



GREAT RIVERS COUNCIL

BSA 2024

Cub Akela Camp

Cub Adventure Camp

Webelos Camp

Leader Guidebook

Lake of the Ozarks Scout Reservation

2024 Camp Dates

Akela Camp Session – June 15 – June 17

Cub Adventure & Webelos Camp Session – June 15 – June 19

Contact Us

The best way to contact the Lake of the Ozarks Scout Reservation when camp is not in session is via email at greatrivers.lotosr@scouting.org

We can answer any of your pre-camp questions related to program, sign-ups, facilities, and any other questions or concerns you or your Pack may have.

Additional Contacts

Dennis Kerns – Camp Director

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Lake of the Ozarks Scout Reservation Welcome Center

Phone: (573) 374-5761 – Email: greatrivers.lotosr@scouting.org

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Camp Director Welcome Letter:

The summer of 2024 is a special year for us at the Lake of the Ozarks Scout Reservation as we conduct our 59th season of Scout camping at Camp Hohn!] Literally 1000's of Scouts and leaders have joined us for a week of Scouting adventure over the last 58 years, and this year, we are taking things to an even higher level of camping and outdoor fun, just for you and your unit!

The highlight of the Scouting year for every young person in our program is summer camp. Scouts from all over the council and in fact beyond our council borders, will converge at the Lake of the Ozarks Scout Reservation looking for a fun-filled program for an entire week. Our staff has been preparing for a fantastic summer program for all the Scouts to enjoy. Additionally, we have made a lot of significant improvements to our camp, including the introduction of our new Welcome Center/Medical Lodge and Aquatics Center with a pool in 2015, unlike any you will find anyplace else! And our Sinquefeld Invention Lab continues to grow and will play a major part in our 2024 camping program.

To help make sure you and your Scouts are prepared for all we have to offer, we have prepared this in-depth guide with information on everything you need to know for your Cub Scout camping experience in 2024. Please take the time to prepare yourself for your adventure at camp by reading this guide from cover to cover, absorbing all the information in it, and passing it along to your other leaders, parents, and your Scouts. We feel that this year's program will be our best and most energetic effort ever. For more information and forms please visit us at our camp website at www.lotosr.org.

Scout camp is where memories are made, and lifelong friendships are forged. In 2024 we are going to be doing just that, building lifelong memories for our campers all summer long! Make your plans now to get your unit signed up for this exciting adventure. Take time before camp to determine what your pack program needs are and communicate that information to us before you arrive. If you have any questions, special needs, or just want to talk about your week in camp, feel free to contact us. We will be happy to work with your pack in any way we can. We look forward to seeing you at camp.

Yours in Scouting,

Dennis Kerns

Camp Director

CAMP FEES

Cub Akela Camp – 2-night camp

- \$100.00 per Scout if paid in full by May 15 (\$110.00 if paid after May 15)
- \$75.00 per adult

Cub Adventure – 4-night camp

- \$200.00 per Scout if paid in full by May 15 (\$210.00 if paid after May 15)
- \$110.00 per adult (if staying more than 2 nights, all adults must be registered BSA members)

Webelos Camp – 4-night camp

- \$200.00 per Scout if paid in full by May 15 (\$210.00 if paid after May 15)
- \$110.00 per adult (if staying more than 2 nights, all adults must be registered BSA members).

Leaders not attending the full camp session will be charged a fee of \$10.00/meal.

WHO CAN ATTEND CAMP?

Cub Akela Camp: Cub Scouts that are entering 1st grade or higher during the 2024-2025 school year.

Cub Adventure Camp: Cub Scouts that are entering 2nd grade or higher during the 2024-2025 school year.

Webelos Camp: Any Scout that will be entering the fourth or fifth grade during the 2024-2025 school year.

CAMPERSHIPS (PROGRAM GRANTS)

A limited number of camperships are available to help scouts in need of financial assistance. An application form is available at www.grc-bsa.org or at the council service center. Early requests are necessary to ensure equitable distribution of available funds. The amount of campership given to each Scout will vary based on economic need, but in nearly all circumstances will not exceed 50% of the full price of camp. Unfortunately, camperships are only available at this time for scouts registered within the Great Rivers Council.

CAMP REFUND POLICY

Prior to the May 15 Camper Savings Day, all fees, less the \$15 camper deposit, are refundable and transferable. Please check your Scouts' prior commitments to summer sports and family vacations before May 15. After May 15, all fees are non-transferable.

After May 15 Cub Camper Savings Day, the following policy applies: Refund requests MUST be submitted in writing to the Council Service Center prior to the beginning of the camp session, or to the Camp Office Manager upon arrival at camp. A unit leader or Scout may request a refund of their fees under the following conditions ONLY: • Illness or serious accident of Scout prevents their attendance at camp. • Family illness or emergency prevents the Scout's attendance at camp.

Refund requests for a Scout or leader who changes their mind about attending or decides to not attend for any reason other than those listed above WILL NOT be considered for a refund.

If the refund request is granted, the \$15 reservation deposit and an additional 25% camp readiness fee will be withheld. However, if your unit wants your refundable fees transferred to your unit Scout Shop account (GRC units only), the readiness fee will be reduced to 15%. Scouts leaving camp early will not be eligible for partial refunds.

Refund requests submitted after leaving camp will not be honored.

