

BLIZZARD ADVENTURE CAMP

2020 GUIDE BOOK



LEATHERSTOCKING COUNCIL, BSA

WELCOME!

Dear Scouts, Scouters and Parents,

So what do you do with a camp property that gets around 200 inches of snow in the winter season? You embrace it and create a winter camp experience like no other! That's exactly what we have done with Blizzard Adventure Camp at Camp Kingsley. After selling out our first three years, our staff continues to look forward to sharing a unique resident camp experience with you that will create memories to last a lifetime. There's tons of the stuff you love about scout camp in the summer but without the mosquitos. Scout skills, merit badges, crafts, shooting sports, games, campfires. It's all here. Add to that the unique atmosphere of the Tug Hill plateau in January and we are able to offer a great range of winter program opportunities. Cross-country skiing, snowmobile repair, sledding, snow kayaking, winter survival, snowshoeing and the Penguin Plunge are just some of the exciting winter programs that await you. Sure, it might be cold but there will always be plenty of time to sit and enjoy hot cocoa by a warm fire.

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

Yours in Scouting,

Rob Mahardy

Blizzard Adventure Camp Director

romahard@scouting.org

315-368-3743



PROGRAM REQUIREMENTS

- ❄ Participants must be registered Scouts, BSA or Venture Crew Members.
- ❄ Participants must have Scoutmaster or Crew Leader approval.
- ❄ Participants must have a completed BSA Medical Form (Parts A, B and C)

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ARRIVAL and DEPARTURE

ARRIVAL DAY:

CHECK IN BETWEEN 6-7:30 PM on FRIDAY, JANUARY 17, 2020.

Early arrivals will not be checked in prior to 6:00 pm as our staff is making final preparations to welcome you. If you need to make other arrangements, please contact the Camp Director.

Please make sure all Camp Forms have been sent in 2 weeks prior to your camp dates, or bring them with you to hand in at check-in.

Upon arrival in the parking lot, please leave your equipment in the car. Scouts and adults need to check-in at the camp office, and bring required camp forms and medications with them. Once you have checked-in, a staff member will guide you to your cabin with your equipment.

The check-in process takes some time, so please plan accordingly. Upon arrival, campers will meet the camp administration to verify all contact information and any special needs. Each camper will also meet briefly with the camp health officer who will verify that all health forms are present and complete, collect any medications, and then check the camper for head lice.

DEPARTURE:

CAMPERS WILL DEPART BY 5:00 PM on MONDAY, JANUARY 20, 2020.

Leaving camp, except at the designated times, is discouraged. If the camper needs to leave camp for any reason other than a function of camp, a parent/guardian is responsible for transportation and needs to make prior arrangements with the camp director. Campers will be released only to those listed on the camper release form (Appendix B) and early release form (Appendix C).

CAMP FORMS

PARENTS PLEASE PAY SPECIAL ATTENTION: Anyone that does not have a **COMPLETED HEALTH FORM**, which would include the Dr.'s signature on part C form, will **NOT** be allowed into camp. There are **NO** exceptions to this policy and it is **STRICTLY** enforced.

Required Camp Forms Include the following:

- Annual Health and Medical Form (Parts A, B and C)
- Non-Prescription Medication and Topical Ointment Release
- Medicine Labels
- Dietary Needs Form (if special meals are needed)
- Shooting Sports Permission Form
- Swim Test Verification Form (if participating in the Penguin Plunge)
- Authorization for Camper Release (if parent or guardian is not picking Scout up)
- Early Release Form (if Scout is leaving camp early)
- Talent Release Form



All necessary forms are available in the appendices of this guidebook.

GENERAL INFORMATION

CAMP ADDRESS and PHONE NUMBER

Camp Kingsley, 5328 Tuffy Road, Ava, NY 13303

Phone: 315-942-2511

LODGING:

Scouts will be housed in Harden Cabin, Evans Cabin, Cayuga Kitchen, the A-Frames and Williams Lodge. Those participating in Winter Survival will sleep in their shelters on night 2 or 3 (Saturday or Sunday).

DINING:

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

CAMP KINGSLEY GRACES

Morning -

Gracious giver of all good,
Thee we thank for rest and food,
Grant that all we do or say,
In thy service be this day. Amen

Noon -

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

Evening -

Tireless guardian on our way,
Thou has kept us well this day,
While we thank thee we request,
Care continue, pardon rest. Amen

TRADING POST

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

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

UNIFORMS

The Scouts, BSA field uniform should be worn to the evening flag ceremony and evening meal each day. The rest of the day and night scouts and leaders may wear whatever they chose, as long as it is appropriate. Weather conditions will be a major factor in how the scouts dress.

VISITORS

All visitors must check in and out at the Camp Office. Visitors will be given visitor identification. Visitors are welcome to purchase meals. Please try to let staff know of any guests in advance so that enough food can be prepared. Guest meals are \$7.00 per meal.

SIGN-IN AND SIGN-OUT:

When leaving camp for any reason (going home early, eating out, and going to the store), all scouts and adults must sign out at the camp office. Anyone that will not be attending a meal must notify the Camp Director or Program Director prior to departure. Upon returning to camp they must sign-in at the camp office. This is very important because in the event of a camp wide emergency we need to account for everyone who is registered in camp.

VEHICLES IN CAMP:

Vehicles are only permitted in designated parking areas. Vehicles are NOT permitted in camp sites or program areas. Sleds and carts are available to transport gear to the cabins.

