WINTER CAMP

LAST FRONTIER COUNCIL

DECEMBER 27–30, 2026 ★ WILL ROGERS SCOUT RESERVATION

LEADER'S GUIDE

Will Rogers Scout Reservation

Winter Camp is an opportunity to earn merit badges held at Will Rogers Scout Reservation during the time between Christmas and New Year's Eve. This camp will allow and provide the opportunity for Scouts to learn new skills and earn merit badges.

Our camp staff will provide guidance, instruction, and supervision for a variety of merit badges that Scouts will be attending. New and experienced Scouts will have the opportunity to make new friends from other troops and enjoy fellowship of campfires, games, and competitions.

WHEN IS CAMP?

December 27th to 30th, 2026

Scouting America
Last Frontier Council

WHERE IS CAMP?

Will Rogers Scout Reservation
362689 US-64, Cleveland, OK 74020
5 miles West of Cleveland, OK on US-64

WHAT IS THE TOTAL COST?

Youth - $150.00
Adult - $80.00

Table of Contents

Camp Administrators

Camp Director — Lowery Blakeburn

- Cell Phone: (580) 304-5445
- Email: lowry@blakeburn.net

Merit Badge Coordinator — TBD

Ranger — Michael Black

- Cell Phone: (405) 824-9420
- Email: Michael.Black2@scouting.org

Director of Support Service — Chip Armishaw

- Office Number: (405) 628-0310
- Email Address: Chip.Armishaw@scouting.org

LFC Program Director — Curt Geimer

- Office Number: (405) 626-2354
- Email Address: Curtis.Geimer@scouting.org

Winter Camp Schedule

- **12/27/2026**
  - Check-In: 12:00 to 14:00
  - Flag: 17:45
  - Dinner: 18:00
  - Opening Campfire Ceremony: 20:00
- **12/28/2026**
  - Morning Flag Ceremony: 07:30
  - Breakfast: 07:45
  - Session One Classes: 09:00
  - Session Two Classes: 10:30
  - Lunch: 12:00
  - Session Three Classes: 13:30
  - Afternoon Flag Ceremony: 17:45
  - Dinner: 18:00
  - Movie: 19:00
- **12/29/2026**
  - Morning Flag Ceremony: 07:30
  - Breakfast: 07:45
  - Session One Classes: 09:00
  - Session Two Classes: 10:30
  - Lunch: 12:00
  - Session Three Classes: 13:30
  - Afternoon Flag Ceremony: 17:45
  - Dinner: 18:00
  - Campfire Ceremony: 19:00
  - Movie: 20:00
- **12/30/2026**
  - Morning Flag: 07:30
  - Breakfast: 07:45
  - Check-Out: 10:00 to 12:00

Registration

Registration is online using Black Pug.

Some things to consider for registration and selecting where you want to camp:

- All campsites listed on the map are open for camping except for Stillwater Rotary. We recommend using campsites closer to the dining hall and the program areas. Please do not camp west of the Bath House — that is not an overnight camping area.
- White Eagle is designed for wheelchair access.
- The only campsites with electrical power are Sac-n-Fox, Family Camping, Steve Evans, and the Staff Area.
- Staff Area is reserved for staff members.
- In general, Will Rogers Scout Reservation is winterized, which means water is turned off to the campsites. There are some freeze-proof water hydrants or live faucets at: Pioneer, Steve Evans, Sac-n-Fox, Family Camping, West of Dining Hall, Near Health Lodge, Bath House, and Nature Hut.
- Bath House restrooms and showers are open.
- We have some rustic cabins for camping. Campsites with cabins are: Pawnee Bill, Osage, Elmer Herd, and Steve Evans.

Camp Policies

Parking & Vehicle Use

Vehicles should only be driven in camp during special circumstances and must be parked in one of the three parking areas shown on the map (back of the leader's guide). All drivers must be over 18 years old with a valid driver's license. Speeding or any other unsafe driving will result in suspension of driving privileges for the driver at fault. Truck beds, cargo areas of utility vehicles, and trailers will not be used to transport passengers while on campgrounds. The gate from the main parking lot to the campsites and program areas is to be kept normally closed, but not locked.

Behavior

All staff, volunteers, and participants of camp will be expected to follow the principles of the Scout Oath, Scout Law, and the Guide to Safe Scouting. Illegal substances, alcohol, and firearms are prohibited on campgrounds. Any violations will result in dismissal from campgrounds and being sent home. We will enforce and report all local, state, and federal laws.

Leaving Camp

For safety and accountability, all staff, volunteers, and participants of Winter Camp leaving camp will need permission from their Unit Leader or Camp Director and must sign the check-in/out log book in the Administrative Building.