PLANNING FOR YOUR ARRIVAL AT CAMP

Check-in runs between 1:00-3:00pm. EARLY CHECK IN IS NOT AVAILABLE SO PLEASE DO NOT ARRIVE EARLIER as the staff will not be ready to greet you. Please plan to arrive BEFORE 3:00pm. Otherwise, you may have to rush to get everything done. Lunch is NOT provided on the day of check-in, so please eat before you arrive.

CHECK-IN PROCEDURES

- When you arrive at camp, please have your Cubmaster (or designee) check-in at the Welcome Center to be assigned a campsite. When checking-in, they will need the following items: Complete roster of adults and scouts at camp & remaining camp registration fees owed. ALL FEES MUST BE PAID UPON ARRIVAL & BEFORE YOUR PACK ENTERS CAMP
- After checking-in, your pack will travel to their assigned campsite to begin setting-up. The camp staff will be able to assist as needed. All vehicles should be unloaded and returned to the parking area no later than 3:00 PM. After this time all vehicles will need to be escorted by staff in or out of the camp.
- Medical rechecks and medicine check-in will be completed at your campsite by a designated camp staff member. **DO NOT SEND YOUR MEDICAL FORMS TO THE COUCNIL SREVICE CENTER, BRING THEM TO CAMP WITH YOU.** A copy of this form is provided in the “important forms” section later in this guidebook.
 - Participants attending Cub Akela Camp or who are staying at camp for less than 72 hours, are required to have parts A and B of the BSA Health Form completed.
 - Participants attending Cub Adventure camp, Webelos camp, and/or are staying longer than 72 hours, are required to have parts A, B, and C of the BSA Health Form completed.

THERE ARE NO EXCEPTIONS TO THE MEDICAL FORM POLICY!

- After the medical rechecks at your campsite, quickly change into swimsuits. ALL SCOUTS AND LEADERS WILL PARTICIPATE IN THE ANNUAL SWIM TEST AT THE NEW AQUATICS CENTER AFTER MED CHECKS.
 - **Swimmer's Test** - Jump feet first into water over your head and surface. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl. Swim 25 yards on your back, using an easy, resting stroke. Rest by floating (or, if not buoyant, with just enough motion to stay afloat).
 - **Beginner's Test** - Jump feet first into water over your head, come the surface, level off, swim 25 feet, turn sharply, and come back to the starting point.
 - **Learner's Test** - Anyone who either opted out of the test or was unable to complete either of the two swimming tests above will be classified as a Learner.
- After completing the swim test, you will return to your campsite to complete setting up your campsite.

CHECK-OUT PROCEDURES

- The gate at the entrance of camp will be opened at 7:00am on day 5 of the camp schedule.
 - Individuals attending Akela camp only will need to coordinate check-out with the camp director upon check-in at camp.
- Breakfast will be served at 8:00 am.
- After breakfast, vehicles will be permitted to be moved out of campsites.
- Your campsite host will meet you at your campsite for a campsite check-out inspection. Once cleared by your campsite host, you will be able to head out of camp.
 - If your pack chooses to utilize the canvas camp tents, these will be left set up at your campsite.
- Beginning at 8:00 AM, your pack leader will be able to check-out at the Camp Welcome Center, once your pack has been cleared by your campsite host. Please have one designee enter the Welcome Center for check-out.
 - Medical forms, patches, etc. will be distributed at check-out.

CUB AKELA CAMP SCHEDULE & HIGHLIGHTS

Cub Akela Camp offers a terrific three day/two-night program for Cubs of all ages. Cubs register and attend along with others from their packs or dens. Cubs will spend their days participating in a variety of structured activities including BB Guns, archery, swimming, crafts, games, row boats, hikes and evening activities. These activities are designed to provide advancement opportunities using the Cub Adventures. There is no better way to get your Scout's year off to a great start! All Cub Scouts attending camp will receive a Camp Patch as part of their registration fee.

Below is the anticipated schedule of activities at Cub Akela Camp and a list of possible highlight activities. Some modifications may be necessary. A final schedule will be distributed during the leader's meeting on the evening of Day 1 and updates will be posted to the camp website and Facebook.

Day 1 Schedule (Cub Akela)

1:00 PM – 3:00 PM	Check-in
1:00 PM – 4:00 PM	Swim Checks
5:00 PM	Leaders Meeting
5:30 PM	Retreat Ceremony (lowering of flags)
6:00 PM	Dinner
7:00 PM	Camp-wide games
7:45 PM	Campfire
9:00 PM	Taps (lights out)

Day 2 Schedule (Cub Akela)

7:50 AM	Meet a Finland Shelter
8:00 AM – 8:45 AM	Breakfast
8:55 AM	Flag Ceremony
9:00 AM – 11:30 AM	Program Rotations (schedule provided at Leader's Meeting on day 1)
12:00 PM – 1:00 PM	Lunch
1:30 PM – 5:00 PM	Program Rotations continued
5:30 PM	Retreat Ceremony (lowering of the flags)
6:00 PM	Dinner
7:00 PM	Vespers Service
9:00 PM	Taps (lights out)

Day 3 Schedule (Cub Akela)

7:50 AM	Meet at Finland Shelter
8:00 AM – 8:45 AM	Breakfast
9:00 AM – 9:30 AM	Check-out

Other activities will center around the Cub Scout Adventures in the Cub Scout requirements!