GENERAL INFORMATION (continued)

CAMP IDENTIFICATION:

All staff, scouts and adults will wear a wrist band while they are in camp. If you see an adult who does not have a wrist band, please ask them to report to the camp office to sign-in.

PHOTO USE POLICY:

Our staff and leaders often take pictures of our camp in action. These pictures may be included in camp promotional materials. You will be required to turn in a Talent Release Form (Appendix G) with your camp forms. If you do not wish your child to be photographed, please inform your leader and the camp director in writing before camp begins.

PRE-CAMP LEADERS and PARTICIPANTS MEETING:

All leaders will be notified of a pre-camp meeting to be held in December. This is YOUR opportunity to meet the Camp Director and Program Director, to turn in paperwork, to ask questions; learn how the program works, etc. Hope to see you all there.

TIMELINESS:

Please be on time to all program areas, activities, meals, etc. Our staff begins sessions promptly and if they are departing for a hike or additional locations for sessions, you may miss out.

ANIMALS IN CAMP:

Pets are not allowed in camp unless prior approval has been granted by the Leatherstocking Council Scout Executive and Camp Ranger. Please leave your pets at home, and remind parents and visitors that pets are not welcome in camp at any time.

SCOUT BEHAVIOR:

It is important that scouts remember they are members of the "Boy Scouts of America". As such, they should remember to use proper outdoor manners and to learn to live by the "Outdoor Code." Scouts should not cut down live trees and/or plants or destroy nests or other wildlife that live in our great Camp Kingsley. Also, when traveling around our camp, scouts should try to pick up any garbage or trash along their travels and dispose of it properly. The general rule of Scout camping is "You leave it cleaner than when you found it."

Scouts should adhere to the principles of the "Scout Oath" and "Scout Law." If camp rules are ignored or broken the Camp Director will follow the "Two Strike" policy as outlined on page 9. Should it be necessary the Camp Director reserves the right to dismiss any individual from camp for serious policy or rule infractions and/or safety violations.

POCKET KNIVES:

NO POCKETKNIFE BLADES CAN BE LONGER THAN 3". SHEATH OR SURVIVAL KNIVES ARE NOT ALLOWED IN CAMP.

WHAT NOT TO BRING

Alcohol, Tobacco, Electronic Cigarettes, Fireworks, Firearms, Ammunition, Arrows, Chainsaws, Pets, and any other item that is dangerous or inappropriate. Failure to adhere to these policies will result in the immediate intervention by the Camp Director, Program Director and/or Camp Ranger. Please also leave any electronic games and other expensive items at home.



PAYMENT

2018 PAYMENT SCHEDULE

Payments due by 12/14/19

Boy Scout or Venture Crew member	\$150
Adult Leader	\$ 65
Late Registration (Dec 15, 2020 and after)	+\$20 to above listed costs

Registration Closes on 1/12/19 or when Sold-Out

PAYMENT OPTIONS:

- Pay online at www.leatherstockingcouncil.org
- Fax your invoice with Credit Card information to 315-735-9184
- Mail or drop off your invoice with a check (made payable to Leatherstocking Council), or credit card information to the Council Office at 1401 Genesee Street, Utica NY 13501

*All checks returned for non-sufficient funds (NSF) will be electronically debited for the face value plus a returned check processing fee as allowed by New York State law.

QUESTIONS

Registration, Payment, Financial Assistance, Expectations, etc.:

Call 315-735-4437 (Utica Office), 607-432-6491 (Oneonta Office) or email the Camp Director (Rob Mahardy) at romahard@scouting.org

For more information, see our camping section on our website at www.scoutingcny.org; or visit us on Facebook at the following pages:

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

HEALTH and SAFETY

The foremost concern of all camp staff is the well-being, health and safety of the campers. All camp programs follow the winter camping guidelines set forth in The Guide to Safe Scouting (see pages 19 & 20)

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

BUDDY SYSTEM:

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

MEDICAL FACILITIES:

Blizzard Adventure Camp will have a fully trained Health Officer to provide any needed medical assistance.

EMERGENCY ALERTS

In the event of a camp wide emergency the siren will sound. All Scouts and leaders will proceed to the emergency assembly area (Dining Hall porch). Staff and other designated personnel will respond as assigned in accordance to the type of emergency.

HEALTH HISTORY FORMS:

All participants, youth and adults, must bring a current copy of their BSA Medical Form parts A,B, and C (Appendix I). BSA health forms are also available online at the council and national websites. This form must be signed by parents and medical personnel and dated within a year of the event. Immunization records must be provided. A copy of insurance card must be attached to the medical form. All injuries and ailments should be reported to the camp Health Officer.

MEDICATIONS:

Any prescriptions at camp must be reported and locked up. Medications should be locked up and administered by the camp Health Officer. Please fill out the Medication Label form (Appendix F) and turn in with medicine during check-in. Emergency medications (epi-pen, inhalers, etc.) should be kept on the user at all times and should not be locked up. For campers to receive the administration of any over the counter medications the Authorization For Non-Prescription Medicine & Topical Ointment form (Appendix D) should be turned in with all other health forms.

YOUTH PROTECTION:

Leaders must be current with BSA Youth Protection Training. Report any suspected child abuse incidents immediately to the Camp Director ONLY.

