

CAMP HINDS WEBELOS RESIDENT CAMP 2013 The Road to Dunamis Awaits...



A GUIDE FOR WEBELOS LEADERS, SCOUTS & PARENTS

Timeline For Webelos Camp Leaders

Spring 2013	<ul style="list-style-type: none"> ❑ Review with your Scouts the Webelos program available at Camp Hinds this summer. ❑ Reserve your space with Pine Tree Council. ❑ Send in deposits for Scouts going to camp. ❑ Make parents aware of summer camp dates and the required BSA Health Forms. ❑ Arrange for adult leadership to cover your pack at camp.
February 13th, March 6th, March 7th & March 13th	<p>📅 Webelos Leader Kick-Off Celebrations Join us at your district roundtable to get your camp questions answered & stay for snacks and door prizes. February 13th - Abnaki Roundtable, March 6th - Casco Bay Roundtable, March 7th - York Roundtable, March 13th - K-Valley Roundtable</p>
April 1st, 2013	❑ Campership Application Deadline!
May 1, 2013	❑ Early Bird Deadline! Payments are due at PTC!
June 1st, 2013	❑ Online registration begins at http://www.pinetreebsa.org/scss
June 25th, 2013	❑ Come to our Open House for the "Road to Dunamis" from 6:30-8:00pm! You'll get an introduction to the Camp Staff, tour of camp & campsites, and a Dessert Buffet! Join us for some pre-camp fun!
July 23rd, 2013	❑ Camp Leaders and parents pre-camp meetings at 6:30pm. Come meet the Noble Camp Director and his crew and get your camp questions answered! Meet at the Tabor Retreat at Camp Hinds.
30 Days Prior to Camp	<ul style="list-style-type: none"> ❑ Finalize plans, leadership & transportation for your time at camp. ❑ Make final payments to Pine Tree Council. ❑ Collect and review BSA Health Forms for accuracy and completeness.
At Least Two Weeks Prior To Arrival At Camp!	<p>❑ Mail <u>Photocopies</u> of BSA Health Forms & Pack Rosters (if not done online) to Camp!</p> <p><u>MAIL FORMS DIRECTLY TO CAMP HINDS. DO NOT SEND TO PTC!</u></p> <p>Camp Hinds 146 Plains Road Raymond, ME 04071</p>
First Day of Camp	<p>❑ Welcome! Cubmasters Orientation Meeting at 1pm at the Tabor Retreat. Bring copies of your pack roster & questions!</p> <p>GATES INTO CAMP OPEN AT 2pm!</p>

All Camp Forms are located at the end of this guide for easy removal and to make copies!

All Forms Are Also Available Digitally at www.camphinds.org

Please DO NOT mail forms to Pine Tree Council - Send Directly to Camp Hinds!

GATES OPEN TO CAMP AT 2pm! NO Scouts, Leaders, Vehicles or Equipment will be allowed to enter their campsites before 2pm. Staff parking attendants will be available to assist packs!

Welcome to the 2013 Camp Season!

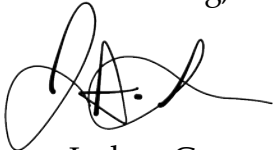
Dear Webelos Leader or Webelos Scout Parent,

Thank you for choosing Camp Hinds in 2013. Webelos Resident camp is a great opportunity for Scouts, their parents, and their leaders to enjoy a camping experience, get a jump start on earning activity pins, and most importantly have lots of fun! Webelos Resident camp is specifically designed for Scouts who will be entering 4th or 5th grade in the fall. Activities will be more challenging than those at Cub Scout Day Camp & will introduce Webelos to the Boy Scouting program. Our staff's goal is to create a summer of memories filled with fun, adventure and an exceptional outdoor learning experience!

To make our program, and thus your Scouts, successful we have created this guide for your use. It has been designed to provide you with all of the information you need to plan your summer experience. Please share this guide, and the forms, with your other leaders & parents!

Our entire staff will be working hard in the coming months to fine-tune our program, so keep your eyes on www.camphinds.org & our Facebook page (facebook.com/camphinds) for updates and please do not hesitate to contact us for further assistance, questions or comments. We would love to hear from you and have the opportunity to visit troops and hear directly from the Scouts!