CUB ADVENTURE CAMP SCHEDULE & HIGHLIGHTS

Cub Adventure is our 4-night Cub Scout camping program and will run concurrently with the Akela Camp and Webelos Camp programs - Day 3 will pick up where Cub Akela Camp left off, right after breakfast. The activities during Cub Adventure will focus on the Cub Scout Adventures in the Cub Scout requirements!

Below is the anticipated schedule of activities at Cub Adventure and a list of possible highlight activities. Any modifications will be reflected in the final schedule which will be distributed during the Leaders Meeting on day 1.

Day 1 Schedule (Cub Adventure)

1:00 PM – 3:00 PM	Check-in
1:00 PM – 4:00 PM	Swim Checks
5:00 PM	Leaders Meeting
5:30 PM	Retreat Ceremony (lowering of flags)
6:00 PM	Dinner
7:00 PM	Camp-wide games
7:45 PM	Campfire
9:00 PM	Taps (lights out)

Day 2 Schedule (Cub Adventure)

7:50 AM	Meet a Finland Shelter
8:00 AM – 8:45 AM	Breakfast
8:55 AM	Flag Ceremony
9:00 AM – 11:30 AM	Program Rotations (schedule provided at Leader's Meeting on day 1)
12:00 PM – 1:00 PM	Lunch
1:30 PM – 5:00 PM	Program Rotations continued
5:30 PM	Retreat Ceremony (lowering of the flags)
6:00 PM	Dinner
7:00 PM	Vespers Service
9:00 PM	Taps (lights out)

Day 3 Schedule (Cub Adventure)

7:50 AM	Meet a Finland Shelter
8:00 AM – 8:45 AM	Breakfast
8:55 AM	Flag Ceremony
9:00 AM – 11:30 AM	Program Rotations (schedule provided at Leader's Meeting on day 1)
12:00 PM – 1:00 PM	Lunch
1:30 PM – 5:00 PM	Program Rotations continued
5:30 PM	Retreat Ceremony (lowering of the flags)
6:00 PM	Dinner in Campsite
9:00 PM	Taps (lights out)

Day 4 Schedule (Cub Adventure)

7:50 AM	Meet a Finland Shelter
8:00 AM – 8:45 AM	Breakfast
8:55 AM	Flag Ceremony
9:00 AM – 11:30 AM	Program Rotations (schedule provided at Leader's Meeting on day 1)
12:00 PM – 1:00 PM	Lunch
1:30 PM – 5:00 PM	Program Rotations continued
5:30 PM	Retreat Ceremony (lowering of the flags)
6:00 PM	Dinner
7:45 PM	Closing Campfire
9:00 PM	Taps (lights out)

Day 5 Schedule (Cub Adventure)

7:50 AM	Flag Ceremony
8:00 AM – 8:45 AM	Breakfast at Show and Do
8:30 AM – 9:30 AM	Check-out

WEBELOS CAMP SCHEDULE & HIGHLIGHTS

The Webelos Camp is a five-day, four-night camp complete with advancement activities focused on the WEBELOS ADVENTURES in the new requirements! Each day offers a variety of pre-programmed activities including Pellet Guns, slingshots, archery, hiking, games, canoeing, swimming, fishing, and many other evening activities provided by our excellent staff. Webelos Scouts will enjoy the outdoors, play games, make new friends, learn Scouting skills, and create memories that will last a lifetime.

Below is the anticipated schedule of activities for first year Webelos during camp and a list of possible highlight activities. As with Cub Akela Camp and Cub Adventure Camp, some modifications may be necessary. A final schedule will be distributed during the leader's meeting on the evening of day 1. Arrow of Light scouts will participate in the Thunder Scouts program as described later.

Day 1 Schedule (Webelos Camp)

1:00 PM – 3:00 PM	Check-in
1:00 PM – 4:00 PM	Swim Checks
5:00 PM	Leaders Meeting
5:30 PM	Retreat Ceremony (lowering of flags)
6:00 PM	Dinner
7:00 PM	Camp-wide games
7:45 PM	Campfire
9:00 PM	Taps (lights out)

Day 2 Schedule (Webelos Camp)

7:50 AM	Meet a Finland Shelter
8:00 AM – 8:45 AM	Breakfast
8:55 AM	Flag Ceremony
9:00 AM – 11:30 AM	Program Rotations (schedule provided at Leader's Meeting on day 1)
12:00 PM – 1:00 PM	Lunch
1:30 PM – 5:00 PM	Program Rotations continued
5:30 PM	Retreat Ceremony (lowering of the flags)
6:00 PM	Dinner
7:00 PM	Vespers Service
9:00 PM	Taps (lights out)

Day 3 Schedule (Webelos Camp)

7:50 AM	Meet a Finland Shelter
8:00 AM – 8:45 AM	Breakfast
8:55 AM	Flag Ceremony
9:00 AM – 11:30 AM	Program Rotations (schedule provided at Leader's Meeting on day 1)
12:00 PM – 1:00 PM	Lunch
1:30 PM – 5:00 PM	Program Rotations continued
5:30 PM	Retreat Ceremony (lowering of the flags)
6:00 PM	Dinner in Campsite
9:00 PM	Taps (lights out)

Day 4 Schedule (Webelos Camp)

7:50 AM	Meet a Finland Shelter
8:00 AM – 8:45 AM	Breakfast
8:55 AM	Flag Ceremony
9:00 AM – 11:30 AM	Program Rotations (schedule provided at Leader's Meeting on day 1)
12:00 PM – 1:00 PM	Lunch
1:30 PM – 5:00 PM	Program Rotations continued
5:30 PM	Retreat Ceremony (lowering of the flags)
6:00 PM	Dinner
7:45 PM	Closing Campfire
9:00 PM	Taps (lights out)