PERSONAL CLEANLINESS:

Being clean in body and mind are part of the Scout Law and part of Scout training. Scouts should wash up each morning and in the evening prior to going to bed. A package of handi-wipes would be useful for this. Be sure that they change their clothing regularly and clean their hands before coming to each meal. Hands will be inspected prior to entering the dining hall.

LATRINES:

Latrines need to be swept out regularly. Wash-stands need to be kept clean. Paper towels and toilet paper can be obtained from the dining hall. It is important that scouts use the latrine properly. Urinating near a cabin, shelter or lean-to is a health hazard and can make your site unlivable.

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

TWO STRIKES POLICY

Blizzard Adventure Camp

Dear Parent,

Your scouts's time at camp will be a fun filled, memorable learning experience. Meeting new Scouts and making new friends, while having fun in the outdoors, is a central goal of Blizzard Adventure Camp. It is our goal as a staff that each Scout has a chance to enjoy this opportunity. One factor, which may create difficulty for scouts to fully enjoy their camping experience, is poor discipline. Unfortunately, this is an issue that we must address in camp.

As a camp staff, we do not want a session of camp to have a negative impact on any Scout. It should be noted that camp starts immediately upon entering the Camp Kingsley property. Any infraction will be made known to the Camp Director. Should an infraction occur, we act on a "two-strikes" rule.

For minor rule violations this initially involves a staff member explaining the broken rule and why it is important for that rule to be followed. For more serious violations or persistent minor infractions, the First Strike consists of the Camp Director and the Scout discussing the rule transgression. Should inappropriate behavior continue, the Second Strike is notification of the Scout's parents by the Scout, Camp Director and Scoutmaster. If this situation should occur the Camp Director and Scout's parents will work together to decide on the next step. This step may be another chance or immediate dismissal from camp. Any further actions necessary at that time will also be discussed between the Camp Director and parent. Should your child be sent home, Leatherstocking Council **will not** refund any remaining fees for that session. Although few cases ever reach the second strike it is important to have this policy in place. All discipline actions are presented in a positive manner and are aimed at helping the Scout grow. If you review these guidelines with your child, together we can make Scout camp a most positive experience.

Sincerely,

The Blizzard Adventure Camp Staff



WHAT TO BRING

A well-prepared camper will have more fun at camp. These recommended quantities are for a 4 day, 3 night winter resident camp. The following items should be packed in an easy-to-carry duffel bag, laundry bag or lightweight suitcase. Scouts should bring clothes that enable them to layer clothing for outdoor activities. Please pack so that scouts can manage repacking and moving their own bag!

PERSONEL GEAR

- All Necessary Camp Forms (see page 4)
- Class A Scout Uniform
- Heavy Winter Coat/Outer Shell
- Snow pants
- 1 pair of waterproof winter boots
- 2 Winter Hats
- 2 or 3 pairs of winter gloves
- 4 sets of clothing (long pants, shirts)
- Polar Fleece or heavy sweatshirt
- 2 pairs of pajamas
- 5 pairs of socks
- 5 pairs of underwear
- 1 or 2 pair long underwear
- Sleeping Bag with liner or sheet inside (a stuff sack is recommended for easy transport)
- Laundry bag
- 2 bath towels, hand towels and wash cloths
- Deodorant (non-aerosol)
- Handi-wipes or Soap in plastic case and shampoo
- Toothbrush and toothpaste
- Comb or brush
- 1 pair sneakers (for inside cabin)
- Pen or pencil and writing items
- Scout Handbook
- Folding Pocket Knife
- Flashlight with extra batteries/bulb
- Plastic bags for packing wet items
- Small day pack or tote bag
- Canteen or water bottle on lanyard
- Lip balm



LABEL YOUR GEAR

Camp Kingsley and the Leatherstocking Council WILL NOT be responsible for lost or stolen articles; or articles damaged at camp. In case you misplace something, a "lost and found" is located at the camp office. Any items left at camp are only held for two weeks. Please contact the Camp Director to make arrangements for picking up lost items within this two-week period.

OPTIONAL EQUIPMENT

- Small pillow with case
- Bathing suit, extra towel, Water shoes with closed heel and toe (if participating in Penguin Plunge)
- Card or board game (if taking Game Design MB)
- Sunglasses (the glare off the snow can be very bright)
- Small Bible
- Camera
- Spending money for Trading Post
- Pot, utensils, and any special ingredients for cook-off

WILDERNESS SURVIVAL

- Backpack
- Tarp
- Winter Sleeping Bag
- Sleeping pad (closed foam is best)

SNOW SPORTS

- Scouts may bring their own ski equipment and ice skates if they so choose.
- Sled (plastic only please. No saucers— must be able to steer. No wooden or metal runners)
- Helmet for Sledding and ice skating (bike helmets are fine)

DO NOT BRING

Cell Phones (unless adult), iPods, MP3 Players, Gum or Candy, Scented Sprays or Lotions, Survival Knives, Valuables, Video Games. They will be taken away until the end of camp.

