

**Susquehanna Council  
Fall Camporee  
September 25 - 27, 2026  
Antietam Battlefield  
Sharpsburg, Maryland**



**Registration Deadline  
September 6, 2026**

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## Overview

The Susquehanna Council is excited to hold the Antietam Battlefield, Harpers Ferry Fall Camporee. The Camporee will be held at Antietam Battlefield Sharpsburg, Maryland and Harpers Ferry, West Virginia Friday September 25, 2026 through Sunday September 27, 2026.

## General Rules and Information

These rules are the general framework around which this Camporee will be operated. The Scout Oath, Law, and Outdoor Code are the guides for **ALL** behavior at this Camporee. Troops or individuals who do not conform to this spirit will be asked to leave the Camporee.

### REGISTRATION

- **REGISTRATION DEADLINE: September 6, 2026**
- A registration fee will be charged to cover the cost of Camporee including patches, program supplies and other necessary items for the Camporee. All fees must be paid in full by the deadline of September 6th. Registration will be \$20 for youth and \$20 for adult leaders and event staff for the early bird registration through August 23, 2026. Registration will increase to \$30 for youth and \$30 for adult leaders and event staff on August 24, 2026 through September 6, 2026. **ALL PARTICIPANTS INCLUDING EVENT STAFF MUST REGISTER ONLINE.**
- **We will no longer be preordering patches for events. If you want more than the patch you get with your registration, please order it when you register. There is a separate tab for patches. Patches are \$5.00 each.**
- Guidebooks for the hike can be ordered during your registration on Black Pug. These are not available at the visitors center, so if anyone in your unit would like one, they need to be ordered on Black Pug.
- Antietam Battlefield Patches will also be available for purchase through the Black Pug registration. These are available in the visitors center but they are more expensive there.
- Each unit should be prepared with their own two deep leadership. If your unit is not able to provide their own two deep leadership, you must notify the district executive, [Ashley.sparrow@scouting.org](mailto:Ashley.sparrow@scouting.org) (570) 660-9673 by the registration deadline.
- If your unit must camp with another unit, you will need to notify the district executive, [Ashley.sparrow@scouting.org](mailto:Ashley.sparrow@scouting.org) or (570) 660-9673
- Arrow of Light Scouts are able to attend with their Troop as long as they have the Adult leadership from the Pack and the following regulations are followed:

#### **Guidelines for Arrow of Light Scouts Camping Overnight with Scouts BSA**

- Arrow of Light Scouts can participate and camp at a unit coordinated campout with a Scouts BSA Troop they are eligible to join. They must attend as an Arrow of light den / patrol under the supervision of two deep leadership from their Arrow of Light den / patrol or pack. All Cub Scout camping requirements still apply, including the Arrow of light den / patrol must have a Baloo trained leader in attendance and all Scouting's Safeguarding Youth Protection policies apply.

- Arrow of Light Scouts may participate at a Scouts BSA “camporee” (council coordinated, short-term camp, see NCAP SA – 001) during the day and / or overnight in one of two ways:
  - I. **With their Arrow of Light Den / Patrol.** Arrow of Light Scouts can attend as an Arrow of light den / patrol under the supervision of two deep leadership from their Arrow of Light den / patrol or pack. The Arrow of Light Scout’s parent or legal guardian(s) may attend with the Arrow of Light den / patrol and their child, either alongside the two deep leadership or as part of it if they are registered with the Pack. Or
  - II. **As an individual Scout.** Arrow of Light Scouts can attend with their parent(s) or legal guarding(s) if the local council coordinates two deep leadership per NCAP HS - 502

### ADULT LEADERS

- Unit leaders are always responsible for the supervision of their units. Remember **ACTIVE** two deep leadership is always required and please enforce safety and discipline.
- EVERY UNIT MUST PROVIDE **ONE ADULT LEADER FOR EVERY EIGHT YOUTH** IN ATTENDANCE AT THE EVENT WITH A **MINIMUM OF TWO ADULT LEADERS PER UNIT.**
- ALL adults and leaders in attendance at this event must be fully registered with Scouting America prior to the event.

