swimming, archery, team building, climbing, and much, much more! At the same time, it's our hope that they work towards rank advancement, enjoy new adventures, meet new people and make new friends. Are you ready for the ultimate adventure?

This guide has been prepared for Cub Scouts, Leaders, Parents and Guests who are going to participate in one of the camping programs at Camp Kingsley. Many questions will be answered as you review these pages, so please read them carefully.

The Law of the Camp is the Cub Scout Promise and Scout Oath and Law as taught through basic fundamentals of scout camping with the ideals of Scouting always kept in mind. Please note, however, that camp fun is not limited to Cub Scouts. This is a great way for parents to share in quality time with their Scout(s). It's an ideal time for them to get to know their child's friends and their parents. Camp is a great place for Cubs and parents alike to meet people with whom they share a common bond.....Scouting! Each camp is operated according to the National Standards of Scouting America; and all Camp Directors, Program Directors, Shooting Sports Directors and Aquatics Directors hold current National Camp School Certifications.

Our staff is looking forward to welcoming you to camp. For those who have been campers in the past, they will recognize many familiar faces at camp as well as a few new ones. We embrace the diverse talent each staff member brings to the team. They are amazing, empowering role models for the Scouts. We are proud of our camp staff and know they look forward to making this summer a fun and exciting experience for everyone. Our staff eagerly awaits the upcoming fun and we look forward to including you in all of the excitement of resident camp.

If you have any questions or concerns, please feel free to contact us!

Yours in Scouting,

Rob Mahardy

CK Cub Adventure Camp Director

romahard@scouting.org

315-368-3743



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CAMP KINGSLEY

ARRIVAL and DEPARTURE

ARRIVAL DAY:

4-DAY CAMPERS- CHECK IN BETWEEN 6-9:00 PM on WEDNESDAY, JULY 8 or 22, 2026

3-DAY CAMPERS- CHECK IN BETWEEN 6-9:00 PM on THURSDAY, JULY 16, 2026

Early arrivals will not be checked in prior to 6:00 pm as our staff is making final preparations to welcome you. If you need to make other arrangements, please contact the Camp Director. All scouts will either have Unit Leadership or a parent/Guardian with them while at camp. Provisional camping is provided so long as prior arrangements are made with the Camp Director.

Please make sure all Camp Forms have been sent in 2 weeks prior to your camp dates OR bring them with you to hand in at check-in.

Upon arrival in the parking lot, please leave your equipment in the car. Staff will meet you in the parking lot to direct you to check-in on Dining Hall porch Bring all required camp forms and medications with you. Once you have checked-in, a staff member will guide you to your campsite with your equipment.

The check-in process takes some time, so please plan accordingly. Upon arrival, campers will meet the camp administration to verify all contact information and any special needs. Each camper will also meet briefly with the camp health officer who will verify that all health forms are present and complete and collect any medications.

DEPARTURE:

CAMPERS WILL DEPART BY 2:00 PM on SUNDAY, JULY 12, 19 or 26, 2026

Leaving camp, except at the designated times, is discouraged. If the camper needs to leave camp for any reason other than a function of camp, a parent/guardian is responsible for transportation and needs to make prior arrangements with the camp director. Campers will be released only to those listed on the camper release form (Appendix B) and early release form (Appendix C).

CAMP FORMS

PARENTS PLEASE PAY SPECIAL ATTENTION: Anyone that does not have a **COMPLETED HEALTH FORM**, which would include the Dr.'s signature on part C form, will **NOT** be allowed to stay at camp. There are **NO** exceptions to this policy and it is **STRICTLY** enforced.

Required Camp Forms Include the following:

- Annual Health and Medical Form (Parts A, B and C)
- Pre-Camp Screening Form
- Non-Prescription Medication and Topical Ointment Release
- Medicine Labels
- Dietary Needs Form (if special meals are needed)
- Authorization for Camper Release (if parent or guardian is not picking Scout up)
- Early Release Form (if Scout is leaving camp early)



All necessary forms are available in the appendices of this guidebook.

GENERAL INFORMATION

CAMP ADDRESS and PHONE NUMBER

Camp Kingsley, 1910 Camp Kingsley Road, Ava, NY 13303

Phone: 315-942-2511

LODGING:

All scouts sleep in lean-tos at Oneida, Seneca and Ranger site with other scouts their own age or rank. Platform tents are available at Tuscarora and Algonquin. ALL parents and adult leaders will bring and sleep in their OWN tents. *PARENTS* we highly encourage that your scout first try the lean-to. However, in the event that your child is unable to sleep in a lean-to or feels uncomfortable sleeping in a lean-to, it is YOUR responsibility to then provide a suitable sleeping arrangement (tent). Cub Scouts and their parent or guardian may sleep in the same tent. If additional lean-tos are available they will be open to adults for their use. Tuscarora is outfitted with a wheelchair accessible tent platform.