Day 5 Schedule (Webelos Camp)

7:50 AM	Flag Ceremony
8:00 AM – 8:45 AM	Breakfast at Show and Do
8:30 AM – 9:30 AM	Check-out

THE THUNDERSCOUTS PROGRAM

The Thunderscouts program is intended for Arrow of Light scouts going into the 5th grade, and it is designed to facilitate the transition into Scouts BSA. It is ideal for Arrow of Light scouts as they tend to have already completed many of the requirements they need and are looking for a more “adventurous” camp experience. The daily schedule will remain the same as described for the Webelos Camp; however, program rotations will be different.

We encourage ALL rising 5th graders to plan to participate in Thunderscouts; they will not be able to participate in both program options and will not be able to switch back and forth. All Arrow of Light Scouts (second year Webelos) are encouraged to participate in this program!

This program covers many skills of a first year Scouts BSA Scout: ● The Patrol Method ● Fire Starting and Building ● First Aid ● Knots and Lashings ● Land Navigation Skills ● Outdoor Skills ● Hiking.

The Thunderscouts will be led by Scouts, with Scouting fun in mind for your Arrow of Light scouts. There will be games and competitions to challenge and entertain them, as well as swimming and shooting activities. Thunderscouts is a terrific program that you will not want your Arrow of Light scout to miss! The Thunderscouts program does not offer Cub Scout advancements, as the program is focused on first year Scouts BSA skills.

THUNDERBIRD CAMPERS

Membership in the Thunderbird Campers is an honor bestowed on Arrow of Light scouts who have completed the Thunderscouts Program. They will be inducted as Thunderbird Campers at the closing campfire.

CAMP TRADITIONS

Camp Hohn Song

High above Lake Osage Arm, nestled in the trees.
Lives the spirit of good Scouting, and true loyalties.
Daily working, daily striving, ever more to be.
Faithful to the Oath and Scout Law,
Hail Camp Hohn to thee.

Lake of the Ozarks Scout Reservation Grace

For the Friends that we find.
For the Memories we make.
For the Land and the Lake,
The Living, the Laughing, the Learning
We thank the o' Lord,
Amen

TRADING POST

No camp is complete without a trading post well-stocked with camp necessities and souvenir items. From toiletries to flashlights to sunscreen, we have got whatever your Cub Scout may have forgotten. We have souvenirs, slushies, and much more. Trading Post Hours of operation will be posted outside the trading post and provided in the Christine Jr. (an additional camp reference guide provided to your leaders during the Leader's Meeting on day 1).

CONTACTING CAMP

Please encourage parents to write, but not to call unless it is an emergency. The main telephone at the Reservation is for Reservation business and emergencies ONLY.

Snail Mail Service:

Mail received at camp for scouts is delivered to the Camp Welcome Center and distributed to your scout's Pack the day it is received. If mail items are received after your unit has left camp, this item will be returned to the sender. To send mail to your scout, please use the following address:

Scouts Name and Pack #

Cub Scout Camp - Lake of the Ozarks Scout Reservation

525 Camp Hohn Drive

Gravois Mills, MO 65037

Telephone:

The Camp telephone is used for Reservation business and emergencies only. In case of emergency, the number for the Welcome Center is (573) 374-5761. Telephone messages received will be delivered to your pack as soon as possible.

HEALTH EXAMINATIONS:

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Every Scout and adult must have a Personal Health and Medical Record, completed, and signed by an examining physician, if staying in camp over 72 hours.

If staying less than **72 hours**, parts **A, B1, B2**, of the medical form are required for ALL campers – youth and adult. All participants must use the most recent form released by the Boy Scouts of America. Sports and other physicals will be accepted only if accompanied by Parts **A, B1, B2**, of the newest form. Pay attention to the following: ● The date of the last tetanus shot ● Any current ailments and medication ● Allergies ● PARENTS MUST HAVE SIGNED THE FORM WITHIN 12 MONTHS OF THE END OF YOUR CAMP SESSION. Campers with only parts **A, B1, B2**, will be unable to participate in any high-risk activities (this includes aquatic activities). For this reason, we recommend each scout and adult have Parts **A, B1, B2, & C**.

Medical examinations are not provided at the Lake of the Ozarks Scout Reservation. If a Scout or leader does not bring their medical examination form, or if their medical examination form does not have a current parent signature, they will not be permitted to remain at camp after 72 hours. There are no exceptions to this policy. Leaders are encouraged to develop some type of “fail safe” mechanism to ensure that no Scout arrives at camp without a current parent permission signature on their form.

PLEASE BRING YOUR COMPLETED MEDICAL FORMS TO CAMP WITH YOU AS YOU CHECK INTO CAMP**. DO NOT SEND THEM TO OR LEAVE THEM AT THE COUNCIL SERVICE CENTER! OFFICE STAFF HAS NO NEED FOR THEM, AND THEY WILL MAIL THEM BACK TO YOUR PACK. Health forms are available at www.lotosr.org, at the council service center, or in the “important forms” section of this guidebook.

**Reminder that Health checks are done in the campsite. Leaders DO NOT need to bring them to the Welcome Center when they check in the Pack.