Visitors

Visitors to camp must report to the Health Lodge before going anywhere on the property, and the Camp Director must be aware of the visitor immediately. Any unplanned visitors without permission from the Camp Director will be escorted off camp property.

Boat Pond

There will be no activities on the boat pond or dock during Winter Camp.

Health and Safety Policies

First Aid

The first aid station will be held inside the Health Lodge. The Health Lodge personnel are trained to manage minor accidents and illnesses. Any injuries requiring more than minor first aid and all illnesses must be reported to the Health Officer and Camp Director.

Medical Forms

Will be collected at the Health Lodge from the Scoutmaster during check-in.

Medication in Camp

All medications being used by individuals at camp should be known by the Health Officer during the check-in process and should be kept on the unit's campsite with the Unit's onsite leader.

Disabilities and Special Needs

Notification of any disabilities or special needs that the Camp Director or Health Officer should be aware of must be provided during registration and repeated during the check-in process. This information allows us to make reasonable accommodations to support any scout or adult participating in camp. Please note that White Eagle Camp is wheelchair accessible.

Notification of any medically necessary dietary needs must be included in the Black Pug registration for any scout or adult who requires accommodations. We will make every reasonable effort to support medically necessary diets; however, you may still need to bring your own food depending on the specific requirements. Early coordination with camp administration before arriving at camp is essential to ensure the best possible arrangements.

CPAP Machines

We recommend that CPAP users acquire a portable power source to use their machine. No vehicles are permitted in campsites to power CPAP Machines. See registration for a list of campsites with electrical power.

Roll Calls

To ensure the health and safety of the troop, we ask for a call to be conducted each morning, at mealtimes, and before the lights go out.

Leader Meeting

A meeting will be held inside the dining hall on Friday night after the opening campfire. A daily leader and SPL meeting will be held after breakfast inside the dining hall as well, to discuss announcements and policies.

Information for Parents

Scoutmasters and leaders are responsible for informing each Scout's parents or guardians about the camp dates and who will be responsible for the troop at camp. If a parent or guardian has any additional questions or concerns, he or she is welcome to reach out to any of the camp administrators or the Last Frontier Council office.

Medical Support

A person trained in first aid and working under the direction of the Health Officer will always be on duty at the Health Lodge. Arrangements are made with the local hospital in Cleveland, OK to manage any cases requiring hospitalization or medical help.

Items to Bring to Camp

Personal Gear

- Completed BSA Medical Forms and Prescription Medications
- Class A and B Scout Uniform
- Scout Handbook
- Proper clothing for weather conditions
- Extra socks
- Extra shorts and pants
- Shoes
- Underwear
- Toiletries
- Towel
- Tents and ground tarp

Additional Items

- Flashlight
- Sleeping bag or bed roll
- Bug spray
- Pocket knife
- Hat and/or bandanna
- First aid kit
- Water bottle
- Day pack
- Notebook and pencil
- Money for Trading Post
- Religious literature
- Camera
- Camping chair

Unit Equipment

- U.S. Flag, State, and Troop flag
- Lanterns
- Water Jugs
- Troop First Aid Kit
- Dining Fly/Canopy

Check-In and Check-Out Procedures

Check-In

Arrival and check-in for Winter Camp at Will Rogers Scout Reservation will be from 12:00 pm to 3:00 pm. Early or late arrivals can be arranged by the Camp Director. Out-of-council units will need to provide proof of insurance at the time of check-in. Upon arrival, the Scoutmaster and Senior Patrol Leader will need to meet with the Camp Director in the Administration Building (AB) and the Health Officer inside the Health Lodge (HL) to submit all necessary paperwork, such as registration and medical forms.

Check-Out

Check-out will begin at 10:00 am and will be held at the Health Lodge at the end of camp. We ask each SPL and Scoutmaster to check out before their troop leaves camp and to remind them to police their campsite of all trash and any missing belongings. We ask each Scoutmaster to turn in the camp evaluation form given at the beginning of camp to help improve our camp.

Merit Badge and Rank Advancement

- **Archery**

The Archery merit badge focuses on safe and skillful use of bows and arrows, including range safety, shooting techniques, bow and arrow care, and practice shooting accurately and safely.

- **Astronomy**

The Astronomy merit badge allows Scouts to explore the wonders of space and the night sky, including stars, planets, constellations, telescopes, light pollution, and careers in astronomy.

- **Auto Maintenance**

The Auto Maintenance merit badge teaches Scouts basic vehicle care, including safety procedures, checking vehicle fluids and tire condition, understanding dashboard lights, and performing routine tasks.

- **Camping**

The Camping merit badge involves responsible outdoor living, overnight campouts, outdoor cooking, sanitation, weather hazards, and first aid for outdoor-related illnesses.