DINING:

Three well-balanced meals are provided daily, along with fresh fruit offered throughout the day in the trading post and dining hall. In order to prevent attracting animals or insects into living quarters, please do not keep snack foods in your campsites. They should be maintained in your automobile, or arrangements must be made with the head chef prior. If your camper has a special dietary situation, please fill out the Dietary Needs Form (Appendix A) and contact the camp director at least 2 weeks prior to your camper's session. During check-in, any campers with special dietary needs will be required to meet with the Camp Chef. We do **NOT** supply ice for coolers.

CAMP KINGSLEY GRACES:

Morning -

*Gracious giver of all good,
Thee we thank for rest and food,
Grant that all we do or say,
In thy service be this day. Amen*

Noon -

*Father for this noonday meal,
We would speak the thanks we feel,
Health and strength we have from thee,
Help us lord to faithful be. Amen*

Evening -

*Tireless guardian on our way,
Thou has kept us well this day,
While we thank thee we request,
Care continue, pardon rest. Amen*

DINING HALL PROCEDURES:

Campers will be assigned a table in the dining hall for each meal. Campers will sit at the same tables during the course of their stay at camp. During camp orientation, our Head Chef will cover dining hall procedures. Ensure all campers have washed their hands prior to meals. Hand sanitizer will be provided at the doors upon entry. Breakfast and dinner are served family style. For the first 2 meals a staff member will serve as waiter, followed by 2 adult leaders, and then 2 AoL/ Webelos scouts. Lunch is served grab and go style and you will be able to dine in either the pavilion or your sites. The dining hall is closed in between meals. Campers will be allowed in the dining hall when the dining hall is set and the meal is ready to serve. At the end of the meal, an adult leader from each table is expected to help with the pick up their table and wipe it down.

TRADING POST:

Our trading post is located in the Welcome Center. Its hours of operations are posted outside the door. The trading post includes a full selection of souvenirs, patches, Camp Kingsley items, camping essentials, craft kits and snacks. About \$25-30 per session should be enough to meet the Scout's needs. MasterCard, Visa, personal checks and cash will be accepted for all trading post purchases. Pre paid gift cards are also an option. No accounts or money can be held onto by staff for campers. Any pre-ordered merchandise will be available to be picked up on the first evening in camp.

GENERAL INFORMATION (continued)

CAMP IDENTIFICATION:

All staff, scouts and adults will wear a wrist band or lanyard while they are in camp. All guests will wear a guest lanyard. If you see someone who does not have a wristband or guest lanyard please ask them to report to the Welcome Center to sign-in.

PHOTO USE POLICY:

Our staff and leaders often take pictures of our camp in action. These pictures may be included in camp promotional materials. You can turn in a Talent Release Form (Appendix G) with your camp forms to give us additional information. If you do not wish your child to be photographed, please inform your leader and the camp director in writing before camp begins because we do like to post updates to social media through the summer.

PRE-CAMP LEADERS and PARTICIPANTS MEETING:

All leaders will be notified of a virtual pre-camp meeting to be held **June 22nd** and an open house day **July 5th**. This is YOUR opportunity to meet the Camp Director and Program Director, to turn in paperwork, to ask questions; learn how the program works, etc. Hope to see you all there.

TIMELINESS:

Please be on time to all program areas, activities, meals, etc. Our staff begins sessions promptly and if they are departing for a hike or additional locations for sessions, you may miss out.

VEHICLES IN CAMP:

Vehicles are only permitted in designated parking areas. Vehicles are NOT permitted in camp sites or program areas. Any exceptions due to medical needs must be approved ahead of time by both the Camp Director and the Camp Ranger. Carts are available to transport gear to the cabins. These pushcarts should only be used by adults, staff or campers 11 and older.

ANIMALS IN CAMP:

Pets are not allowed in camp unless prior approval has been granted by the Leatherstocking Council Scout Executive and Camp Ranger. Please leave your pets at home, and remind parents and visitors that pets are not welcome in camp at any time.

SCOUT BEHAVIOR:

It is important that scouts remember they are members of the "Scouting America". As such, they should remember to use proper outdoor manners and to learn to live by the "Outdoor Code." Scouts should not cut down live trees and/or plants or destroy nests or other wildlife that live in our great Camp Kingsley. Also, when traveling around our camp, scouts should try to pick up any garbage or trash along their travels and dispose of it properly. The general rule of Scout camping is "You leave it cleaner than when you found it."

Scouts should adhere to the principles of the "Scout Oath" and "Scout Law." If camp rules are ignored or broken the Camp Director will follow the "Two Strike" policy as outlined on page 12. Should it be necessary the Camp Director reserves the right to dismiss any individual from camp for serious policy or rule infractions and/or safety violations.

POCKET KNIVES:

NO POCKETKNIFE BLADES CAN BE LONGER THAN 3". SHEATH OR SURVIVAL KNIVES ARE NOT ALLOWED IN CAMP.

WHAT NOT TO BRING

Alcohol, Tobacco, Electronic Cigarettes, Fireworks, Firearms, Ammunition, Arrows, Chainsaws, Pets, and any other item that is dangerous or inappropriate. Failure to adhere to these policies will result in the immediate intervention by the Camp Director, Program Director and/or Camp Ranger. Please also leave any electronic games and other expensive items at home.