EQUIPPING FOR CAMP

Scouts' clothing and personal equipment should be marked clearly with his or her name and pack number. Be advised that there is not a safety deposit box for valuable personal articles.

Scout Personal Gear

☐ BSA Health Form
☐ Swimsuit
☐ Towel
☐ Scout Uniform
☐ Sneakers and/or hiking boots.
☐ Raincoat or poncho
☐ Sweater or jacket
☐ Undergarments
☐ T-shirts
☐ Shorts/Pants
☐ Socks
☐ Extra Clothes

Toiletries

☐ Washcloth
☐ Towel
☐ Toothbrush and paste
☐ Hand soap

☐ Hat or cap
☐ Sleeping bag.
☐ Flashlight and extra batteries
☐ Dirty clothes bag
☐ Insect repellant
☐ Sunscreen
☐ Compass
☐ Camp Chair
☐ Water bottle
☐ Tent
☐ Ground cloth

☐ Shampoo
☐ Comb and/or brush
☐ Any medications need*

Optional Scout Equipment

☐ Bible or book of one's faith.
☐ Notebook/ pen or pencil
☐ Camera and film
☐ Cot or air mattress
☐ Pillow
☐ Spending money for Trading Post
☐ Baseball glove, ball, Frisbee, etc.
☐ Alarm clock
☐ Lawn chair
☐ Lantern (battery operated)
☐ Pocketknife
☐ Sunglasses
☐ Swim shoes
☐ Fishing gear
☐ Teddy bear

Items NOT Recommended

Items of value, Gaming devices, Computers, Laptops, Cell phones

CUB PACK EQUIPMENT

- _____ Pack/Den flags
- _____ First aid kit
- _____ Propane lanterns (adults only)
- _____ Plastic tablecloth
- _____ Plastic to protect wood supply.
- _____ Matches
- _____ Bow saws
- _____ Twine

*All medication needs to be shared with the reservation medical officer upon medical recheck at check in time

Items Prohibited at Camp

- Firearms
- Ammo and archery tackle
- Fireworks
- Alcohol & Illegal substances
- Pets

GENERAL POLICIES AND PRACTICES

Advancement:

It is not the responsibility of the Camp Staff to sign off on any advancement requirements earned in a Scout's book. Many of the activities performed at camp will meet requirements, and we will try to inform adult leaders of these completed requirements. However, the ultimate responsibility lies with the parent or den leader to sign off on a Scout's requirement completions.

Camp Leadership:

Adults in charge of your pack or den must be at least 21 years of age and must be registered leaders with current YPT training. At camp there must always be one adult for every five Scouts attending with a minimum of two adults in camp. If you have less than two adult leaders, we will coordinate pairing your pack with another pack or den in camp. Please call the council service center to plan this accordingly.

Co-ed Camping:

Married couples are permitted to tent together; otherwise only adult leaders of the same gender are permitted to share a tent. Scouts may not tent with an adult other than his or her parent/legal guardian, and scouts are only permitted to share a tent with scouts of the same gender. Please follow Youth Protection guidelines when camping and tenting.

Campfire Safety:

Fires are permitted in your campsite under the following conditions: Fires are laid inside approved fire rings, or inside a fire barrel; The ground is cleared a minimum of 10 feet in and all directions from the fire; Liquid or gas fuels are to be used ONLY in lanterns – never in fires, and never by Scouts (All such fuels must be stored in a locked, ventilated container as indicated by BSA policy).

Campground Etiquette:

Trash should be picked up in the campsite daily. Each day, please bring your trash to the dumpster or designated trash drop-off. NEVER store food in your tents. Instead, store food properly in a secure, air-tight container. Following these rules will help prevent four-legged visitors in your campsite.

Campsite Accommodations:

All Scouts and leaders stay in clean and well-maintained campsites. All campsites have large tarps or shelters over picnic tables to provide shelter in case of rain. Campsite washstands provide convenient drinking and wash water. Campers sleep in large two-person, fire-resistant wall tents that are pitched on concrete platforms, or they may camp in tents they bring to camp. Private, individual shower facilities are available at the shower house. All camp facilities are thoroughly inspected to insure the safest possible experience for all campers.

Emergency trips:

It is the responsibility of the unit leadership to provide transportation for members of their units requiring nonemergency attention from a doctor or hospital. One adult from the unit will accompany the camp medical personnel and the youth member requiring services. The leader must ensure the proper health form from the health lodge has been collected before leaving camp.

Leaving Campsite:

After 10:00 P.M. each evening, Scouts should not leave their campsite without a buddy and adult leadership. This includes use of the shower facilities.

Lost and Found:

Lost and Found items will be turned into the Welcome Center, Show and Do, Invention Lab, Lakefront, and the Pool. Leaders and parents should encourage Scouts to mark their personal belongings with their name and pack number. Camp management and staff are not responsible for lost items.

Meals:

Meals will be served at either Parkhurst or the Show & Do Shelter. All campers are expected to be present at each meal.

Membership:

The Boy Scouts of America requires that all campers participating in the summer camp program be registered members. Make sure all your campers are currently registered. Rosters should be submitted with your final payment at camp check-in. Not having rosters ready will cause a delay in the check-in process. Additionally, ALL adults staying in camp MUST be registered members of the BSA and have current youth protection training. NO EXCEPTIONS!

Shower Houses:

Shower house facilities are available at the camp. Separate facilities are available for boys, girls, women, and men. Please follow Youth Protection Guidelines.

