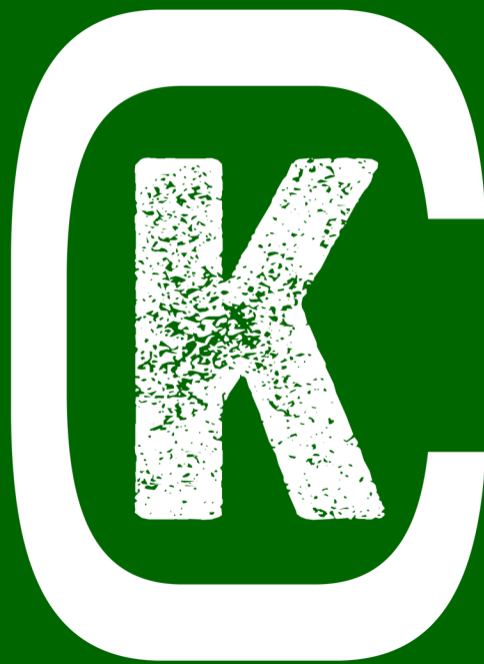


ScoutsBSA
Day Camp
2026 Guidebook



CAMP KINGSLEY

Leatherstocking Council, Scouting America

WELCOME!

Dear Scouts, Scouters and Parents,

Looking for a more affordable summer camping option? Went to another camp with your troop but still want more? Part of your troop is doing a high adventure trek? Were you away on family vacation when your troop went to camp? Just crossed over and not quite ready to camp overnight for a whole week? Want a chance to earn more merit badges, make new friends, try new things, and still get the summer camp experience?...Then ScoutsBSA Day Camp is the right option for you!

We offer loads of merit badges, inter-troop activities, 1/2 day excursions, fellowship, campfires and so much more. Whether it's Range and Target Sports, Nature, Swimming and Boating, Biking or some of the many other options, we've got a full slate of Scout Camp programming packed into our daily programs. Scouts can attend as individuals or with their whole troop. Troops also have the option to rent lean-to or tenting sites and camp as a unit some or all of the week. Scouts and Troops can make this a truly customizable experience.

We have put this guidebook together to give you the answers to the most frequently asked questions; however, it is impossible to answer everything. If you have any questions or concerns, please don't hesitate to contact us.

Yours in Scouting,

Rob Mahardy

ScBSA Day Camp Director

romahard@scouting.org

315-368-3743



PROGRAM REQUIREMENTS

- * Participants must be registered Scouts, BSA or Venture Crew, or ExploringMembers.
- * Participants must have Scoutmaster or Crew Leader approval.
- * Participants must have a completed BSA Medical Form (Parts A and B) (Appendix G)
- * Participants must follow current Department of Health protocols and guidelines.

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ARRIVAL and DEPARTURE

ARRIVAL:

CHECK IN BETWEEN 8 and 9 AM on Monday through Friday, July 27-31, 2026

Early arrivals will not be checked in prior to 8:00 am as our staff is making final preparations to welcome you. If you need to make other arrangements, please contact 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 on the first day.

Upon arrival in the parking lot, please leave your equipment in the car. Scouts and adults need to check-in at the camp office, and bring required camp forms and medications with them. Once you have checked-in, you can meet at the assembly area for morning announcements.

On the first day, check-in process may take 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, collect any medications, and then check the camper's temperature.

DEPARTURE:

CAMPERS WILL DEPART at 4:00 PM on Monday through Friday, July 27-31, 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 each afternoon 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 all of parts A and B will **NOT** be allowed into camp. There are **NO** exceptions to this policy and it is **STRICTLY** enforced. See Appendixes for forms.

Required Camp Forms Include the following:

- Annual Health and Medical Form (Parts A and B)
- 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)
- Talent Release Form (optional if scouts and families wish to be interviewed for additional council promotions)



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:

Lean-to and tenting sites are available to rent by any units wishing to stay overnight any or all nights under their own leadership. S.A.F.E. Guarding Youth Guidelines must be adhered to at all times. Units may combine if needed to maintain appropriate ratios.

DINING:

All lunches will be provided in the dining hall at scheduled times. Water will be available throughout the day at all program areas. Please let us know in advance of any special dietary needs by using the Dietary Needs Form (Appendix A).

CAMP KINGSLEY GRACE

Noon -

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

TRADING POST

A trading post will be open for scouts to buy Camp Kingsley memorabilia, camp supplies, snacks, merit badge books, and other items. The hours of operation will be posted.

Any pre-ordered merchandise will be available to be picked up on the first day in camp.

UNIFORMS

The Scouts BSA field uniform should be worn to the opening flag ceremony on Monday as well as the campfire and closing flag ceremony. The rest of the day 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.

VISITORS

All visitors must check in and out at the Camp Office. 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-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.