GENERAL INFORMATION (continued)

HOMESICKNESS:

New campers, and sometimes even experienced campers, may suffer from homesickness. This is natural and should not spoil the fun of camp! Talk with your camper about what to expect at camp and explain that counselors are there to help. Encourage your campers to think of ways she can feel less homesick if she starts to miss home. Many times a camper just needs to know you are proud of her independence and willingness to enjoy her camp experience.

VISITORS

All visitors must check in and out at the Welcome Center. Visitors will be given visitor identification. Visitors are welcome to purchase meals. Please try to let staff know of any guests in advance so that enough food can be prepared. Guest meals are \$10.00 per meal.

SIGN-IN AND SIGN-OUT:

When leaving camp for any reason (going home early, eating out, and going to the store), all scouts and adults must sign out at the camp office. Anyone that will not be attending a meal must notify the Camp Director or Program Director prior to departure. Upon returning to camp they must sign back in at the camp office. This is very important because in the event of a camp wide emergency we need to account for everyone who is registered in camp.

STAFF VISITS:

If you would like to have staff visit your site at night, please personally invite them. They will do their best to visit.

UNIFORMS:

The Cub Scout field uniform should be worn to the evening flag ceremony and evening meal each day. The rest of the day and night scouts and leaders may wear whatever they chose, as long as it is appropriate. Weather conditions will be a major factor in how the scouts dress.

DEN CHIEFS:

We strongly encourage packs to bring along their den chiefs to camp for assisting with their dens. Note: The den must be registered for camp in order for the den chief to attend at the reduced cost. Den Chiefs must be registered in Scouts BSA or Venturing.

CAMP VOLUNTEERS:

Unit leaders and parents are encouraged to assist the camp staff in a program area especially in areas of their expertise. If you are interested in helping at camp, please fill out the Camp Kingsley Leader Resource Form and return to the Camp Director or Program Director.

SCOUT VESPERS:

Recognizing that religion is an integral part of the character-building process of Scouting America, a special vespers service will be held during the program. Everyone is encouraged to attend the Camp Vespers.

LIGHTS OUT:

Quiet time is from 10pm to 6:30am. Scouts should be in their campsites under direct supervision and preparing for sleep by 10pm. Please be respectful of other campers. In the event your unit needs assistance after 10pm, please contact a camp staff member or the health lodge.

REGISTERING FOR CAMP

Camp registration is entirely online through the Leatherstocking Council's website powered by Black Pug. Units and Parents that already have a login from another event should skip to **Registering for Summer Camp**. Please don't create another unit account. Units/Parents with Tentaroo accounts with other councils will need to create a new one for the Leatherstocking Council.

Creating a Login

In order to register for summer camp your unit will first need to create a login account with your or your unit's information and the contact information for the primary unit leader. If you have already created a login account for yourself or unit for a different event, you may use this same login information.

On a computer

1. Click on "CREATE AN ACCOUNT" in the upper right corner of the homepage
2. Under "Create a New Account" select Cub Scout Adventure Summer Camp and press "Continue"
3. Input the information under "Create a New Account" then click "Create Account"
4. An email will automatically be sent to the email address you provided. Follow the link to activate your account and login

On a phone or tablet

1. Go to Leatherstockingcouncil.org/event
2. Follow the prompts to create an account as above

Registering for Summer Camp

Once you have logged in, follow these instructions to complete your registration:

1. Select Cub Scout Adventure Summer Camp from the list to the left of the page. Then click "Add Event Registration"
2. Choose the week you and/or your unit will be attending summer camp
3. Fill out information regarding estimated unit size and campsite selection. Click "Save."
4. Proceed to checkout. After March 15, you will be able to input individual Scout and Leader names into the system. The checkout will require a credit card.

Need help registering?

If you or your unit are having difficulty registering for summer camp, contact Josh DeJesus Council Office. Josh will be able to help you with a variety of issues including:

- Registering without a credit card
- Creating a unit account
- Updating registration information
- Resetting account password/usernames

Contact the Council Office:

Phone: 315-735-4437

PAYMENT

2026 PAYMENT SCHEDULE

January 2 - April 30, 2026

	<u>4 Day</u>	<u>3 Day</u>
Cub Scout	\$425	\$350
Sibling	\$400	\$325
Adult Leader/Den Chief		\$135
Late Registration (after May 1, 2026)		+\$50 to above listed youth costs
Early Registration (through January 1, 2026)		-\$25 to above listed youth costs

PAYMENT OPTIONS:

- Register and Pay online at www.leatherstockingcouncil.org
- Fax your invoice with Credit Card information to 315-735-9184
- Mail or drop off your invoice with a check (made payable to Leatherstocking Council), or credit card information to the Council Office at 1401 Genesee Street, Utica NY 13501

*All checks returned for non-sufficient funds (NSF) will be electronically debited for the face value plus a returned check processing fee as allowed by New York State law.

