

# TEXOMA VALLEY DISTRICT

## 2024 Spring Cuboree

### “Eclipse Through Time”

April 19th – April 21st, 2024

Camp James Ray

\$15 Cub Scout

\$10 Adult/Friend/Sibling



#### **MOVING IN AND OUT OF CAMP JAMES RAY**

For the safety of our scouts, the Camp James Ray Main Gate will be open at 3pm on Friday (7am Saturday) and will **CLOSE at 10pm**. If you plan on arriving or departing after 10pm, you must arrange this with the Camp Ranger. Only one vehicle per unit with a unit trailer may remain at a campsite after unloading. All other vehicles must return to the parking lot. Contact the Camp Ranger for exception requests.

#### **CAMPSITE ASSIGNMENT/CHECK-IN** 6:00pm-9:00pm Friday, 7:30am-8:30am Saturday

Turn in the following forms at check-in (where you will receive your unit's schedule and campsite assignment):

**\*Participant Roster (one per unit, attached)**

**\*BSA Health forms parts A & B (keep with the unit, attached if needed)**

#### **LEADERS MEETING** Friday 9:00pm-10:00pm (Activity building)

Please send at least one adult leader per unit to attend Leader Cracker Barrel. Information on activities and last-minute schedule updates will be discussed.

#### **COOKING & MEALS** Units will provide their own meals.

Meals will be cooked in the campsites. Anyone preparing or cooking food should have a current Food Handlers Permit. A recommended option is **99centfoodhandler.com**

#### **OPENING FLAG CEREMONY** Saturday 8:30am

The Packs will gather to raise the flags and kick off our event.

#### **CAMPFIRE** Saturday 7:30pm

(Optional) Prepare a skit or song to share with the camp.

#### **FISHING**

(Optional) Feel free to enjoy some aquatic hunting during free time, or in place of a scheduled event. *Be aware that a **LICENSE** is **REQUIRED** to fish at Lake Texoma for **ADULTS**.* Obtain one [here](#) (Freshwater, All-Water, or Lake Texoma options available).

#### **EVENT CONTACTS**

Chris Mercer – Event Chair: 417-489-3636 ([chris.mercer@vascouting.org](mailto:chris.mercer@vascouting.org))

Houston Miller - Program Executive: 214-732-9069 ([houston.miller@scouting.org](mailto:houston.miller@scouting.org))

#### **CAMP RANGER**

David Carson: 903-815-9651 ([david.carson@scouting.org](mailto:david.carson@scouting.org))

## CIRCLE TEN COUNCIL BSA POLICIES FOR USE OF CAMP JAMES RAY



### CPAP & Electricity Usage Guidelines:

- \*CPAP Machines must be battery operated. The batteries may be charged at available power outlets.
- \*Running extension cords to tents is prohibited.
- \*Generators are not to be run in Circle Ten Camps.

**TWO DEEP LEADERSHIP** It is REQUIRED that all registered adult volunteers hold a current Youth Protection Training certification. All units must have two adult leaders in camp at all times. Adult in-charge must be a BSA trained leader and at least 21 years of age; the assistant must be at least 18 years of age. Female BSA Scout Packs, Troops, and Co-ed Venturing crews must have two leaders at least 21 years of age, one of which must be a female, if the Pack/Troop/Crew has female youth (under 21) in camp.

**ARRIVAL - DEPARTURE** Check-in and check-out with District Registration. The Unit Leader should have their entire group's paperwork ready at check-in. Every unit must submit an updated copy of the Camping Activity Roster upon check-in.

**VEHICLES** will be allowed to the campsite for loading/unloading at site (weather permitting) **and must immediately be returned to parking lot.** All motorized vehicles are restricted to parking lot. Equipment trailers & tow vehicle may be left in campsite. Only vehicles with a state issued handicap tag will be allowed campsite access beyond loading and unloading. All passengers must ride inside the vehicle, no riders are allowed to ride in the rear of a truck.

**UNIT PROGRAM** Each Unit will be assigned a campsite based on your registration count. Units will need to share the site with other units. Packs must furnish their own tents. First aid and medications will be the unit responsibility. For a safe and successful camping trip, the buddy system must be used at all times. campers must be in their campsite by 10:00 p.m. and lights out by 11:00 p.m. Please use Leave No Trace principles when preparing and cleaning your meals.

### CAMP PROGRAM FACILITIES:

- \*Rifle Range: An N.R.A. Certified Instructor and Range Safety Officer is required.
  - \*Archery Range: A qualified adult Range Officer is required.
- The human Foosball and Gaga Pits are first come first served areas.

**Important:** Water in campsites and bathrooms should be turned back on by March 12. Water will be available year-round at Headquarters, Pool Bathhouse, Fry Pavilion, Hanta Pa Ha campsite, and Cochise campsite. Water containers are needed to transport water from a central location during times the camp is winterized.