2020 BLIZZARD ADVENTURE CAMP SCHEDULE

Day 1

6:00 pm	Check- In Health check/forms, gear check, settle into cabins
6:55 pm	Evening Flags/ Welcome/ Camp Orientation/Cracker Barrel
7:45 pm	Leader's Meeting
8:00 pm	Activity/Merit Badge Rotation 1
9:00 pm	Campfire (Staff run)
10:00 pm	Quiet Time/Astronomy
10:30 pm	Lights Out

Day 2

7:50 am	Opening Flags
8:00 am	Breakfast
9 am-12 pm	Activity/Merit Badge Rotations 2-4
12:15 pm	Lunch
1 pm-4 pm	Activity/Merit Badge Rotations 5-7/ Shelter Building
5:30 pm	Evening Flags/ Dinner
7:00 pm	Open Program Areas
8:00 pm	Vesper Service
8:30 pm	Cracker Barrel
9:30 pm	Outside Overnight group
10:00 pm	Quiet Time/Astronomy
10:30 pm	Lights Out

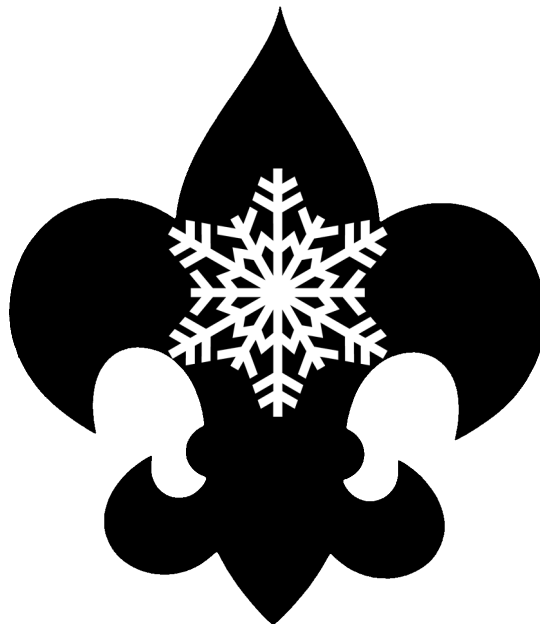


Day 3

7:50 am	Opening Flags
8:00 am	Breakfast
9 am-12 pm	Activity/Merit Badge Rotations 8-10
12:15 pm	Lunch
1 pm-4 pm	Activity/Merit Badge Rotations 11-13
5:30 pm	Evening Flags/ Dinner
7:00 pm	Open Program Areas/Cobbler Cook-Off
8:30 pm	Campfire (Patrol run)
9:15 pm	Cobbler Cook-Off Judging
9:30 pm	Outside Overnight group (if necessary)
10:00 pm	Quiet Time/Astronomy
10:30 pm	Lights Out

Day 4

7:50 am	Opening Flags
8:00 am	Breakfast/Ugly Sweater Judging
9 am-12 pm	Activity/Merit Badge Rotations 14-16
12:15 pm	Lunch
1 pm -3 pm	Activity/Merit Badge Rotations 17-18
3:00 pm	Pack Up
4:15 pm	Closing Ceremony



MERIT BADGES

GEOCACHING-----NEW FOR 2020



Can you find it in the snow? Learn all about using GPS and search for treasure.

Prerequisites: 7, 8 (b or c if choosing those options)

PHOTOGRAPHY-----NEW FOR 2020



Freeze Frame! Capture memories for a lifetime.

Prerequisites: 1b (current Cyber Chip)

ART



Get creative and show off your visual talents.

Prerequisites: None

ASTRONOMY



Discover the wonder of the northern winter sky. Note: Astronomy Merit Badge will meet on the Dining Hall porch at 10 pm on Day 1, 2 and 3 for star study in addition regular program area times.

Prerequisites: None

AUTOMOBILE MAINTAINANCE (Snowmobile Repair)



Learn about the care, repair, and workings of snowmobile and auto engines.

Prerequisites: None

COOKING



Scouts will learn about nutrition and will be able to hone their outdoor winter cooking skills.

Prerequisites: 4c (cooking at home portion), and some basic experience with cooking outdoors is preferred.

EMERGENCY PREPAREDNESS



An extensive look at individual, family and community preparedness.

Prerequisites: 1 (1st Aid MB),

ENVIRONMENTAL SCIENCE



Observe and experiment in our winter ecosystem.

Prerequisites: 3f-1or2or3, 3e-1or2or3, 4B (or will they need additional time to do observations)

MERIT BADGES

FIRST AID



Be Prepared! Every scout should know 1st Aid. We'll emphasize cold weather precautions.

Prerequisites: CPR completed or partial will be issued

FISHING (Ice Fishing)



Fishing Merit Badge will out-trip to Lake Delta in afternoons if ice conditions are favorable.

Prerequisites: None

GAME DESIGN



Learn about classic games and create your own with a unique winter flavor.

Prerequisites: None

GEOLOGY



This Merit Badge just rocks!

Prerequisites: 4b

INDIAN LORE



Learn about the history of the Native Americans and how they survived the harsh winters.

Prerequisites: None

MAMMAL STUDY



Discover the characteristics and habitat of local mammals in the winter setting

Prerequisites: None

SCOUTING HERITAGE



Learn about the history of scouting, our council and Camp Kingsley from some of the "old-timers" who lived it.

Prerequisites: 5 (resource: www.fultonhistory.com), 6 (bring what you have in your collection so far)



MERIT BADGES

SCULPTURE



Create masterpieces of three-dimensional art with ice and snow as your medium.

Prerequisites: None

SEARCH AND RESCUE



Scouts will learn the skills and terminology involved with search and rescue.

Prerequisites: None

SIGNS, SIGNALS, AND CODES



Learn the history and uses of different methods of communication.