QUESTIONS

Registration, Payment, Financial Assistance, Expectations, etc.:

Call 315-735-4437 (Utica Office) or email the Camp Director (Rob Mahardy) at romahard@scouting.org

For more information, see our camping section on our website at www.leatherstockingcouncil.org or visit us on Facebook at the following pages:

Camp Kingsley and Leatherstocking Council

REFUND POLICY

To obtain a refund, a request must be made **prior to or at the time of registration at summer camp**. The request will be submitted by the Camp Director to Leatherstocking Council Camping Committee for consideration. Documentation of illness, summer school, etc., must be submitted with the refund request. All refunds will be less the non-refundable deposit.

In general the following reasons are acceptable causes for a refund:

- Summer School
- Death in Family
- Doctor's Medical Excuse
- Family Relocation
- Quarantine

Prior to June 1, if a scout decides not to attend summer camp for any reason, their payments and deposits may be transferred to other youth without penalty.

HEALTH and SAFETY

The foremost concern of all camp staff is the well-being, health and safety of the campers. All camp programs follow the camping guidelines set forth in The Guide to Safe Scouting.

Please note: Camp staff reserves the right to cancel and/or reschedule any activities as well as relocate campers to designated shelter areas due to safety or weather concerns.

BUDDY SYSTEM:

Scouts should never be by themselves. Each boy should travel with a buddy. This policy will be reviewed with all campers during the camp orientation and with leaders at the pre-camp meeting.

EMERGENCY ALERTS

In the event of a camp wide emergency the siren will sound. All Scouts and leaders will proceed to the emergency assembly area (labeled areas in front Dining Hall). Staff and other designated personnel will respond as assigned in accordance to the type of emergency.

MEDICAL FACILITIES:

Cub Scout Adventure Camp will have a fully trained Health Officer to provide any needed medical assistance.

HEALTH HISTORY FORMS:

All participants, youth and adults, must bring a current copy of their Scouting America Medical Form parts A,B, and C (Appendix I). Health forms are also available online at the council and national websites. This form must be signed by parents and medical personnel and dated within a year of the event. Immunization records must be provided. A copy of insurance card must be attached to the medical form. All injuries and ailments should be reported to the camp Health Officer.

MEDICATIONS:

Any prescriptions at camp must be reported and locked up. Medications should be locked up and administered by the camp Health Officer. Please fill out the Medication Label form (Appendix F) and turn in with medicine during check-in. Emergency medications (epi-pen, inhalers, etc.) should be kept on the user at all times and should not be locked up. For campers to receive the administration of any over the counter medications the Authorization For Non-Prescription Medicine & Topical Ointment form (Appendix D) should be turned in with all other health forms.

S.A.F.E. GUARDING YOUTH:

Leaders must be current with S.A.F.E. Guarding Youth Training. Report any suspected child abuse incidents immediately to the Camp Director ONLY.



TOBACCO USE:

Leaders/Parents that use tobacco must do so in the designated location where no scouts or staff will see them. Contact your camp director for location.

PERSONAL CLEANLINESS:

Being clean in body and mind are part of the Scout Law and part of Scout training. Scouts should wash up each morning and in the evening prior to going to bed. A package of handi-wipes would be helpful for this. Be sure that they change their clothing regularly and clean their hands before coming to each meal. Hands will be inspected prior to entering the dining hall.

HEALTH and SAFETY (continued)

LATRINES:

Latrines need to be swept out regularly. Wash-stands need to be kept clean. Paper towels and toilet paper can be obtained from the dining hall. It is important that scouts use the latrine properly. Urinating near a cabin, shelter or lean-to is a health hazard and can make your site unlivable.

TRASH:

Each campsite is equipped with a garbage can and liner. All trash should be removed each night from your site to prevent unwanted visitors during the night. Please help us keep our camp clean. Additional trash can liners are available from the dining hall commissary. All trash shall be put into dumpsters at the rear of the dining hall for disposal by our Camp Staff.

CAMP CLEANLINESS:

Each session, one of our occupied campsites will receive the Camp Cleanliness Achievement recognition for maintaining their areas in a clean, safe and organized manner. This means cleanliness of the latrines, garbage, etc. When you arrive on site your camping areas will have been cleaned and stocked with toilet paper, hand sanitizer, etc. During the duration of your stay, if you need additional items please request at the dining hall commissary. The campsite that is best maintained during the week and who returns their site better than they found it will receive a special segment.

CAMPSPITES:

If you are staying in a tent site, after the morning dew has dried (usually by 9 am), all tent flaps should be rolled and tied open to allow airing out. Tents and lean-tos need to be swept out daily in the morning and all trash picked up and disposed of.



SLEEPING BAGS:

Sleeping bags should be folded back daily to air out. If necessary they should be hung out to dry. All wet clothing, towels and bathing suits should be hung on a clothesline to the side or rear of your quarters.

FOOTWEAR:

Open-toed shoes (except within the confines of the waterfront area or in the showers) are not permitted in camp. "Why?" you ask. Ever stub a toe on a rock or root?