Special Needs:

If you have a Scout or adult leader that has a medical condition that limits participation or requires a special diet, please be sure to note this when registering for camp. Please also notify the Council Service Center of any special dietary needs prior to arrival at camp if possible (collected during the registration process).

Travel:

Transportation to and from camp shall be by approved means only. All campers and adults are required to use seat belts. Scouting policy prohibits anyone from riding in the back of pick-up trucks. All drivers must have a valid license and be at least 21 years of age. Observe insurance, safety precautions, and youth protection guidelines as stated in the Guide to Safe Scouting.

Swim Qualifications:

All Scouts and leaders participating in aquatic activities will be tested by the aquatic staff and placed in one of three ability groups: learner, beginner, and swimmer. Scouts who do not satisfy the requirements of the swimmer's test may retake the test as time allows.

Quartermaster:

DAMAGE TO EQUIPMENT AND FACILITIES - All campsites and camp owned equipment will be inspected before checking in and out of Camp. Any damage that occur will be assessed by the camp management and must be paid prior to leaving camp. Damage may include lost or damaged equipment, defacing tents or facilities or damage to the natural environment. Please note and report any damage you detect on your check-in.

Uniforms:

Scouting is a uniformed organization. The official uniform is strongly encouraged for all participants, both youth and adult. Camp will have specific times at which Scouts and registered leaders should wear their uniforms, dinner and retreat included.

Visitors:

Visitors are welcome during the week anytime. **ALL VISITORS must check-in and out of the Welcome Center with the Welcome Center Staff** and receive a visitor tag. There is NO formal visitor night for Cub Camps. Meals for visitors are available at \$8.00 per person, per meal payable at the Welcome Center prior to meals.

CAMP SECURITY

Pack members: and leaders arriving at camp after 3:00 PM: Must sign-in at the Welcome Center upon their arrival.

Visitors in camp: Please advise your visitors to sign in and out at the Welcome Center when they enter and leave camp. Each visitor will receive a visitor tag to wear while in camp.

Adults: In camp will be asked to wear a wristband to help spot non-Scouters in camp. The more closely we follow these procedures, the safer our camp will be for Scouts.

Pack Leaders/Scouters/Scouts: who leave camp at any time – for any reason: MUST stop at the Welcome Center and sign-out. When returning, please stop and sign in. No Scout will be permitted to leave camp without the permission of a parent or legal guardian. We need to be able to ascertain everyone's whereabouts in the case of an emergency, in camp or at home, or if someone calls from home for an individual who is supposed to be in camp with us.

A Scout: who plans to leave camp at a time other than when their pack is departing MUST: 1. Have a signed Camper Release Authorization form on file at the Welcome Center (turned in during check-in). 2. An adult leader from their pack must be present to sign-out the Scout. 3. The parent or guardian who has come to take the Scout from camp must sign the form. The name of the parent/guardian signing out the Scout must match the name on the Camper Release form. 4. All parties must be present at the time of release. Scouts will not be released to a parent/guardian unless one of his adult leaders is present at the planned time of release. This procedure has been implemented for youth protection and legal liability reasons.

Pack leaders: should provide the Reservation office with advance, written notice of any scout's plan to leave camp early. Leaders must always be able to account for all the Scouts with their pack.

YOUTH PROTECTION GUIDELINES

The following policies have been adopted to provide security for the youth in our programs. In addition, they serve to protect adult leadership from situations in which they are vulnerable to allegations of abuse.

Two-Deep Leadership: Two registered adults (who must be at least 21 years of age or older), or one registered adult leader and a parent of a participant, are required on all trips and outings. The Chartered Organization is responsible for ensuring that sufficient leadership is provided for all activities. At least two leaders must be with the pack 24 hours a day. Leaders may rotate but they must also sign in and out at the Camp Office.

No One-to-One Contact: One-to-one contact between adults and youth members is not permitted. In situations that require a personal conference, the meeting is to be conducted in view of other adults and youth.

Respect of Privacy: Adult leaders must respect the privacy of youth members in situations – such as changing into swimming suits or taking showers at camp – and intrude only to the extent that health and safety requires. Adults must also protect their own privacy in similar situations. When camping, no youth is permitted to sleep in the tent or cabin of an adult other than their own parent or guardian. Limited, separate shower and latrine facilities for females are provided, and when separate facilities are not available, times for male and female use should be scheduled and posted.

Abuse: Adult and unit leaders are not to use physical, mental, or verbal abuse on any individual. This includes any threatening manner toward any youth or other person. The Lake of the Ozarks Scout Reservation is a SAFE SPACE for all who visit. Any actions or suspected behavior of this type is to be reported immediately to the Reservation Director. All registered adult members are considered mandatory reporters. It is the policy of the Boy Scouts of America that suspected abuse of any kind be reported to the appropriate authorities.

Youth Protection Training is available online, and all adults attending are expected to have completed the training before attending camp. YPT refresher courses will be available at the camp for adults who would like to take it.

PROHIBITED AT CAMP

Alcohol:

The possession or use of alcoholic beverages is prohibited in camp. Those unwilling to abide by this policy will be required to leave camp immediately. Leaders, please inform parents of this so they are aware of this policy.

Firearms and Archery Equipment:

Firearms and archery equipment are prohibited in camp anywhere except the designated shooting sports areas. Personal firearms and archery equipment are not allowed at camp. This is a BSA national policy. Ammunition may not be brought to camp. Ammunition for the shooting sports area is issued only at the range.