Prerequisites: None

SKATING



Figure 8s on the ice. Scouts will work on the Ice Skating option of this badge

Prerequisites: Bring own skates and helmet (bike helmet is fine).

SNOW SPORTS



Learn about and experience skiing through camp trails. (Focus is on the Nordic and Snow Shoe options)

Prerequisites: 5 (have the proper clothing)

SUSTAINABILITY



Become a steward of the environment.

Prerequisites: Water a, Food a, Stuff a and 6

WEATHER



Where does all this snow come from? Discover the science of meteorology.

Prerequisites: Start 9a (weather log)

WILDERNESS SURVIVAL



Learn the skills to survive in extreme conditions (like lots of snow.) Note: Please bring the extra items listed on the "What to Bring" page.

Prerequisites: None

2020 Blizzard Camp Merit Badge Schedule

MB Session	Day	Time	Crafts/Games	Winter Sports		Trades	Scout Skills		Search and Rescue	Ecology	MB Session	Day	Time
1	Day 1	8pm	Sculpture				Wild Surv		Search and Rescue	Weather	1	Day 1	8pm
	Day 1	10pm								Astronomy- Star Study		Day 1	10pm
2	Day 2	9am	Art	Snow Sports (section 1)	Skating	Snowmobile Repair (section 1)	Signs, Signals and Codes	Emergency Preparedness	Emergency Preparedness	Geology	2	Day 2	9am
3	Day 2	10am	Scouting Heritage				Cooking	First Aid	First Aid	Environmental Science	3	Day 2	10am
4	Day 2	11am	Game Design					Search and Rescue	Search and Rescue	Sustainability	4	Day 2	11am
5	Day 2	1pm	Indian Lore	Snow Sports (section 2)	Ice Fishing	Snowmobile Repair (section 2)	Wild Surv -Shelter	Geocaching	Geocaching	Mammal Study	5	Day 2	1pm
6	Day 2	2pm	Photography					Astronomy	Astronomy	Weather	6	Day 2	2pm
7	Day 2	3pm	Sculpture				Open	Open	Open	Open	7	Day 2	3pm
Open	Day 2	7pm	Open				Open	Open	Open	Open	Open	Day 2	7pm
	Day 2	10pm								Astronomy- Star Study		Day 2	10pm
8	Day 3	9am	Art	Snow Sports (section 1)	Skating	Snowmobile Repair (section 1)	Signs, Signals and Codes	Emergency Preparedness	Emergency Preparedness	Geology	8	Day 3	9am
9	Day 3	10am	Scouting Heritage				Cooking	First Aid	First Aid	Environmental Science	9	Day 3	10am
10	Day 3	11am	Game Design					Search and Rescue	Search and Rescue	Sustainability	10	Day 3	11am
11	Day 3	1pm	Indian Lore	Snow Sports (section 2)	Ice Fishing	Snowmobile Repair (section 2)	Wild Surv	Geocaching	Geocaching	Mammal Study	11	Day 3	1pm
12	Day 3	2pm	Photography					Astronomy	Astronomy	Weather	12	Day 3	2pm
13	Day 3	3pm	Sculpture				Open	Open	Open	Open	13	Day 3	3pm
Open	Day 3	7pm	Open				Open	Open	Open	Open	Open	Day 3	7pm
	Day 3	10pm								Astronomy- Star Study		Day 3	10pm
14	Day 4	9am	Art	Snow Sports (either section that need to finish)	Skating	Snowmobile Repair (either section that need to finish)	Signs, Signals and Codes	Emergency Preparedness	Emergency Preparedness	Geology	14	Day 4	9am
15	Day 4	10am	Scouting Heritage				Cooking	First Aid	First Aid	Environmental Science	15	Day 4	10am
16	Day 4	11am	Game Design					Search and Rescue	Search and Rescue	Sustainability	16	Day 4	11am
17	Day 4	1pm	Indian Lore		Ice Fishing		Wild Surv	Geocaching	Geocaching	Open	17	Day 4	1pm
18	Day 4	2pm	Photography				Open	Open	Open	Mammal Study	18	Day 4	2pm
				*** Open Shoots will be added based on weather***									

VENTURE CHALLENGE AWARD

LEADERSHIP

Crew member will demonstrate leadership abilities by taking on a role in one or more of the activities at Blizzard Adventure Camp. Examples include but are not limited to; captaining their broomball team, leading a mealtime song, creating a crew waiter rotation, serving as the crew leader, or organizing Tier II adventure, or guiding the crew service project.

TIER II ADVENTURE

Crew members will work with staff to plan and organize a Tier II adventure for the crew while at Blizzard Camp. This could include any combination of cross-country skiing, snowshoeing, cooking, outpost camping and many other options. The crew will help with all preparation and determine what materials and skill development may be required.

PERSONAL GOAL and

REFLECTION

Crew members will set a personal goal to achieve at Blizzard Adventure Camp from one of the following categories; development of self, development of other, development of faith.

Crew members will write a short reflection on the final day of camp and conference with a staff advisor.

SERVICE

Crew members will coordinate with Ranger or other Camp Staff to plan, organize, and carry out a service project to benefit the camp.

Upon completion of all portions of the Venture Challenge Crew Members will meet with the Blizzard Camp Staff Crew Advisor to review all Venture Challenge Award requirements.



WINTER SPORTS

SNOW KAYAKING

Paddle in a whole new way as you slalom your way down the snow covered course.