- **Climbing**

The Climbing merit badge focuses on safe and responsible rock climbing and rappelling, including equipment, techniques, safety procedures, and environmental responsibility.

- **Cooking**

The Cooking merit badge teaches basic and advanced cooking skills, including food safety, nutrition, meal planning, and cooking methods both at home and outdoors.

- **Crime Prevention**

The Crime Prevention merit badge teaches Scouts to be active participants in preventing crime by understanding laws, community safety efforts, and ways to protect themselves and others.

- **Cycling**

The Cycling merit badge teaches bicycle maintenance, safety, responsible riding practices, traffic laws, basic repairs, potential hazards, first aid, trail etiquette, and route planning.

- **Dentistry**

The Dentistry merit badge allows Scouts to explore oral hygiene, tooth structure, the causes of dental issues such as decay and gum disease, and careers in dentistry.

- **Electricity**

The Electricity merit badge teaches electrical principles, safe practices, the impact of electricity on modern life, home safety inspections, meter reading, and emergency procedures.

- **Energy**

The Energy merit badge focuses on how energy works, renewable and nonrenewable sources, conservation, and the impact energy use can have on the environment.

- **Farm Mechanics**

The Farm Mechanics merit badge teaches Scouts to safely maintain and repair farm equipment, including safety procedures, tools, machinery operation, and preventive maintenance.

- **Fingerprinting**

The Fingerprinting merit badge teaches Scouts about the science, history, and practical application of fingerprints in fields like law enforcement and security.

- **Fire Safety**

The Fire Safety merit badge teaches fire prevention and safe responses to fire-related situations, including smoke alarms, escape plans, fire extinguishers, campfire safety, and wildfire prevention.

- **Fly Fishing**

The Fly-Fishing merit badge focuses on the specialized art of fly fishing, including equipment, casting, tying flies, fishing regulations, conservation, and responsible catch-and-release practices.

- **Geocaching**

The Geocaching merit badge teaches Scouts to use GPS technology, practice safe geocaching techniques, understand geocaching etiquette, plan events, and apply Leave No Trace principles.

- **Golf**

The Golf merit badge teaches the history, rules, etiquette, safety, and fundamental skills of golf, including grip, stance, swing, different shots, and respect for other players.

- **Health Care Professions**

The Health Care Professions merit badge introduces Scouts to careers within the healthcare industry, including roles, educational paths, licensing requirements, and how professionals work together.

- **Law**

The Law merit badge helps Scouts learn about the history and purpose of laws, the roles of law enforcement, the legal system, consumer protection, and careers in law.

- **Metalwork**

The Metalwork merit badge teaches metal properties, basic tools, safety principles, and techniques, then allows Scouts to apply those skills by creating metal objects.

- **Orienteering**

The Orienteering merit badge teaches Scouts how to navigate using a map and compass, interpret topographic maps, identify landmarks, plan routes, and measure distances.

- **Pioneering**

The Pioneering merit badge focuses on knots, lashings, ropes, spars, and building camp gadgets such as bridges, towers, and shelters through teamwork and problem solving.

- **Rifle Shooting**

The Rifle Shooting merit badge focuses on safe rifle handling, range procedures, rifle parts, safety rules, shooting fundamentals, firing positions, cleaning, and responsible range behavior.

- **Scouting Heritage**

The Scouting Heritage merit badge teaches Scouts about the origins and history of the Scouting movement, Lord Baden-Powell, Brownsea Island, and Scouting in the United States.

- **Shotgun Shooting**

The Shotgun Shooting merit badge teaches safe handling, operation, and shooting of shotguns, including firearm safety, stance, aiming, ammunition, maintenance, and range procedures.

- **Weather**

The Weather merit badge introduces meteorology, weather patterns, clouds, weather instruments, weather maps, local and global weather, and severe weather safety procedures.

- **Welding**

The Welding merit badge teaches the fundamentals of joining metal with heat, welding processes, safety procedures, careers, equipment use, sketching, welding beads, and metal plates.

- **Wilderness Survival**

The Wilderness Survival merit badge teaches preparedness, first aid, wilderness hazards, survival priorities, improvised shelters, finding water, and keeping a cheerful outlook in challenging situations.

Programs

- **Campfire**

  We will hold an opening and closing campfire ceremony if weather conditions permit it. If not, the closing ceremony will be held inside the dining hall.

- **Movies**

  Age-appropriate movies will be held inside the dining hall each night of camp.

- **Games/Activities**

  We will have an assortment of games and activities for the Scouts.