Illegal Drugs:

The possession or use of illegal drugs is prohibited. Offenders will be escorted off camp property immediately.

Other Items:

The following list contains other items prohibited in camp: pets, fireworks, motorcycles, and un-Scout-like literature. This list is not comprehensive. Please reference the Guide to Safe Scouting for other prohibited items.

Tobacco:

Please refrain from using tobacco in camp. Remember the 11th point of the Scout Law (a scout is clean). No Smoking on the trails or in any tent. Smoking is prohibited in all buildings. Leaders set the example.

Vehicles in Campsites:

Vehicles will not be allowed in the camp except for during the check-in and check-out procedures. Additionally, wheelbarrows will be available to carry gear to and from your campsite. VEHICLES ARE TO BE RETURNED TO THE PARKING LOT. Only emergency and service vehicles will be allowed to enter the camp during the week.

FOR PARENTS REGARDING HOMESICKNESS

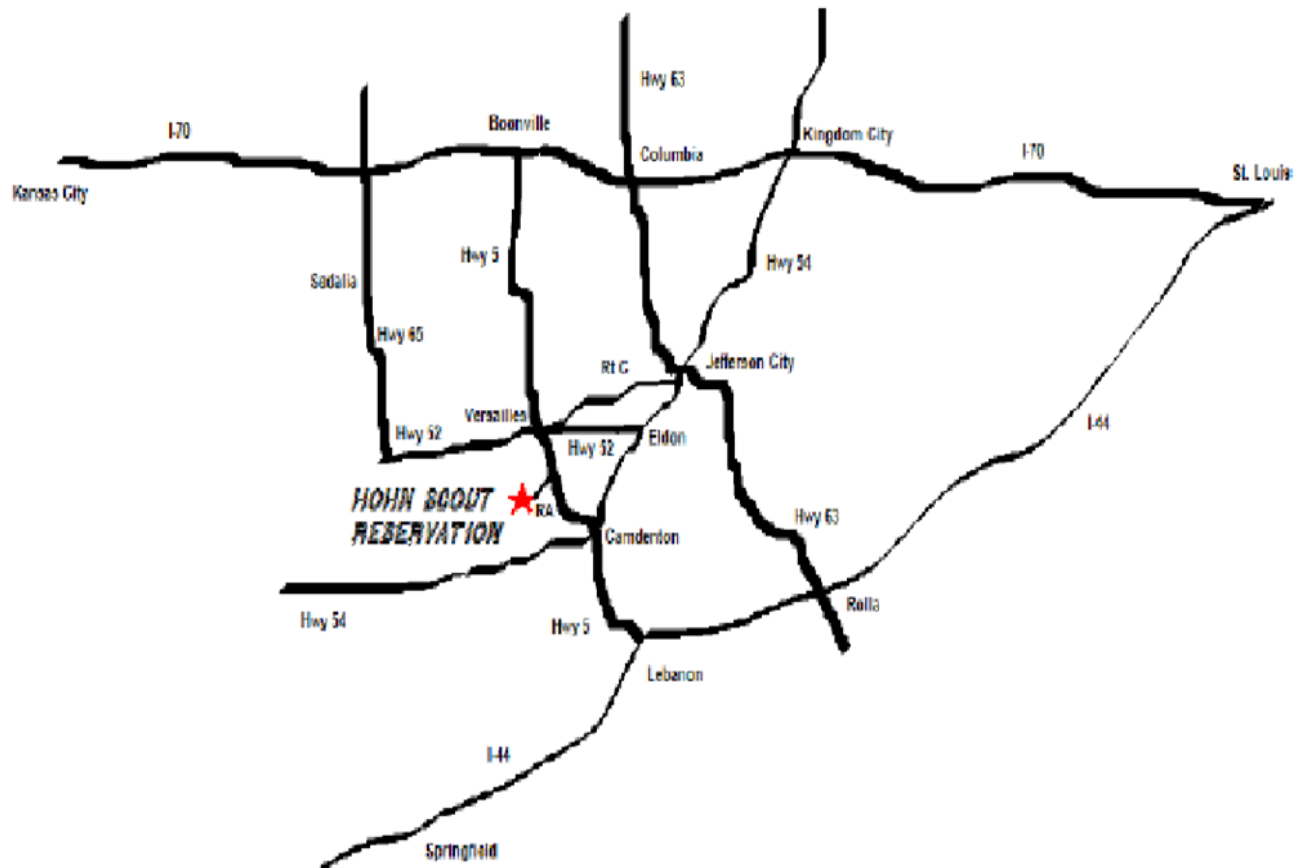
It is not unusual for Scouts to develop homesickness during a session of camp. Research and experience have shown several ways to help boys and girls make the most of their time away from home:

- Leave cell phones at home, or at least leave them with the Unit Leader 'for emergency use only'. Scouts need to be able to participate in all the fun that camp has to offer and develop self-confidence away from home. The cell phone offers a 'lifeline' to home, friends, etc. that diminishes that opportunity.
- Encourage your son or daughter to try new things and get involved prior to camp and in mail/email messages during the week. Tell them how much fun you know they will have at camp and how proud you are of them. Avoid comments like "I don't know what I'll do without you", "the dog has whined at your door all week."
- Do not make pick-up deals. If a Scout is told that they will be picked up if they become homesick, several things have occurred:
 1. The idea has been planted that they might become homesick.
 2. They have been subliminally told that they can't handle the separation.
 3. They have been given an easy out, rather than an opportunity for personal growth.