SNOW SHOTS

Open shoot period to see if you've got what it takes to hit a bullseye if the frigid cold.

CROSS-COUNTRY SKIING

Whether you are novice or experienced, take part in one of several opportunities to ski around the numerous trails in and nearby camp. Enjoy the woods as you never have before.

FROZEN VOLLEYBALL

Gather a friend or patrol for a pick-up game of volleyball in the snow. Sure the ball might be hard as a rock but at least the snow is soft to land on.

ICE FISHING

Lots of hungry fish await you below the ice. Who will do the honors of catching the largest fish-sicle? (Please note the availability of ice fishing will depend on weather conditions at Lake Delta.)

SLEDDING

Feel the cold winds rushing past as you layout as aerodynamically as you can to gain enough speed to outdistance all your friends.

SLED BOWLING

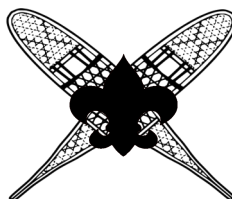
You and your sled are the ball as you try to knock down giant inflatable pins

SNOW SHOEING

Hike numerous camp trails, try out our orienteering course or just get the experience of walking around on snowshoes.

SNOW SNAKE

Partake in the traditional Native American game. Bring your own or create one here at camp. Learn the history and techniques of this five century old sport.



SPECIAL PROGRAMS/EVENTS

UGLY SWEATER CONTEST

Bring your ugliest sweater and doctor it up at the Handicraft's area. There will be a contest for both scouts and adults.

"COOLER THAN OLAF" SNOWMAN BUILDING COMPETITION

Gather your friends, unit, or cabin and compete to build the ultimate snowman.

PENGUIN PLUNGE

Slip and slide into the icy waters just like the penguins do. Note: BSA rules require that participants pass either a Beginner or Swimmer test. A BSA or Red Cross life guard must administer the BSA Swim Test. If scouts had passed the test at summer camp, please list the camp name and have your unit leader verify. Using the Swim Test Verification Form (Appendix E) We will not offer the swim test at Blizzard Adventure Camp.

ALPHORN CONTEST

Show off your pipes with an Alphorn sound off. Units can make pre-make their own or try to be the loudest on ours.

PATROL SHINGLES

Shingles will be available from the Crafts area for each patrol to decorate and hang up in the Dining Hall.

CAMP FIRE PROGRAM

Scouts will have the opportunity to be entertained by the camp staff at the Opening Campfire on Day 1. In return each patrol will also have the opportunity to perform skits and songs for the camp at the Unit Run Campfire on Day 3.

CAST IRON DESSERT COOK-OFF

Scouts and Scouters will have the opportunity to put their best cobbler or other dessert recipes to the test in our camp-wide competition on the evening of Day 3. Prizes will be awarded in both youth and adult divisions.

SNOW-A DAY

Day 4 is OA day. Wear your OA sash and join in the fellowship with other OA members.

VESPER SERVICE

A scout is reverent. On the evening of Day 2 an all-faith worship service will be offered for all scouts wishing to partake.



Winter Camping Information from the Guide to Safe Scouting

Winter Camping Safety

There is magic to camping in winter. It is one of the most challenging of outdoor adventures. The Boy Scouts of America operates the National Cold-Weather Camping Development Center at Northern Tier through the Okpik program. Visit www.ntier.org/BeforeYouArrive_OKPIK.html for comprehensive winter camping preparation information. Special considerations for winter camping are:

1. **Qualified Supervision.** It is vital that a leader be an experienced winter camper with strong character and common sense.
2. **Equipment.** Be completely outfitted for cold weather. Equipment should be checked to ensure good condition for the activity and proper maintenance while in use. Scouts should be adequately clothed, and blankets should be a suitable quality and weight. TIP: Use alkaline batteries in flashlights, as standard batteries deteriorate quickly in cold weather. TIP: Encourage youths to wear brightly colored clothing so they are more visible during severe weather.
3. **Physical Fitness.** Scouts should be suitably fit for the activity. Periodic rests while building snow caves and engaging in other strenuous cold-weather activities will help prevent accidents and overheating. TIP: Pulling a load over snow on a sled or toboggan is generally easier than carrying a backpack.
4. **Buddy System.** Having Scouts paired aids in monitoring each other's physical condition and observation of surroundings and circumstances.
5. **Planning.** Safe activities follow a plan that has been conscientiously developed. In winter, plan to cover no more than 5 miles per day on snowshoes or 10 to 12 miles on cross-country skis. Allow ample time to make it to camp at the end of the day. TIP: Always bring a bit more food, water, and clothing than what you think you'll need.
6. **Safe Area.** Leaders should determine whether an area for winter camping is well-suited and free of hazards. TIP: Always test the thickness of ice before venturing any distance from shore. The ice should be at least 3 inches thick for a small group. TIP: Look for dead branches hanging in the trees overhead. TIP: Avoid ridge tops and open areas where wind can blow down tents or create drifts.
7. **Weather Check.** Weather conditions, potential hazards, and the appropriate responses should be understood and anticipated. Go to www.scouting.org/training for Hazardous Weather training.
8. **Burning.** Never use flames in tents, teepees, or snow shelters. This includes burning any solid, liquid, gel, or gas fuel; using features of tents or teepees that support stoves or fires; and use of chemical-fueled equipment and catalytic heaters.