**CAMP PROPERTY** Ground fires may be restricted by property due to local conditions. Local authority recommendations are taken into consideration, but Camp Ranger will have final determination on fire ban status. Camp only in assigned campsite. If permitted, fires must be kept in designated areas and under constant adult supervision. Keep campsite neat and clean. No flames in tents. Buildings and structures may not be used for cooking or sleeping. All trash and garbage must be put in dumpster or taken with you. Please keep latrines clean and respect others. Latrines are spread throughout the camp. We are responsible for any damage to camp so please follow all rules so we may leave it in better condition than when we arrived.

**CONSERVATION** Protect wildflowers, trees, and wildlife. Do not cut trees, picking up dead fall is allowed. The elements of Outdoor Ethics / Leave No Trace are practiced in all phases of your outdoor program.

**DO NOT BRING** Any alcoholic beverage or controlled substances. Fireworks. Dogs or pets of any kind; service animals will need credentials. Firearms, ammunition, or archery equipment that is not authorized by the Council Camping Director. Paintball or airsoft guns of any type.

**Off road vehicles** such as golf carts, UTV's or ATV's are only allowed with prior approval by the Camp Ranger and Circle Ten Council. Off road vehicles must only be used for medical emergencies. Drivers must show a completed certificate from an approved UTV/ ATV online course and provide proof of insurance with the vehicles driver listed on the policy to the Camp Ranger before unloading your vehicle. Passengers must ride in the seat area of the vehicle and no riders are allowed to ride in the rear.

## **Texoma Valley 2024 Spring Cuboree – Eclipse Through Time Schedule**

### **Friday, April 19, 2024**

**6:00 pm – 9:00 pm** Check-In of units (Headquarters)/Campsite set-up

**9:00 pm – 10:00 pm** Cracker Barrel – Unit Leaders/Staff (Activity Building)

***\* Every unit should send a leader to this meeting for important information!***

**11:00 pm** – Lights Out – Scouts in tents and quiet

### **Saturday, April 20, 2024**

**6:30 am** – Reveille/Wake-up

**7:00 am – 8:30 am** Breakfast in Campsites and Free Time

**7:00 am** – Check-in begins for Saturday arrivals (Headquarters)

**8:30 am** – Opening Ceremony & Flags (North Flagpole – by Activity Building)

**9:00 am – 9:50 am** Event Activities Rotation #1

**10:00 am – 10:50 am** Event Activities Rotation #2

**11:00 am – 11:50 am** Event Activities Rotation #3

**12:00 pm – 1:50 pm** Lunch at Campsites and Free Time

**2:00 pm – 2:50 pm** Event Activities Rotation #4

**3:00 pm – 3:50 pm** Event Activities Rotation #5

**4:00 pm – 4:50 pm** Event Activities Rotation #6

**5:00 pm – 7:30 pm** Dinner at Campsites and Free Time

**7:00 pm – 7:30 pm** (Optional) Time Flies Championship (Amphitheater)

**7:30 pm – 8:30 pm** Closing Campfire – Unit Skits and Songs (Amphitheater)

**8:30 pm – 11:00 pm** Free Time at Camp Sites

**11:00 pm** – Lights Out – Scouts in tents and quiet

### **Sunday, April 21, 2024**

**6:30 am** – Reveille/Wake-up

**7:00 am – 9:00 am** Breakfast & Breakdown Camp at Campsites

**8:30 am – 9:00 am** Optional multi-faith service (Amphitheater)

**9:00 am – 10:00 am** Checkout (Headquarters)

## Activities and Locations

### BB Guns / Wrist Rockets – Located at the Shooting Range

Tigers and above: Learn about how to safely use BB guns, and practice shooting skills! Tigers, Wolves, and Bears will have a chance to earn Level 1 and Level 2 shooting sports award for BBs. Webelos will have a chance to earn Level 1 (*we will not be doing the alternate positions required for the Webelos/AOL Level 2 award*).

Lions (or any other interested cubs): Learn about how to safely use Wrist Rockets, and practice shooting skills! Cubs will have a chance to earn the Level 1 and Level 2 shooting sports award for Wrist Rockets.

***Many Wrist Rocket bands contain latex. If you or your scout has an allergy to latex, we recommend NOT participating in Wrist Rockets. Please let the staff volunteers at the range know.***

### Archery – Located at the Shooting Range

Learn about how to safely use a Bow and Arrow, and practice shooting skills! Cubs will have a chance to earn Level 1 and Level 2 shooting sports award for Archery.

### Rockets and Paper Airplanes – Located at the Fry Center

Learn about how rockets work and launch rockets powered by water and air! Cubs will also build and fly paper airplanes; the cubs who build the longest-flying airplanes in each group will have a chance to compete in the “Time Flies” championship at the end of the day!