FOLLOW THE PATHS:

Teach your Scouts that "crossing/cutting" off the designated trail to get from one point to another is not recommended. They should always follow the main trails through camp. Also there is to be NO crossing/cutting through any program areas by Scouts or adults. This can cause a very unsafe condition and will not be allowed. FENCES AND MARKING TAPES at the Water front and Shooting Ranges are never to be crossed without permission. Scouts are never to enter buildings or program areas without camp staff supervision present. It is extremely important that the above rules be explained to your Scouts and adult partners.



LEATHERSTOCKING COUNCIL #400

Scouting America

TWO STRIKES POLICY

Cub Adventure Camp

Dear Parent,

Your scout's time at camp will be a fun filled, memorable learning experience. Meeting new Scouts and making new friends, while having fun in the outdoors, is a central goal of Cub Adventure Camp. It is our goal as a staff that each Scout has a chance to enjoy this opportunity. One factor, which may create difficulty for kids to fully enjoy their camping experience, is poor discipline. Unfortunately, this is an issue that we must address in camp.

As a camp staff, we do not want a session of camp to have a negative impact on any Scout. It should be noted that camp starts immediately upon entering the Camp Kingsley property. Any infraction will be made known to the Camp Director. Should an infraction occur, we act on a "two-strikes" rule.

For minor rule violations this initially involves a staff member explaining the broken rule and why it is important for that rule to be followed. For more serious violations or persistent minor infractions, the First Strike consists of the Camp Director and the Scout discussing the rule transgression. Should inappropriate behavior continue, the Second Strike is notification of the Scout's parents by the Scout, Camp Director and Unit Leader. If this situation should occur the Camp Director and Scout's parents will work together to decide on the next step. This step may be another chance or immediate dismissal from camp. Any further actions necessary at that time will also be discussed between the Camp Director and parent. Should your child be sent home, Leatherstocking Council **will not** refund any remaining fees for that session. Although few cases ever reach the second strike it is important to have this policy in place. All discipline actions are presented in a positive manner and are aimed at helping the Scout grow. If you review these guidelines with your child, together we can make Scout camp a most positive experience.

Sincerely,

The CK Cub Adventure Camp Staff



WHAT TO BRING

A well-prepared camper will have more fun at camp. These recommended quantities are for a 4 night resident camp. The following items should be packed in an easy-to-carry duffel bag, laundry bag or lightweight suitcase. Please pack so that you can manage repacking and moving your own bag!

PERSONEL GEAR

- Class A Uniform
- Cub Scout Handbook
- Health and Medical Forms
- 2 pairs of long pant/jeans
- 4 pairs of shorts
- Shirts (short and long sleeved for cool nights and mosquito protection)
- 2 pairs of pajamas
- Rain Gear (raincoat or poncho with hood)
- 6 pairs of socks
- 6 pairs of underwear
- 2 pairs of sneakers or tie shoes
- Hat with visor
- Water shoes with closed heel and toe
- 2 bathing suits
- Sleeping Bag/Twin Bedding (a stuff sack is recommended for easy transport)
- Small pillow with case
- Laundry bag
- 2 bath towels, hand towels and wash cloths
- Deodorant (non-aerosol)
- Soap in plastic case and shampoo
- Toothbrush and toothpaste
- Comb or brush
- Sunscreen (at least SPF 15)
- Insect repellant (non-aerosol, containing less than 12% DEET)
- Other toiletries
- Water bottle
- Pen or pencil and stationary with envelopes or postcards and stamps
- Flashlight with extra batteries/bulb
- Plastic bags for packing wet items
- Small day pack or tote bag

OPTIONAL EQUIPMENT

- Small pillow with case
- Camp Chair
- Card or board game
- Sunglasses
- Small Bible, Prayer book
- Camera
- Spending money for Trading Post
- Fishing Pole



LABEL YOUR GEAR

Camp Kingsley and the Leatherstocking Council WILL NOT be responsible for lost or stolen articles; or articles damaged at camp. In case you misplace something, a "lost and found" is located at the camp office. Any items left at camp are only held for two weeks. Please contact the Camp Director to make arrangements for picking up lost items within this two-week period.

Only basic equipment is needed at camp. There is some basic camping gear that you may want to bring along to camp to make your stay more comfortable. Remember some of these items actually relate to a "pack" coming as a group, as opposed to a single Scout/adult partnership:

Lanterns: To light up your site at night. Some units use "GLOW STICKS." Glow sticks can make the difference between a good night of sleep and a bad night, especially for first time campers. If they forget to bring them, we will have them for sale in the Trading Post.

Water Jugs: If you have one, you should bring a large picnic water jug to keep fresh water handy. All sites have water near the latrine; however, you may want to keep some at your site so that you don't have to walk down to the wash stand every time you need a drink. You may want a supply of drinking cups for your unit. Campers should bring water bottles to camp with them. Water bottles are required for anyone wanting to go on a hike.