IMPORTANT FORMS

This section contains important handouts and forms for your reference.

DIRECTIONS TO CAMP



Driving Directions:

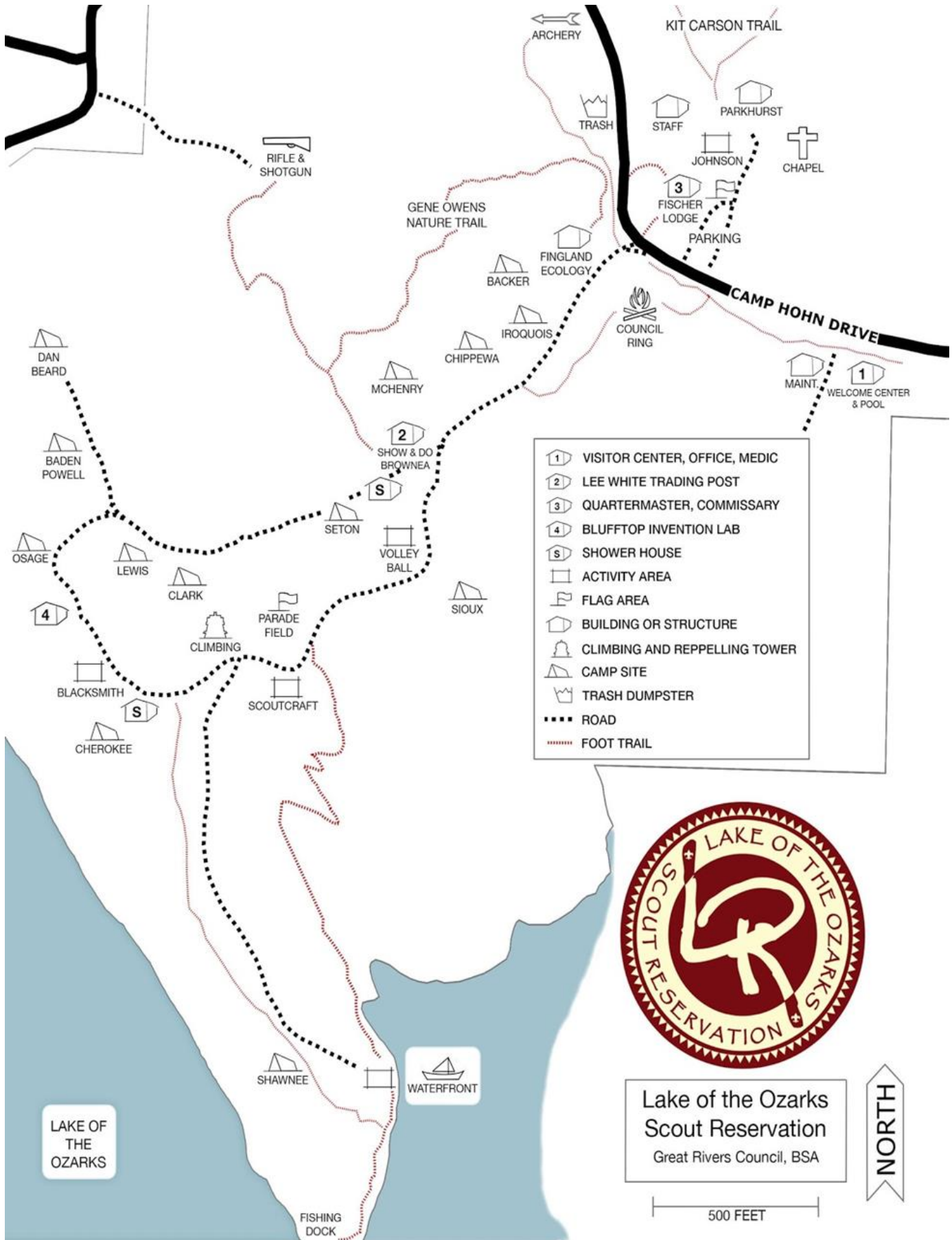
From Columbia: South on Hwy 63 to Jefferson City. West on Hwy 54 to Rt. C (exit Rt C/Ellis Blvd). West to Hwy 52 at Versailles. Hwy 52 joins Hwy 5. Stay on Hwy 5, south to Laurie. West on Rt. RA, 4 miles to camp.

From St. Louis: West on I-70 to Kingdom City. West on Hwy 54 to Jefferson City and Rt C. West to Hwy 52 @ Versailles. Hwy 52 joins Hwy 5. Stay on Hwy 5, south to Laurie. West on Rt. RA, 4 miles to camp.

From Kansas City: East on I-70 to Hwy 65. South through Sedalia to Cole Camp Junction. East on Hwy 52 to Versailles. South on Hwy 5 to Laurie. West on Rt. RA, 4 miles to camp.

From Springfield: East on I-44 to Lebanon. North on Hwy 5 through Camdenon to Laurie. West on Rt. RA, 4 miles to camp.

CAMP MAP



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The Heath form begins on the next page.

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: _____



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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 (anginal)/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 ☐ YES ☐ NO

AUTOINJECTOR? Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE ☐ YES ☐ NO

INHALER? 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	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: _____



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

Please fill in the following information:

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

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

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

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

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

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	168	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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