### Flags and Knot Tying – Located at the Activity Building

Learn about where, when, and how to use all kinds of knots, as well as proper flag etiquette!

### Field Games – Located at Field Sports

It's play time! GaGa ball, Human Foosball, Cornhole, and other fun sports await your competitive Cub Scouts!

### Team Building – Located at the Old Poolhouse (West of Dining Hall, North of Fry Center)

Watch the wheels spin as your Cubs learn to work together to master the many challenges laid out for them at this event.

### “Time Flies” Championship – Located at the Amphitheater

Before the campfire, the Cub Scouts who build the longest-flying paper airplane in each group will compete to see who has the longest-flying paper airplane in camp!

### Campfire – Located at the Amphitheater

We'll end Saturday with a warm and cozy campfire, complete with songs, stories, jokes, and skits.

### Interfaith Worship Service – Located at the Amphitheater

Please feel free to worship with us Sunday morning before you leave. The service will incorporate aspects of multiple faiths.

## Recommended Packing List

| Item(s)                                       | Recommended Priority   |
|---|------------------------|
| Tent  | 1 - Required           |
| Flashlight (+new or extra batteries)          | 1 - Required           |
| Water Bottle                                  | 1 - Required           |
| Clothes ( <i>check weather!</i> )             | 1 - Required           |
| Part A + B of Med Form                        | 1 - Required           |
| Whittling Chip (if carrying/using knife)      | 1 - Required           |
| Tarp for under Tent                           | 2 - Highly Recommended |
| Sleeping Bag                                  | 2 - Highly Recommended |
| Camp Chair                                    | 2 - Highly Recommended |
| Sunscreen                                     | 2 - Highly Recommended |
| Toiletries                                    | 2 - Highly Recommended |
| Scout Uniform                                 | 2 - Highly Recommended |
| Sleeping Pad/Cot                              | 3 - Recommended        |
| Pillow  | 3 - Recommended        |
| Insect Repellant                              | 3 - Recommended        |
| Snack   | 3 - Recommended        |
| First Aid Kit                                 | 3 - Recommended        |
| Whistle                                       | 3 - Recommended        |
| Backpack for 6 Essentials                     | 3 - Recommended        |
| Compass                                       | 3 - Recommended        |
| Unit T-Shirt if you have one                  | 3 - Recommended        |
| Mess Kit (Plate(s), Utensil(s))               | 3 - Recommended        |
| Cap/Hat                                       | 3 - Recommended        |
| Dirty Clothes Bag                             | 3 - Recommended        |
| Umbrella/Wet Weather gear ( <i>weather!</i> ) | 3 - Recommended        |
| Hiking Stick                                  | 4 - Optional           |
| Sleeping Clothes                              | 4 - Optional           |
| 'Ugly Mug'                                    | 4 - Optional           |
| Marshmallow Roasting Stick                    | 4 - Optional           |
| Small Table for in Tent                       | 4 - Optional           |
| Fly Swatter                                   | 4 - Optional           |
| Fan   | 4 - Optional           |
| Paracord or Rope                              | 4 - Optional           |
| Medications                                   | 5 - As Needed          |
| Meals (individual or as a unit)               | 5 - As Needed          |
| Supplies for extra/unit activities            | 5 - As Needed          |

# Camp James Ray - 2026 Mill Creek RD - Pottsboro TX 75076

Camp Ranger (for emergencies): David Carson: 903-815-9651



## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



**NOTE:** Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: \_\_\_\_\_

☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults **NOT** Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



**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: \_\_\_\_\_



## Circle Ten Council – Boy Scouts of America Activity Roster

This Camping Activity Roster is required for all Scouting units and groups when participating in camps, activities, and trips/expeditions. Complete and turn in at check-in, or at time directed by Ranger, or Activity Leader.

*Note: A substitute form indicating all required information is acceptable.*

Camp: \_\_\_\_\_ Unit Type & #: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ District: \_\_\_\_\_

Total Scouts: \_\_\_\_\_ Total Adults: \_\_\_\_\_ Total Siblings: \_\_\_\_\_

Leaders in charge of unit:

Phone number(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BALOO or IOLS Required (min=1 leader) – Training Date: \_\_\_\_\_

YPT completed within 2 years preceding this activity – Training Date: \_\_\_\_\_

### Scouts (Please print all names legibly)

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

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\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ \_\_\_\_\_ Age: \_\_\_\_\_

(Use additional forms if necessary / Place adults and siblings on the other side/next page)

## Circle Ten Council – Boy Scouts of America Activity Roster

Camp: \_\_\_\_\_ Unit Type & #: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ District: \_\_\_\_\_

Adults – including siblings over the age of 18

Guests/Future Scouts – under the age of 18

[illegible]