Flags: Your unit is welcome to bring your pack flag to camp. Packs may want to hold a flag ceremony in their campsite each day. ***The entire camp will gather every day for a formal flag ceremony in the morning and evening.***

First Aid Kit: It is suggested that each unit have a fully stocked First Aid kit. However, all injuries must be reported to the Camp Health Officer.

Bow Saw: Can be useful for cutting wood for your fire ring. Remember only adults and/or a Scouts BSA den chief (must have earned Totin-Chip) are allowed to use cutting tools and then "ONLY" if an approved ax yard is set up. **Cub Scouts are not allowed to use cutting tools in camp.**

Rope: Units should bring some rope or marking tape to mark off an ax yard. Additional rope should be brought by campers and the unit to make clotheslines to hang wet clothes on or for other uses.

DO NOT BRING

Cell Phones (unless adult), iPods, MP3 Players, Gum or Candy, Scented Sprays or Lotions, Survival Knives, Valuables, Video Games. They will be taken away until the end of camp.

SAMPLE Daily Schedules

Thursday

6:30-7:00 Polar Bear Plunge

7:45 Morning Flag Ceremony

8:00 Breakfast

	Tiger/Wolf	Bear	Webelos	AoL
9:00-9:45	Aquatics	Fishing	1st Aid	Outdoor Skills
10:00-10:45	Outdoor Skills	Aquatics	Range and Target Activities	1st Aid
11:00-11:45	1st Aid	Outdoor Skills	Aquatics	Range and Target Activities

12:00-12:45 Lunch

12:45-1:30 Siesta/ Den Time

	Tiger/Wolf	Bear	Webelos	AoL
1:30-2:15	Range and Target Activities	Games	Outdoor Skills	Crafts
2:30-3:15	Crafts	Range and Target Activities	Fishing	Games
3:30- 4:15	Games	1st Aid	Craft	Aquatics

4:15– 5:00 Den Time/Campwide Activity

5:30-6:20 Dinner– Full Uniform

6:20 Evening Flag Ceremony

7:00-8:30 Den Time/ Open Program Areas TBA at Dinner

8:45 Movie under the stars

10:30 Lights Out

SAMPLE Daily Schedules (Continued)

Friday

6:30-7:00 **Polar Bear Plunge**

7:45 **Morning Flag Ceremony**

8:00 **Breakfast**

	Tiger/Wolf	Bear	Webelos	AoL
9:00-9:45	Songs & Skits	Fishing	Nature	Aquatics
10:00-10:45	Nature	Songs & Skits	Range and Target Activities	Aquatics
11:00-11:45	Service Project	Aquatics	Songs & Skits	Range and Target Activities

12:00-12:45 **Lunch**

12:45-1:30 **Siesta/ Den Time / AoL bring down gear for hike**

	Tiger/Wolf	Bear	Webelos	AoL
1:30-2:15	Range and Target Activities	Nature	Aquatics	Fishing
2:30-3:15	Fishing	Range and Target Activities	Aquatics	Nature
3:30- 4:15	Aquatics	Service Project	Fishing	Hike to Outpost

4:15– 5:00 **Den Time/Campwide Activity**

5:30-6:20 **Dinner –Full Uniform**

6:20 **Evening Flag Ceremony**

6:30 **Campwide Theme Program**

7:00-8:30 **Den Time/ Open Program Areas TBA at Dinner**

10:00 **Lights Out**

SAMPLE Daily Schedules (Continued)

Saturday

6:30-7:00 **Polar Bear Plunge**

7:45 **Morning Flag Ceremony**

8:00 **Breakfast**

	Tiger/Wolf	Bear	Webelos	AoL
9:00-9:45	Games	STEM	Biking	Aquatics
10:00-10:45	Aquatics	Range and Target Activities	Service Project	Biking
11:00-11:45	Aquatics	Crafts	Range and Target Activities	Service Project

12:00-12:45 **Lunch**

12:45-1:30 **Siesta/ Den Time**

	Tiger/Wolf	Bear	Webelos	AoL
1:30-2:15	STEM	Biking	Aquatics	Range and Target Activities
2:30-3:15	Biking	Aquatics	STEM	Range and Target Activities
3:30- 4:15	Range and Target Activities	Aquatics	Fishing	STEM

4:15– 5:00 **Den Time/Campwide Activity**

5:30-6:20 **Dinner– Full Uniform**

6:20 **Evening Flag Ceremony**

7:00-7:45 **Den Time/ Open Program Areas TBA at Dinner**

8:00-8:30 **All Faith Service**

8:30-? **Campfire**

10:00 **Lights Out**

Would YOU like to be a part of our STAFF?

Adults, Scouts BSA members and Venture's age 16 or older who are interested in helping at camp should submit a Leatherstocking Council Camp Employment Application, available for download at www.leatherstockingcouncil.org. You can also contact the Camp Director for additional information.