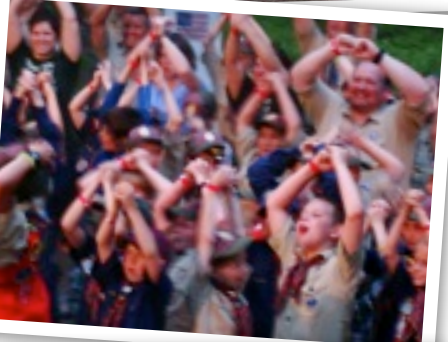
Yours in Scouting,



Joshua Gagnon
Camp Director
Joshua.Gagnon@gmail.com
207-651-5266



Karen Hawkes
Program Director
kkhawkes@earthlink.net
207-518-1342



2013 Camp Dates

Session 1: August 11 - 14

Session 2: August 14 - 17

How to Go to Camp!

Most Webelos Dens go to summer camp with their own leadership. This is a great way for Scouts to attend summer camp and build lasting relationships, while enjoying camp with their own leadership.

Provisional Camping

A provisional camper is when a youth comes as an individual without his unit. In this case, the Pine Tree Council's camp staff provides leadership. This is a great opportunity to make new friends and to experience some of the Specialty programs.

Den Chiefs

Do you have a Boy Scout that works as a den chief with your den? He can come to camp to assist you! Den Chiefs must be Boy Scouts who are currently registered and should be at least two years older than the Webelos that they help counsel.

2013 Camp Fees

For Scouts coming with dens:

\$185 per Scout

\$165 if paid in full by May 1, 2013

Provisional Webelos Camp Fee: (for those coming without leadership)

\$195 for individual Scouts

\$175 if paid in full by May 1, 2013

2nd Session Discount (New For 2013)!

If you attend more than one session (at either Camp Hinds or Bomazeen) your 2nd session is *only \$125!*

Reservation Policy:

- **Site Deposits:** \$10.00 per person is required to reserve a campsite for your den. Or, \$10.00 per provisional Scout.
- **For the Early Bird Discount the entire fee must be paid in full by May 1, 2013.** Otherwise, the bill must be paid in full 2 weeks prior to the start of camp.
- **Adult Leader Fees:** Two adult leaders go free with the first four youth. One additional adult goes free for each additional four youth. Extra adult leaders are charged \$45.00 each
- **Den Chief Fees:** \$45.00 fee covers the den chief attending with the den.

Refund Policy: Individuals or groups that cancel a program reservation 30 days prior to the date of the event will receive a refund of fees paid less a 15% administrative charge. No refunds will be made after the 30-day cancellation period.



Webelos Program | To Dunamis!

Polish Your Armor! Gather Ye Knights!

The Road to Dunamis Awaits!



Join us in the realm of Camp Hinds in our search to join the Knights of Dunamis. You'll gasp as our mounted staff knights bravely defend the realm and laugh at our court jesters. Strolling performers will entertain & challenge you on your four day quest. Come be enthralled by acrobats, artisans, wizards and minstrels.

Upon their arrival in the realm, Scouts will take the role of knights and prepare to travel to Dunamis! On their travels they will participate in activities including:

- Scout skills
- Crafts
- Games
- Campfires
- Archery
- Jousting
- Sports
- Air Rifles - *Only Available to Webelos!*

The Webelos resident camp program is designed to work on Webelos advancement pins & activities while promoting Scouting through a theme which is brought to life through our energetic and dedicated staff!



The Program

After the initial check in is complete the fun begins... Following a medical & swim check, Scouts will spend their first afternoon settling into their first overnight experience! With the help of camp provided guides, Dens will have time to host small activities that will get them comfortable with their campsite and fellow Scouts, ...typically we have a ice breaker craft project that the Scouts start working on and continue to build on throughout the week. The day will round up with the world famous Camp Hinds campfire hosted by our energetic staff and will have lots of skits, songs and cheers!

Day 2 and 3 is where Scouts will start their quest to Dunamis. Dens will spend the mornings and afternoons attending activities that they have signed up for. Activities will range from craft projects, water activities, recreational games, and nature projects, to open shooting....just to name a few!