- **A Non-Denominational Service will be held at the Chapel.**

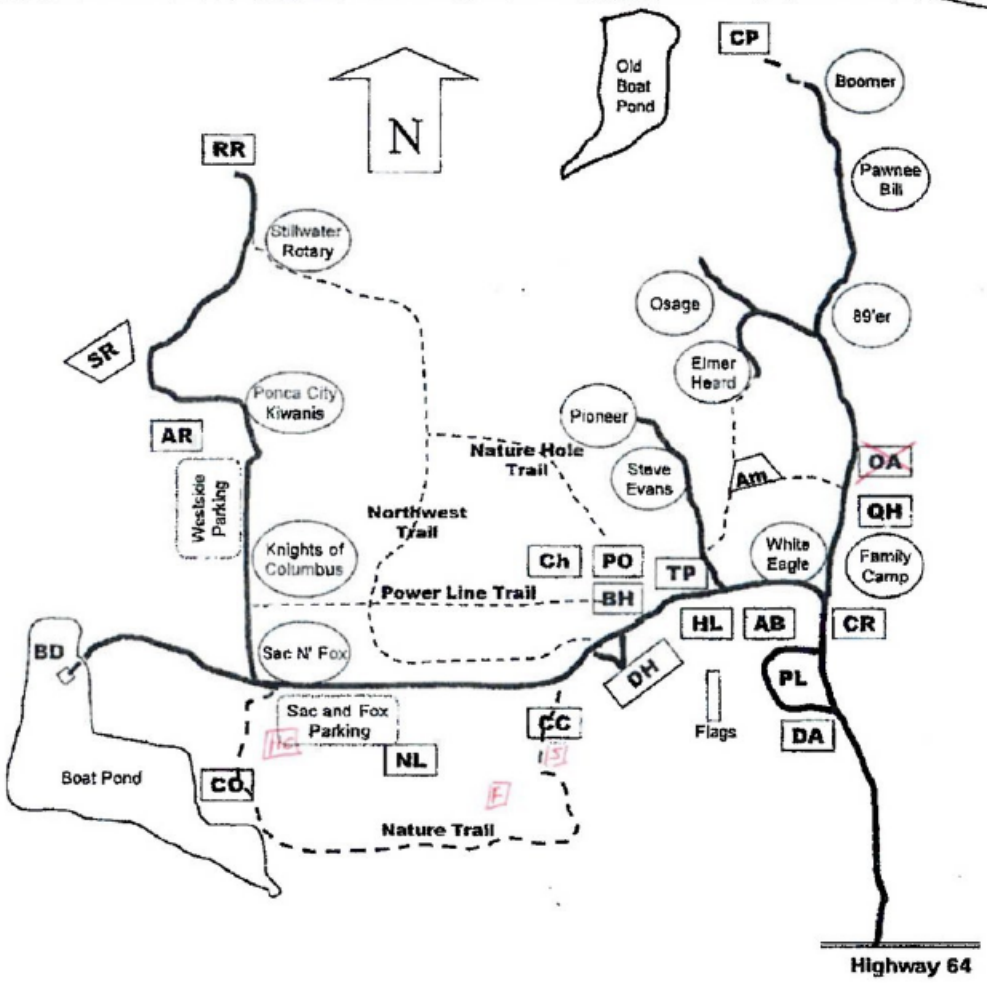
Camp Map

Will Rogers Scout Reservation, Cimarron Council, BSA, Cleveland, Oklahoma

Camp Program Areas

AB-Administration Bldg.
Am-Amphitheater
AR-Archery Range
BD-Boat Pond Dock
BH-Bath House
CC-Cooks Cabin
Ch-Chapel
CO-Call Out Ring
CP-Cedar Point (Climbing)
CR-Camp Ranger
DA-Dance Arbor
DH-Dining Hall
OA-OA Hut
HL-Health Lodge
NL-Nature Lodge
PO-Pool
PL-Parking Lot
QH-Quonset Hut
RR-Rifle Range
SR-Shotgun/Skeet Range
TP-Trading Post

F-Four
IC - Handycraft
S - Staff Area



Part A: Informed Consent, Release Agreement, and Authorization

A

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: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Height (inches): _____ Weight (lbs.): _____ ☐ Male ☐ Female

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

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR (e.g. EpiPen)? ☐ YES ☐ NO **Exp. date (if yes)** _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO **Exp. date (if yes)** _____

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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.

Immunizations

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.

Y	N	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e. HIB)	
☐	☐		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: _____

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Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

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

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	☐	☐	

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

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

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Skin issues	☐	☐	
Other	☐	☐	

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
☐	☐	Meets height/weight requirements. (See table below.)
☐	☐	Has no uncontrolled heart disease, lung disease, or hypertension.
☐	☐	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.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	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	Height (inches)	Max. Weight	Height (inches)	Max. Weight	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

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