### General Information

- Units will be responsible for their own transportation to Maryland. We will not be traveling as a group. We will all meet at the Rohrbach Campground at 18316 Burnside Bridge Road, Sharpsburg, Md 21782 Check in will be 3:00pm to 9:00pm. Travel time is around 3 hours from most locations
- All meals are the responsibility of the unit. Lunch will be an hour long. Bag lunches will be required for the hike of the Antietam battlefield on Saturday and Sunday at Harpers Ferry Parking lot before we tour the town.
- Taps will be at 11:00 p.m. each evening. Reveille will be at 7:00 a.m. Quiet hours and dim lights are between those hours.
- Scouts should dress appropriately and be prepared for all weather.

### ARRIVAL & CHECK-IN

- Check-in will be at Rohrbach campground at 18316 Burnside Bridge Road, Sharpsburg, Maryland.
- Units should not plan to arrive at the Camporee before 3:00pm but make sure you arrive before 9:00pm on Friday for the safety of the scouts, to have their campsites set up and to send the SPL to Cracker barrel.
- Please make sure that everyone stops at check-in to receive their wristband, especially if they are not arriving at the same time.
- Please have the following information available at check-in:
  - A unit roster of scouts and adults attending the event. A list of attendees will need to be presented on the form that is provided with this packet.

- **MEDICAL FORMS PARTS A & B** for EVERYONE, both youth and adults. Please make sure that the A & B forms are filled out properly including insurance policy number, any medication that is being taken, and **any and all** medical conditions and allergies. This helps our health officer and staff be fully prepared for any issues that may arise.
- Signed permission slip for each scout. Please use the attached permission slip. **(All permission slips must be turned in two weeks prior to the event.)**
- The check in station will provide each unit with a schedule, and emergency contact sheet. You'll also be given event surveys for both adults and Youth. Please fill out the surveys and return them no later than check-out.
- Everyone in attendance at the camporee will be given a color-coded wrist band meant to signify the registration status. All are required to wear this wristband from the time of registration on Friday to check-out on Sunday.

\*\*\*Parking: The campground has a parking lot where all vehicles and trailers will be parked. You will not be able to park at the campsites. **THERE WILL BE NO EXCEPTIONS TO THIS RULE.** The parking lot is a one-way loop. When you enter, follow the loop around to the loading/unloading zone. Unload your vehicles and trailers as quickly as possible and stack your belongings off to the side. Once your vehicles and trailers are unloaded, please follow directions from the park staff as trucks and trailers will be parked on one side of the parking lot and cars will be on the other.

### **CAMPING & CAMPSITES**

- Campsites will be assigned prior to check-in and units will be notified. Units within the same campsite can work together on bringing larger items such as canopies, camp stoves and other equipment. Units are to take only a reasonable amount of space with respect to their unit size and equipment. Units will be sharing campsites. Each site can accommodate up to 30 people. We will place units according to the number registered.
- Female and male units must be distinguished from one another. Family units should make every effort to separate male and female tents. No unit should have their tents intermingled with other units.
- There is no electricity available.
- Cell phone service varies per carrier

### **DEPARTURE & CHECK-OUT**

- Units must police their area and have all trash picked up prior to checking out. Scouts should make every effort to leave the area better than they found it. Please remember to put all of your trash in the dumpster the campground provides.
- Fire ash or unburnt fuel wood should be drowned in water and then disposed of in the trash. **DO NOT DUMP ASH ON THE GROUND or in the woods. (LEAVE NO TRACE)**

- Time for check-out will be on Sunday before leaving for Harpers Ferry. Please have a leader from each unit check out with the staff once your campsite is cleaned up where they will retrieve the unit medical forms and turn in event surveys.
- Camporee staff will be going around the camping area before we go to Harpers Ferry to ensure unit sites are clean before units depart.
- Unit leaders will be responsible for all members of the unit while at Harpers Ferry. One leader from each unit will need to text Ashley Sparrow, (570) 660-9673 once all members of their unit have left Harpers Ferry.
- Reminder, patches will **not** be handed out at the camporee. A new procedure is in place at council; patches will no longer be ordered before the event. After registration is closed and numbers are confirmed then patches will be ordered. This helps to eliminate excess patches being ordered. If you would like extra patches, you can order them on black pug when you register. There is a separate tab for this. Patch cost is \$5.00