Throughout the week we welcome Scouts and leaders to attend the activities in a theme-related costume! Whether it is just a small accessory or a full costume it will be sure to enhance their week at camp.

Daily Activity Outline (more details provided at camp!)

Day 1	Day 2	Day 3	Day 4
Session 1 Sunday	Monday	Tuesday	Wednesday
Session 2 Wednesday	Thursday	Friday	Saturday
» Cubmaster Meeting	» Morning Activity Periods	» Morning Activity Periods	» Campsite Cleanup & Pack up
» Med Checks	» Siesta	» Siesta	» Midway Fair
» Swim Checks	» Afternoon Activity Periods	» Afternoon Activity Periods	» Closing Ceremonies with a Treat
» Settle into your campsite	» Evening All Camp Activity	» Cook in your campsite	
» Waterfront Orientation	» Campfire in Campsite	» Open Areas	
» Duty to God Service & All Camp Campfire!		» Campfire in Campsite	





Advancement and Offerings

While our daytime program is built around advancement, our focus is creating fun and interactive activities, designed around specific pin & belt loop requirements, at each rotation.





Throughout the week our staff will facilitate the activities. But ultimately it is the Webelos' leaders that can sign-off advancements when they think their Scout has fulfilled the requirements. A reference sheet of the advancement incorporated into the week will be handed out in the closing packets.

Listed below are the activities that your Webelos will participate in the week. While most of the activities are scheduled for you, there are two rotations where we offer Dens the choice of which activity pin to work on.

All Scouts will participate in these activities

	Aquanaut Pin	Boating
	Archery Belt loop	Action Slingshot
	Pellet Guns	 Sports
	Crafts	Initiative Games
	Campfires	Cooking & more!

Dens Will Choose One From Each Of The Following Options

- | | |
|---|---|
| 1)  Naturalist |  Geologist |
| 2)  Artist |  Showman |



Program Registration

Once you have had time to look over the program and collect your units interest in activity choices (and you've reserved your space with Pine Tree Council) you will be able to register your Scouts online.

Beginning June 1st, Webelos Leaders can register their troops one of two ways. The BEST way to register is to logon to our user-friendly online portal accessed at www.pinetreebsa.org/scss. It is the quickest and easiest way to submit your choices and register your individual Scouts so that they appear on the den roster. Additionally online registration will be given priority over the alternate form of registration. Please don't hesitate to contact our Camp Director Josh Gagnon at 207-651-5266 with questions about the system or help registering online!

The alternative way of registration is to mail the forms to camp. Mail registrations will be entered after online registrations as the online registration website opens a full two months before our office staff arrives! Forms for registrations can be accessed from the end of the leaders guide or online at www.camphinds.org/forms.html. Mail forms to:

Attn: Pack ## - Webelos Registration
Camp William Hinds
146 Plains Road
Raymond, ME 04071



Evenings at Hinds

Day 2 | All Camp Event

Following dinner on Monday or Thursday we will have a unified activity that we ask all Scouts to participate in. In the past we have had a camp-wide staff hunt, scavenger hunts & more! This evening is filled with games and excitement which is always best enjoyed with friends. It is also the best time to dress up!

Day 3 | Open Areas

After being at camp for two days now, each Scout will have the chance to experience more time in their favorite area. Each activity area will be open for the Scouts so they can go swimming, boating, make crafts, participate in Scout skill activities, use one of our shooting ranges or whatever caught their eye!

The King's Tournament

Day 4 | Midway

After four days on the road it's time to see how well our knights will fare once they reach Dunamis. After breakfast the center of camp will be set up with a huge array of games and challenges that our King has created to test his knights. We invite families to come early and checkout this event with your son (we will start around 9am) as well as tour around camp and see what they did during their journey.



When You Arrive At Camp!

Check in begins at 2:00 p.m. on the first day of camp! One Adult Leader should arrive at 1:00 p.m. to attend a leaders meeting at the Tabor Retreat. You should plan your arrival accordingly.

PLAN TO ARRIVE AT CAMP FOR THE 2:00 PM OPENING AND CHECK-IN AS A GROUP.
YOU MUST CHECK-IN AT THE PARKING LOT BEFORE GOING TO YOUR CAMPSITE.