Leaders, we are always looking for additional assistance or supplemental program features for the week you are there. Do you have a skill or talent that you'd like to share? Are you an EMT, nurse, or doctor and willing to support our health officer? Would you be willing to help out in the kitchen for a meal? Any little bit helps. Contact the Camp Director if you're interested.



PROGRAM and ADVANCEMENT

CAMP PROGRAM:

The activities conducted at Camp Kingsley are based on the Cub Scout Program and appropriate to Cub Scout age youth. Cub Scout camping emphasizes Character Connections, which are the 12 core values, several of which relate directly to points in the Scout Law. Character Connections; connect the values to the activities and advancements of Cub, Webelos and AoL Scouts. The latest program revisions are reflected within the activities offered.

CAMP ADVANCEMENT:

Those who attend Camp Kingsley will be able to earn advancement. Camp Kingsley Program leaders will certify that the Cub/Webelos/AoL Scout has completed the requirements. The latest revisions are reflected in the activities scouts participate in. A tracking sheet will be provided for leaders and parents.

SWIMMING:

In accordance with Scouting America policy, each participant must have a swim classification upon arrival at camp. These will be conducted at camp as part of the check-in process. When the unit/camper arrives, each individual will be issued a buddy tag. These will be coded based on their classification. We understand that campers may not swim to their best ability the first time in the lake. Campers may be moved to a higher swim level as they progress at camp. The tag may be used for the entire summer at Camp Kingsley.

FISHING:

Scouts will have the opportunity to get instruction in fishing basics as well as plenty of time to open fish from our various fishing docks. We have a limited number of poles available but scouts are free to bring their own. NOTE: All scouts must be accompanied by an adult when open fishing.

PLAYGROUND:

Each group will have scheduled time to use all elements of the playground area. These include the Monkey Bridge, Cargo Net and Slide, the Trolley Line, and Monkey Bars. Trained staff will be on hand to assist at all times.

BMX and MOUNTAIN BIKING:

Cubs will be able to ride (or learn to ride) BMX and Mountain bicycles in full safety gear on our dirt race course or expanding network of trails.

NATURE, ECOLOGY and SCOUT SKILLS:

Scouts will have the opportunity to learn outdoor skills specific to their rank. They will take hikes, learn about plants and animals, tie knots, use a compass and learn Leave No Trace practices.

TARGET and RANGE SPORTS:

All campers will have the chance to learn safety and accuracy skills at the BB and Archery ranges. In addition to archery and BB target shooting, AoL scouts have the opportunity to do specialty shoots.

SPECIAL PROGRAMS/EVENTS

OUTSIDE AGENCY DEMOS:

Camp Kingsley partners with the National Park Service at the Fort Stanwix National Monument, the Department of Environmental Conservation, and other agencies and businesses to bring in demonstrations, shows and other programs throughout the summer.

ARROW of LIGHT OUTPOST:

Arrow of Light scouts are eligible to join the Adventure Outpost. Scouts will take a wilderness hike arriving at the Outpost site in time to prepare a meal and join in fellowship for the evening.

POLAR BEAR PLUNGE:

Early each morning scouts, leaders and parents have the opportunity to have a refreshing dip before breakfast. Note: Scouting America rules require that participants pass either a Beginner or Swimmer test. A BSA or Red Cross life guard must administer the Swim Test.

UNIT SHINGLES:

Wooden shingles will be available from the Office for each unit to decorate and hang up in the Dining Hall as a remembrance of their stay.

CAMP FIRE PROGRAM:

Scouts will have the opportunity to be entertained by the camp staff and to perform skits and songs for the camp at the Closing Campfire at the Council Ring. Units will have Den time and scheduled time with staff assistance to help prepare.

FLAG CEREMONIES:

Scouts will have the opportunity to help with daily flag ceremonies and learn about flag etiquette.

VESPER SERVICE:

A scout is reverent. An evening all-faith worship service will be offered for all scouts, leaders and parents wishing to participate.

SPORTS, GAMES and CRAFTS:

GaGa Ball, Volleyball, Kickball, Flag Football, MiniGolf, Ultimate Frisbee and Soccer are just a few of the sports available. We also have a number of board games for rainier days and scouts will work on theme related craft projects.

LEATHERSTOCKING COUNCIL #400

Scouting America

DIETARY NEEDS FORM

Cub Scout Adventure Camp, Camp Kingsley

The purpose of this form is to communicate special dietary needs, food allergies, health reasons, religious reasons, etc. for any child, teen, or adult who will be attending camp. Please complete this form and send it to the Leatherstocking Council (Attention: Cub Scout Resident Camp, Camp Director) no less than 2 weeks prior to your camp session. We will attempt to accommodate your needs from within our resources. This form, which details the food substitution or modification requested, includes an identification of the medical or other special dietary condition which restricts the person's diet, texture changes requested, food or foods to be omitted from the child's diet, and food or choice of foods to be substituted. Food allergies are potentially life threatening, so it is important that parents notify the camp of any food allergy so that they may be accommodated appropriately. Campers with disabilities may require modifications in texture, and the food may need to be chopped, ground or pureed. Campers may also require food substitutions based on philosophical or religious beliefs.