### **RESTROOM FACILITIES/LATRINES**

There are pit toilets with hand washing stations at the campground near the parking lot. Please remember that a scout is clean. Let's keep the latrines clean and be respectful that others will be using them after you. Latrine areas should be checked and cleaned up by everyone throughout the weekend and units will be asked to help clean at the end of the camporee. Misuse of latrine facilities that can be linked to a particular unit will result in repercussions to the unit, with possible removal from the camporee.

### **WATER**

**Water is not available at the campground.** There will be a water buffalo provided with potable water. It would be helpful to not have to refill the water buffalo, so if you are able, please bring some water with you.

### **TRASH**

There are dumpsters for trash removal. All trash should be placed in the dumpster.

### **FIRES/CAMPGROUND SAFETY**

- Safety and fire prevention are the responsibility of everyone at the Camporee. Be very careful with fires. Have all necessary fire buckets and firefighting tools available. All fires should have a 5-foot radius safety zone cleared around the fire.
- Firewood will be provided. Units will be sharing campsites and fire rings. Each site has 1 fire ring and can accommodate 30 people, so units will be put together according to size of unit. Staff will put firewood at each fire ring when we get there.
- Fire ash or unburnt fuel wood should be drowned in water and then disposed of in the trash and put in the dumpster. **DO NOT DUMP ASH ON THE GROUND or in the woods. (LEAVE NO TRACE)**
- Any unsafe or improper use of knives, axes, or other tools will result in the removal from the camporee. Sheath knives and fixed scabbard knives are always prohibited.

## **BUDDY SYSTEM**

The buddy system entails that scout's group together in groups of two. These scouts then always stay together when they're not at the campsite or alongside the rest of their unit. The buddy system is one of the ways to ensure all scouts are accounted for and is a very important barrier to abuse. The Buddy System guidelines are as follows:

- The buddy system should be used at all times. Aquatics, horseback riding, cycling, canvassing the neighborhood during a fundraiser...you name it, you need a buddy.
- It's recommended that buddies know and be comfortable with each other. No youth should be forced into or made to feel uncomfortable by a buddy assignment.
- It is strongly encouraged to pair scouts of similar abilities, ages and maturity. **Buddy pairs should be no more than two years apart in age and should be a single gender. There are no boy – girl buddy pairs in any programs, including Venturing and Sea Scouts. Adults (anyone over the age of 18) may not be a youth members buddy.** This means that a Venturing crew cannot have a 17 -year-old be the buddy of a 19-year-old Venturing participant.
- A buddy team may consist of three scouts, when necessary.

## **FIRST AID**

First Aid should be administered at the Troop level. Units should have adequate first-aid supplies as part of their unit's equipment. All injuries, even if treated at the unit level, are to be reported to the Health Officer or the DE in a timely manner. Should professional medical assistance be needed, report to the District Executive immediately so proper protocol can be implemented.

**OUR FIRST AID OFFICER FOR THE CAMPOREE WILL BE ADRIAN BRANDAU.** His campsite location will be announced at check-in and during the cracker barrel.

## **ALCOHOL AND TOBACCO**

It is the policy of Scouting America that the use of alcoholic beverages and controlled substances is not permitted at encampments or any activity involving participation of youth members. Adult leaders should support the attitude that they, as well as youths, are better off without tobacco in any form and may not allow the use of tobacco products at any BSA activity involving youth participants. All scouting functions, meetings, and activities should be conducted on a smoke- free basis, with smoking areas for this camporee located at the parking lot. If you must use the smoking area please take all of your trash with you, don't leave it on the ground.

## **PETS**

No pets are allowed unless they are service animals.

## **A SCOUT IS COURTEOUS**

Remember this part of the Scout Law! Stay out of other troops' campsites unless invited or given permission to enter. Show respect to others by being at your campsite with lights dimmed and quiet from 11:00pm to 7:00am the next morning.