VEHICLES IN CAMP:

Vehicles are only permitted in designated parking areas. Vehicles are NOT permitted in camp sites or program areas. Carts are available to transport gear should that be needed.

GENERAL INFORMATION (continued)

CAMP IDENTIFICATION:

All staff, scouts and adults will wear a wrist band while they are in camp. If you see an adult or scout who does not have a wristband, 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 in July about a week or two before camp. 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.

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 9. 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.

PAYMENT

2026 PAYMENT SCHEDULE

Payments due by 5/31/26

Boy Scout or Venture Crew member	\$200
Adult Leader	\$ 65
Late Registration (June 1, 2026 and after)	+\$25 to above listed costs

Registration Closes on 6/30/26 OR when Sold-Out

PAYMENT OPTIONS:

- 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.scoutingcny.org;
or visit us on Facebook at the following pages:

Camp Kingsley and Leatherstocking Council as well as each District page.

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 winter camping guidelines set forth in The Guide to Safe Scouting (see pages 22 & 23)

Please note: Camp staff reserves the right to cancel and/or reschedule any activities due to safety, health or weather concerns.

BUDDY SYSTEM:

Scouts should never be by themselves. Each scout should travel with a buddy. This policy will be reviewed with all campers during the camp orientation on Day 1.

MEDICAL FACILITIES:

Scouts BSA Day Camp will have a fully trained Health Officer to provide any needed medical assistance.

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 (near the flag poles). Staff and other designated personnel will respond as assigned in accordance to the type of emergency.

HEALTH HISTORY FORMS:

All participants, youth and adults, must bring a current copy of their BSA Medical Form parts A and B (Appendix G). Scouting America health forms are also available online at the council and national websites. This form must be signed by parents 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 E) 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.

YOUTH PROTECTION:

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

PERSONAL CLEANLINESS:

Being clean in body and mind are part of the Scout Law and part of Scout training. Scouts should wash up regularly and clean their hands before coming to each meal. Hands will be inspected prior to entering the dining hall.

Health Dept. Protocols:

We will be following the most current guidelines and recommendations of Oneida County Health Department, NYS and the CDC. Protocols will be described at camper orientation and leader's meeting.

TWO STRIKES POLICY

Scouts BSA Day Camp, Camp Kingsley

Dear Parent,

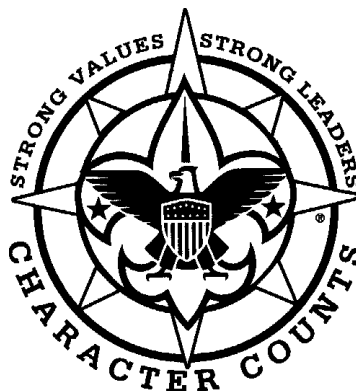
Your scout's time at camp will be a fun filled, memorable learning experience. Meeting new Scouts and making new friends, while having fun in the outdoors, is a central goal of Scouts BSA Day Camp. It is our goal as a staff that each Scout has a chance to enjoy this opportunity. One factor, which may create difficulty for scouts 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 Scoutmaster. 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 Scouts BSA Day Camp Staff



WHAT TO BRING

A well-prepared camper will have more fun at camp. These recommended quantities are for a day camp. The following items should be packed in an easy-to-carry duffel bag or day pack. Scouts wear clothes that enable them to layer clothing for outdoor activities.

Please pack so that scouts can manage repacking and moving their own bag!

PERSONEL GEAR

- All Necessary Camp Forms (see page 4)
- Class A Scout Uniform
- Rain gear
- Day Pack
- Closed Toed shoes
- Hat
- Bathing suit, extra towel, Water shoes with closed heel and toe (if participating in Aquatic activities)
- Specific Items you need for MB classes
- Pen or pencil and writing items
- Scout Handbook
- Folding Pocket Knife
- Canteen or water bottle on lanyard

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.

OPTIONAL EQUIPMENT

- Card or board game
- Sunglasses (the glare off the lake can be very bright)
- Small Bible
- Camera
- Spending money for Trading Post



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 the day

SCHEDULE For The WEEK

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00 AM	Check In/ Orientation/ Swim Tests	Daily Check In			
9:00-9:15 AM		Opening at Flag Pole/ Announcements			
9:15-10:45 AM		Activity Period 1			
10:45 AM-12:15 PM	Campwide Game	Activity Period 2			
12:20-1:00 PM	Lunch				
1:15-2:45 PM	Activity Period 3				Campwide Games and Campfire
2:45-4:15 PM	Activity Period 4				
4:15-4:45 PM	Games/Free Time				
4:45-5:00 PM	Closing at Flag Pole				
5:00 PM	Depart				