Name: _____ Pack No: _____ Date: _____

Check One: Camper (6-10 years old) Parent/Leader Den Chief/Older Scout Staff (18+ years old) Other

In the space below, please list all food allergies or intolerances for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any special diet or dietary restrictions (non-allergy) for the person listed above and food substitutes that may be considered:

List all foods that need changes in texture. If all foods need to be prepared in this manner, indicate "ALL". Use an additional sheet if necessary:

Food Requiring Texture Modifications	Modification (chopped, finely ground, pureed or blended, thickened liquids)

Parent/Guardian Name:

Printed Name Signature

Date

Medical Provided Name:

Printed Name

Signature

Date

LEATHERSTOCKING COUNCIL #400

Scouting America

AUTHORIZATION FOR CAMPER RELEASE

Cub Scout Adventure Camp, Camp Kingsley

This form is used in the event a Cub Scout will be transported to camp by a person other than their parent or guardian. The below named individual(s) are authorized to pick up my Scout(s). Photo identification is required.

I, _____ give permission for my child/children _____

to be dropped off and picked up from Camp Kingsley by the following individuals:

name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____

Parent/Guardian Contact Number:

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed):

Date:

LEATHERSTOCKING COUNCIL #400

Scouting America

EARLY RELEASE FORM

Cub Scout Adventure Camp, Camp Kingsley

This form is used in the event a Cub Scout will need to leave camp, for any reason, prior to the scheduled end of their camp week or session. The below named Scout(s) is/are authorized to depart camp earlier than scheduled by his/her Pack. Additionally, the below named individual is the person authorized to pick up my Scout(s). Photo identification is required.

Date & Time of Release: _____

Name of Scout(s): _____

Unit No.: _____

Address: _____

City/State/Zip: _____ / _____ / _____

Home Phone No.: _____

Parent's Work/Cell Phone: _____ / _____

Authorized Individual to Pick Up Scout(s)

Name of Scout(s): _____

Address: _____

City/State/Zip: _____ / _____ / _____

Home Phone No.: _____

Work/Cell Phone No: _____ / _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

AUTHORIZATION FOR NON-PRESCRIPTION MEDICINE & TOPICAL OINTMENT**Cub Scout Adventure Camp, Camp Kingsley**

The following over-the-counter non-prescription medicine and topical ointment can be administered by the Health Officer at Camp Kingsley:

- Sunscreen
- Insect Repellant
- Aloe for Treatment of Burns/Stings
- Rubbing Alcohol for Treatment of Stings
- Antibiotic Ointment/Cream

• Tylenol: Dosage: _____

Strength: _____

When to Use: _____

• Benadryl: Dosage: _____

Strength: _____

When to Use: _____

• Other: Dosage: _____

Strength: _____

When to Use: _____

The Authorization for Non-Prescription Medicine and Topical Ointment permission form must be completed by the parent/guardian before the topical medicine can be applied. If the instructions state that the item is not age-appropriate for the child, we must have a physician's note to administer it. All Medicine and Topical Ointment should be provided in the original container with a valid expiration date, clearly labeled with your child's first and last names, and given to the Health

Officer at registration.

I give the Leatherstocking Council and Camp Kingsley permission to apply the above noted non-prescription medication and topical ointments to _____ (name of scout)

from: ____/____/____ to: ____/____/____ (not to exceed 90 days).

Special Instructions:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

LEATHERSTOCKING COUNCIL #400

Scouting America

Medication Label

Cub Scout Adventure Camp, Camp Kingsley

MEDICATION LABEL

Please fill this out completely and include it in a plastic sandwich bag with your medication:

Name: _____ Troop #: _____ Age: _____

Type of Medication: _____

Reason for Medication: _____

Dosage Instructions: _____

Date Medicine Started: _____ Temporary Permanent

Side Effects: _____

Special Storage Instructions: _____

LEATHERSTOCKING COUNCIL #400

Scouting America

Talent Release Form

Cub Scout Adventure Camp, Camp Kingsley

I hereby assign and grant to the Leatherstocking Council, Scouting America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by Leatherstocking Council, Scouting America, and I hereby release the Leatherstocking Council and Scouting America from any and all liability from such use and publication.

I hereby 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 Leatherstocking Council, Scouting America and I specifically waive any right to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Pack #: _____ Pack City: _____

Signed (parent/guardian): _____



Please check if willing to be contacted for additional information such as quotes or interviews to be used in future council promotions.

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: _____

High-adventure base participants:

Date of birth: _____

Expedition/crew No.: _____
or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	

Part B2: General Information/Health History

Full name: _____

High-adventure base participants:

Date of birth: _____

Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	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.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		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: _____

High-adventure base participants:

Date of birth: _____

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 www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

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

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	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						
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



Pre-Event Medical Screening Checklist

Prepared. For Life.

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

Name: _____	Date/Event: _____
Unit: _____	Campsite: _____

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

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

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

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

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

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

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

CAMP KINGSLY

SCOUT RESERVATION