Discipline. Rules are effective only when followed. All participants should know, understand, and respect the rules and procedures for a safe winter camping experience. Applicable rules should be discussed prior to the outing and reviewed for all participants when leaving for the winter campout.



Winter Camping Information from the Guide to Safe Scouting

Winter Sports Safety

- 1 Beyond camping, a number of cold-weather activities present challenges to the Scout and leader, such as cross-country skiing, ice skating, sledding, snowmobiling, ice fishing, and snowshoeing. Essential ingredients for fun include skill training and an awareness of the hazards unique to these activities. Snow conditions, hazardous terrain, special clothing needs, and emergency survival are important issues for a safe and successful experience.
- 2 Be sure your winter outdoor activities always follow these guidelines:
 1. All winter activities must be supervised by mature and conscientious adults (at least one of whom must be age 21 or older) who understand and knowingly accept responsibility for the well-being and safety of the youth in their care, who are experienced and qualified in the particular skills and equipment involved in the activity, and who are committed to compliance with the seven points of BSA Winter Sports Safety. Direct supervision should be maintained at all times by two or more adults when Scouts are in the field. The appropriate number of supervisors will increase depending on the number of participants, the type of activity, and environmental conditions.
 2. Winter sports activities embody intrinsic hazards that vary from sport to sport. Participants should be aware of the potential hazards of any winter sport before engaging in it. Leaders should emphasize preventing accidents through adherence to safety measures and proper technique.
 3. Appropriate personal protective equipment is required for all activities. This includes the recommended use of helmets for all participants engaged in winter sports, such as sledding and riding other sliding devices. The use of helmets is required for the following activities: downhill skiing, snowboarding and operating snowmobiles (requires full face helmets).
 4. Winter sports activities often place greater demands on a participant's cardiopulmonary system, and people with underlying medical conditions (especially if the heart or lungs are involved) should not participate without medical consultation and direction. For participants without underlying medical conditions, the annual health history and physical examination by a licensed health-care practitioner every year is sufficient. The adult leader should be familiar with the physical circumstances of each youth participant and make appropriate adjustments to the activity or provide protection as warranted by individual health or physical conditions. Adults participating in strenuous outdoor winter activity should have an annual physical examination. It is recommended that the medical assessment be performed by a licensed health-care practitioner knowledgeable of the sport and the particular physical demands the activity will place on the individual.
 5. For winter sports such as skiing, snowboarding, snowmobiling, etc., that utilize specialized equipment, it is essential that all equipment fit and function properly.
 6. When youth are engaging in downhill activities such as sledding or tobogganing, minimize the likelihood of collision with immobile obstacles. Use only designated areas where rocks, tree stumps, and other potential obstacles have been identified and marked, cleared away, shielded, or buffered in some way.
 7. All participants should know, understand, and respect the rules and procedures for safe winter activity. The applicable rules should be presented and learned before the outing, and all participants should review them just before the activity begins. When Scouts know and understand the reasons for the rules, they will observe them. When fairly and impartially applied, rules do not interfere with fun. Rules for safety, plus common sense and good judgment, keep the fun from being interrupted by tragedy.



LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

DIETARY NEEDS FORM

Blizzard Adventure Camp, Camp Kingsley

The purpose of this form is to communicate special dietary needs, food allergies, health reasons, religious reasons, etc. for any child, teen, or adult who will be attending camp. Please complete this form and send it to the Leatherstocking Council (Attention: Blizzard Adventure Camp, Camp Director) no less than 2 weeks prior to your camp session. We will attempt to accommodate your needs from within our resources. This form, which details the food substitution or modification requested, includes an identification of the medical or other special dietary condition which restricts the person's diet, texture changes requested, food or foods to be omitted from the child's diet, and food or choice of foods to be substituted. Food allergies are potentially life threatening, so it is important that parents notify the camp of any food allergy so that they may be accommodated appropriately. Students with disabilities may require modifications in texture, and the food may need to be chopped, ground or pureed. Students may also require food substitutions based on philosophical or religious beliefs.

Name: _____ Troop No: _____ Date _____

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

In the space below, please list all food allergies or intolerances for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any special diet or dietary restrictions (non-allergy) for the person listed above and food substitutes that may be considered:

List all foods that need changes in texture. If all foods need to be prepared in this manner, indicate "ALL". Use an additional sheet if necessary:

Food Requiring Texture Modifications	Modification (chopped, finely ground, pureed or blended, thickened liquids)

Parent/Guardian Name:

Printed Name Signature

Date

Medical Provided Name:

Printed Name

Signature

Date

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

AUTHORIZATION FOR CAMPER RELEASE

Blizzard Adventure Camp, Camp Kingsley

This form is used in the event a Cub Scout will be transported to camp by a person other than his parent or guardian. The below named individual(s) are authorized to pick up my Scout(s). Photo identification is required.