ACTIVITIES and MERIT BADGES

Activity Period 1	Activity Period 2	Activity Periods 1 and 2	Activity Period 3	Activity Period 4	Activity Periods 3 and 4
Canoeing MB	Swimming MB	Archery MB	1stAid MB	Citizenship in the Nation MB	Lifesaving MB
Auto Maintenance MB	Art MB		Fish and Wildlife MB	Fly Fishing MB	Kayaking MB
Fishing MB	Weather MB		Mammal Study MB	Home Repairs MB	
Sustainability MB	Indian Lore MB			Pets MB	
Biking For Leaders (Tues)	Auto Repair For Leaders (Thur)	Dutch Oven Cook-off for Leaders (Fri)		Archery Shoot For Leaders (Wed)	

Scoutmaster's Dutch Oven Dessert Competition

We all have that one dessert that everyone loves! This year we are asking each Scoutmaster to prepare your Troop's best Dutch oven dessert at ScBSA Day Camp. This will be an adult-only semi-competitive event where everyone will be working in the same area and encouraged to help each other out. This will be a great opportunity for adult leaders attending camp to get together and swap recipes, stories, and just have some fun. Please plan to participate.



Rules

1. This event is only open to your Troop's adult leaders – your Scouts will be busy with other activities.
2. Each unit must bring everything that they will need, this includes ingredients, prepping and cooking utensils, and cookware (including a Dutch oven and charcoal).
3. The use of liquid fire starter of any kind is prohibited – Bring a charcoal chimney.
4. Participating Scoutmasters (everyone we hope) will need to sign up during lunch on Thursday at the Dining Hall.
5. Participating Adult leaders will gather at the pavilion next to the dining hall at 9:00 AM on Friday. We will have several picnic tables available, and the communal fire pit will be clear for everyone's use.
6. Preparation and cooking can only occur from 10:00 AM to 12:00 PM on Friday .
7. Each unit will be able to submit one dessert for judging, and it must be submitted to the judges by 3:00 PM outside the dining hall by the flag poles.
8. Each dessert submitted must be accompanied by its recipe and a complete list of ingredients.
9. Winners will be announced during closing on Friday.

Pro Tips

- * Use a Dutch oven recipe that identifies the proper number of coals to use.
- * You can pre-measure your ingredients before coming to camp.
- * Light those charcoal chimneys as soon as we begin so the coals are ready when you are.
- * You can line your Dutch oven with tinfoil or parchment paper to make clean-up easier.

DIETARY NEEDS FORM

Scouts BSA Day 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: Scouts BSA 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. Students with disabilities may require modifications in texture, and the food may need to be chopped, ground or pureed. Students may also require food substitutions based on philosophical or religious beliefs.

Name: _____ Troop No: _____ Date _____

Check One: ☐ Camper (13-18 years old) ☐ Staff (18+ years old) ☐ Adult Volunteer

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 Provider Name:

Printed Name

Signature

Date

AUTHORIZATION FOR CAMPER RELEASE

Scouts BSA Day Camp, Camp Kingsley

This form is used in the event a Scout will be transported to camp by a person other than his 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 Signature: _____

Parent/Guardian Name (Printed): _____

Date: _____

EARLY RELEASE FORM

Scouts BSA Day Camp, Camp Kingsley

This form is used in the event a Scout will need to leave camp, for any reason, prior to the scheduled end of his camp week or session. The below named Scout(s) is/are authorized to depart camp earlier than scheduled by his Troop. 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

Scouts BSA Day 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 Repellent
- 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): _____

Medication Label

Scouts BSA Camp, Camp Kingsley

MEDICATION LABEL

Please fill this out completely and include it in the Ziplock 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: _____

Talent Release Form

Scouts BSA Day 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: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

Phone: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

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: _____

Date of birth: _____

High-adventure base participants:

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	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	

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: _____





Prepared. For Life.®

Pre-Event Medical Screening Checklist

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 KINGSLEY

SCOUT RESERVATION

Map Version 1.0 • 1-1-24

CAMPSITES

- 1 - Onondaga
- 2 - Jamboree
- 3 - Algonquin
- 4 - Tuscarora
- 5 - Cayuga
- 6 - Oneida
- 7 - Ranger
- 8 - Seneca

BUILDINGS

- 9 - Toilets/Showers
- 10 - Evans Cabin
- 11 - Harden Cabin
- 12 - Bike Building

- 13 - Welcome Center
- Health Lodge
- Trading Post
- Registration

- 14 - Toilets/Shower
- 15 - Smith Building
- 16 - Dining Hall
- 17 - Pavilion

- 18 - Williams Building
- 19 - Toilets/Showers
- 20 - A-Frames

ACTIVITY SPACES

- 21 - BMX
- 22 - Shooting Sports
- 23 - Fishing Dock
- 24 - Campfire
- 25 - Waterfront