## **CONTACTS**

Any questions or concerns regarding the camporee can be sent to the following:

District Activities Chairperson and Event Coordinator Denise Stevenson at [dstevens133@gmail.com](mailto:dstevens133@gmail.com) or 570-660-5885

District Executive Ashley Sparrow at [Ashley.sparrow@scouting.org](mailto:Ashley.sparrow@scouting.org) or 570-660-9673

## EQUIPMENT

### UNIT GEAR

- **MEDICAL FORMS FOR ALL SCOUTS AND ADULTS**
- Unit Roster
- Permission Slips for all youth
- Unit Flags (Troop and Patrol) An American flag can be flown at each unit campsite if so desired.
- Shelters (Canopies and tents)
- First-Aid Kit
- Water Jugs
- Any necessary cooking equipment. For this camporee think personal/backpacking stoves
- And any other items that your troop would bring while camping

### SCOUT GEAR

- Class A uniform (worn for opening and closing ceremonies and Scouts Own service, Antietam hike and Harpers Ferry tour)
- Class B Uniform and clothes appropriate for the weather
- Toiletry Articles (Toothbrush, Toothpaste, etc.) Showers will not be available for this Camporee
- Tent
- Mess Kit
- Sleeping Gear (appropriate for the weather)
- Poncho/Rain gear
- Water Bottle (**STAY HYDRATED**)
- Watch
- Pen/Pencil/Paper
- And any other items that you would bring and **need** while camping.
- Small backpack to carry water bottles, and whatever else they need to carry on the hikes.
- Chair
- Compass
- Spending money for patches and souvenirs

**SCHEDULE:**

<b>Friday, September 25, 2026</b>	
3:00pm – 9:00pm	Arrival at campground / check in. All medical forms and rosters should be handed in.
3:00pm – 11:00PM	Set up campsites
10:00pm	Cracker barrel / leaders meeting
11:00pm	Lights Out
<b>Saturday, September 26, 2026</b>	
7:00 am	Reveille-Rise and Shine!
7:00-8:00 am	Breakfast and clean up
8:30-12:00pm	Hike the trail
12:00pm- 1:00 pm	Lunch
1:00pm – 4:30 pm	Finish the hike
5:00pm – 5:30pm	Regroup and get ready for dinner
5:30-7:30 pm	Dinner and Clean up
7:30 pm	Free Time/Relaxation Time
11:00 pm	Lights Out
<b>Sunday, September 27, 2026</b>	
7:00 am	Reveille-Rise and Shine!
7:00-8:00 am	Breakfast and clean up (make bag lunch)
8:00 am – 8:30am	Flag Ceremony/ Scout's Own Service
8:30am – 10:00am	Pack up gear
10:00am	Check out with Camp Staff
10:15am – 10:45am	Travel to Harpers Ferry
11:00am – 11:30am	Eat bagged lunch at the cars
11:30am – 2:00pm	Walk around Harpers Ferry
2:00pm – 2:30pm	Head back to cars
2:30pm	Depart for home

## EVENT NOTES

- **LEADERS MEETING/ CRACKER BARREL**

There will be a short meeting for all unit leaders, staff and senior patrol leaders on Friday at 10:00pm at the staff site. We ask for leaders to bring pen and paper to write down notes. Refreshments and snacks will be provided following the meeting.

- **FLAG RAISING**

All scouts must wear their class A uniforms to flag raising and lowering. Troop flags are to be carried to flag raising and lowering. During the leaders' meeting we will be asking for any units to volunteer scouts to help with honor guard duties and chaplain aides to help with the Scout's Own Service.

- **CAMPFIRE PROGRAM**

There will be no campfire program for this camporee. This will allow time for younger scouts to go to bed early if they wish. This will also allow time to relax after hiking all day.

- **CHAPEL SERVICE**

Sunday morning, there will be a non – denominational chapel service. Chaplain aids from each unit will be asked to participate in this service.