I, _____ give permission for my child/children

_____ to be dropped off and picked up from Camp Kingsley by the following individuals:

_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number
_____	_____	_____
name	relationship	phone number

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Date: _____

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

EARLY RELEASE FORM

Blizzard Adventure Camp, Camp Kingsley

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

Date & Time of Release: _____

Name of Scout(s): _____

Unit No.: _____

Address: _____

City/State/Zip: _____

Home Phone No.: _____

Parent's Work/Cell Phone: _____

Authorized Individual to Pick Up Scout(s)

Name of Scout(s): _____

Address: _____

City/State/Zip: _____

Home Phone No.: _____

Work/Cell Phone No: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____

AUTHORIZATION FOR NON-PRESCRIPTION MEDICINE & TOPICAL OINTMENT**Blizzard Adventure Camp**

The following over-the-counter non-prescription medicine and topical ointment can be administered by the Health Officer at Camp Kingsley:

- Sunscreen
- Insect Repellant
- Aloe for Treatment of Burns/Stings
- Rubbing Alcohol for Treatment of Stings
- Antibiotic Ointment/Cream
- Tylenol: Dosage: _____
Strength: _____
When to Use: _____
- Benadryl: Dosage: _____
Strength: _____
When to Use: _____
- Other: Dosage: _____
Strength: _____
When to Use: _____

The Authorization for Non-Prescription Medicine and Topical Ointment permission form must be completed by the parent/guardian before the topical medicine can be applied. If the instructions state that the item is not age-appropriate for the child, we must have a physician's note to administer it. All Medicine and Topical Ointment should be provided in the original container with a valid expiration date, clearly labeled with your child's first and last names, and given to the Health

Officer at registration.

I give the Leatherstocking Council and Camp Kingsley permission to apply the above noted non-prescription medication and topical ointments to _____ (name of scout)

from: ____/____/____ to: ____/____/____ (not to exceed 90 days).

Special Instructions:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

Swim Test Verification Form

Blizzard Adventure Camp, Camp Kingsley

To partake in the Penguin Plunge, BSA rules require that participants pass either a Beginner or Swimmer Test. A BSA or Red Cross Lifeguard must administer the BSA Swim Test. If you passed the test at summer camp, please list the camp name and have your Unit Leader verify. We will not offer the swim test at Blizzard Adventure Camp.

A Swimmer must demonstrate the following:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl (no dog-paddle); then swim 25 yards using an easy, resting backstroke. The 100 yards must be completed in one swim without stops and include at least one sharp turn. After completing the swim, rest by floating for one minute.

Beginners must demonstrate the following:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to the starting place.

Certification

Scout Name: _____ Unit Number: _____

Date and Location of Swim Test: _____

Name of Lifeguard or Scout Camp where administered: _____

Demonstrated Classification (circle one): SWIMMER BEGINNER

Signature of Participant: _____

Signature of Leader verifying the swim test result or of Lifeguard Administering Test:

_____ Date: _____

Medication Label

Blizzard Adventure Camp, Camp Kingsley

MEDICATION LABEL

Please fill this out completely and include it in the Ziplock bag with your medication:

Name: _____ Troop #: _____ Age: _____

Type of Medication: _____

Reason for Medication: _____

Dosage Instructions: _____

Date Medicine Started: _____ Temporary ____ Permanent ____

Side Effects: _____

Special Storage Instructions: _____

LEATHERSTOCKING COUNCIL #400

Boy Scouts of America

Talent Release Form

Blizzard Adventure Camp, Camp Kingsley

I hereby assign and grant to the Leatherstocking Council of the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date by Leatherstocking Council of the Boy Scouts of America, and I hereby release the Leatherstocking Council and the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the Leatherstocking Council of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Troop #: _____ Troop City: _____

Signed (parent/guardian): _____

Permission to Participate in Shooting Sports for all Boy Scouts, Venturers and Explorers

Blizzard Adventure Camp, Camp Kingsley

This permission form must be completed by the participant's parent or legal guardian prior to any shooting activity.

Name of Participant: _____

I, _____ (print your name) grant my consent to Leatherstocking Council and to its representatives including Range Officers and Instructors and others serving in these positions to furnish my child with archery equipment, firearms and ammunition and provide instruction as to their safe and proper use. I further certify that I am the parent with full parental rights or the legal guardian of this child. I understand that this document will be kept and maintained by the Leatherstocking Council or its representatives including Range Officers and Instructors. I further understand that any modification of this form will result in its not being accepted by Leatherstocking Council , Range Officers and Instructors.

Signature of Parent or Legal Guardian: _____

Date: _____

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

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. §§160.102, 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/videos/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/videos/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.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continuously 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 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, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Backstay 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required, for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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BSA-501
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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/trip No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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:
<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	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/nose/throat problems	
<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion	
<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"/>	Behavioral/neurological 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	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"/>	Excessive fatigue	
<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	



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648-001
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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crow No.: _____

or staff position: _____

Allergies/Medications

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 INDICATE 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 by the CDC. 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"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mumps/measles/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIV)	
<input type="checkbox"/>	<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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BAO-001
2016 (Pending)

Part C: Pre-Participation Physical

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

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crow No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside 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.



Examiner: 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	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	

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"/>	
Genitals/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<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"/>	Does not have uncontrolled heart disease, asthma, 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 less than 10 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider 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	165	65	195	70	235	75	260
61	170	66	201	71	240	76	267
62	176	67	207	72	246	77	274
63	180	68	214	73	246	78	281
64	180	69	220	74	252	79 and over	285



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640-001
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CAMP KINGSLEY

Leatherstocking Council - Boy Scouts of America

Legend:

	Campsite w/ Tent Only		Campsite w/ Lean-to
	Campsite		Program Area
	Restroom		Marsh
	Emergency Phone		Lake and/or Pond
	Latrine w/ Water		River and/or Stream
	Latrine w/out Water		Parking
	Cabin		Trail
	Building		Dirt Road
	Wheelchair Access		Service Road
	Program Activities		Paved Road

Updated May 2018