- **SATURDAY HIKE**

We will be completing the Antietam Battlefield Historic Trail. The 10.5-mile hike, organized by the Mason-Dixon Council of the Boy Scouts of America, is a tour for Boy Scouts (and others who are eligible) to learn about the various sites and events of the Battle of Antietam. Scouts who follow the trail as described in this booklet are eligible for the Antietam Battlefield Historic Trail Patch. These patches and the Guidebooks will be available for purchase on the registration page. There will be a 2-mile stretch of this trail that we will not follow due to unsafe road conditions for a group our size.

- **HARPERS FERRY**

Sunday after lunch, Scouts will be able to tour Harpers Ferry. Harpers Ferry is historically significant as the site of John Brown's 1859 abolitionist raid, a pivotal spark for the American Civil War. Situated at the confluence of the Potomac and Shenandoah rivers, it was a vital industrial hub with a federal armory, a key transportation junction, and a strategic Civil War site that changed hands fourteen times. Unit will explore Harpers Ferry on their own. There are several museums and exhibits to explore and units can walk to The Point and view the confluence of the Potomac and Shenandoah rivers, climb the 1820 stone steps to Jefferson Rock, or walk across the Potomac River on a pedestrian bridge to access the Chesapeake & Ohio Canal National Historical Park towpath.



# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

## FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	/ /	Age during activity Edad al momento de realizar la actividad
Address Domicilio		
City Ciudad	State Estado	Zip Código postal
Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)		
	From De	to a
	(Date) (fecha)	(Date) (fecha)

### INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

### CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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 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.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

**With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.**

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

**NOTE: 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. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with these restrictions.**

**NOTE: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.**

List participant restrictions, if any: \_\_\_\_\_  
 None

Restricciones del participante, si existen: \_\_\_\_\_  
 Ninguna

Participant's signature Firma del participante	Date Fecha
---	---------------

Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor
	Date Fecha

Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
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Contact the adult leader with any questions:  
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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**BOY SCOUTS OF AMERICA®**

680-673  
2014 Printing

## **Educational Trip Excusal for Scouting Civil War History Trip to Antietam National Battlefield**

Dear School Administrator and Attendance Office,

This letter is to formally notify you that (Student's Name) \_\_\_\_\_ will be participating in an organized educational trip through their involvement in Scouts BSA from September 25–26, 2026. In order to participate in this experience, the student will need to be excused from school on Friday, September 25, 2026.

During this trip, students will visit Antietam National Battlefield in Sharpsburg, Maryland, and Harpers Ferry National Historical Park in Harpers Ferry, West Virginia. This experience is designed to supplement classroom instruction by providing structured, experiential learning focused on American history, civic responsibility, and historical analysis.

This trip focuses on helping students gain a deeper understanding of the United States Civil War and its lasting impact on our nation. Instructional activities during the trip will include guided historical tours, observation, group discussion, and reflective learning at nationally recognized historic sites. Students will examine the causes and consequences of key Civil War events; study the Battle of Antietam and its role in shaping national policy, including the lead-up to the Emancipation Proclamation; explore Harpers Ferry's geographic, economic, and political significance before and during the Civil War; develop historical thinking skills by connecting physical locations to historical decisions and outcomes; and reflect on themes such as leadership, sacrifice, division, reconciliation, and citizenship.

This learning experience provides students with the opportunity to engage in place-based education, allowing them to interact directly with primary historical locations rather than learning solely through textbooks or secondary sources. Visiting preserved battlefields and historic towns enhances comprehension, retention, and critical thinking while reinforcing civic responsibility and respect for national heritage.

The educational activities conducted during this trip align closely with common U.S. history and social studies learning goals, including understanding historical events and timelines, recognizing the role of individuals and communities in shaping history, evaluating the impact of conflict on a nation's development, and applying academic learning through observation and discussion.

We respectfully request that (Student's Name) \_\_\_\_\_ be granted an excused absence for Friday, September 25, 2026, as the student will be participating in this structured and meaningful educational experience.

Thank you for your consideration and continued support of educational learning beyond the classroom. If additional information, itineraries, or documentation are required, please do not hesitate to contact us.

Yours In Scouting,

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Scoutmaster

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Contact Information

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Date

## 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've provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically 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

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
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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 <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



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## 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
		Medication				Plants	
		Food				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)
			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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