Your Staff Guide upon your arrival at Camp Hinds will greet the Pack. The Staff Guide will take the Pack to the campsite, take a tour of camp, to the Health Lodge for medical rechecks and finally to the waterfront for your swim tests.

All vehicles must be parked in the camp parking lot. Each Pack will be given one vehicle pass to use for one vehicle (at a time) to be loaded with equipment and unloaded at the campsite and returned to the parking lot. Handicap vehicle passes will be given out as needed.

At Check-In the Webelos Leader will need the following:

- ❑ A Completed Pack roster
- ❑ Copies of your Scout/ Adult Medical Forms

Once at your site Scouts and Leaders should:

- ❑ Place gear in tents
- ❑ Change into swimsuits for swim checks
- ❑ Your Camp Staff Guide will take you as scheduled for medical checks, swim checks and camp tour. Bring any medications brought to camp with you to check in!

The Camp Tour will Include:

- ❑ Health Lodge-
- ❑ Dining Hall – Remember a waiter for your supper meal (& every meal)!
- ❑ Trading Post
- ❑ Parade Field
- ❑ Camp Showers
- ❑ Program Areas

All Webelos taking part in any aquatics program is required to have a swim check. Leaders shall follow the same guidelines. Once the swim evaluation is completed, each person will be given a buddy tag. A buddy tag is needed to enter the waterfront or boating areas in camp! All buddy tags should be kept stored in the campsite space on the buddy board at the waterfront.



Check-In At A Glance

- 1:00 PM – Leaders meeting at the Tabor Retreat
- 2:00 PM – Gates open, Check-In Begins
- 2:30 PM – 4:30 Tours of Camp, med checks, swim checks
- 4:30 PM – Welcoming activity in campsites
- 5:45 PM – Retreat – (In Uniforms)
- 6:00 PM – Dinner
- 7:00 PM – Waterfront Orientation
- 7:30 PM – Opening Campfire – Wear your “Treasure Hunter” theme costumes!

When You Depart Camp

Check out is set for 11:00 AM!

Following the morning special activities, the following procedures should be followed:

- ❑ Pack all personal gear; double check so as not to leave anything – check the camp lost and found
- ❑ Remove any Pack items off the bulletin board
- ❑ Police the site for trash
- ❑ Clean the latrine
- ❑ One vehicle may be driven into the campsite to load the gear. Please refrain from driving more than one vehicle into the campsite at a time!
- ❑ Be sure to return any additional borrowed equipment to the Camp Room
- ❑ Stop by the Health Lodge to pick up any medications for your Pack.

Remember: A Scout is Clean. Try to leave your campsite in better condition than you found it!



General Camp Information

Camp Staff

Camp Hinds has a trained staff of Scouts and Scouters. Our camp staff are registered members of the Boy Scouts of America and our mission is to help promote the aims and methods of Boy Scouting to their fullest here at Camp Hinds.

The camp is lead by a Camp Director, who works with a Program Director. Each of our program and support areas are overseen by an Area Director, many of whom have attended the National Camping School program for training specific to their job. Our staff will assist and try to accommodate your needs in every way possible, so don't hesitate to ask for assistance.

Occasionally, it may be necessary to shift or rearrange program plans or campsites to accommodate everyone, but this will only be done when no other alternative is possible.

Leaders at Camp

Every Pack that attends must be under the supervision of its own adult leadership at all times. According to the BSA youth protection policy, two-deep leadership is required for all activities, one leader who is at least 21 years of age and a second who is 18 years of age or older. You are in charge of your Pack at all times. There must be at least two adults to accompany the Webelos to their activities and stay with the pack during the entire session of camp.

Den Chiefs

Do you have a Boy Scout that works as a den chief with your den? He can come to camp to assist! Den Chiefs must be Boy Scouts who are currently registered and should be at least two years older than the Webelos that they help counsel.

Adult leaders are responsible for the discipline and organization of your Pack. The camp staff will assist you with the camp program for your Webelos. It is never the camp staff's task to take over your role as leader of your unit. If you have issues with leadership or discipline, please let the Camp Director know so we can assist you as needed!



Mail & Emergency Phone Numbers

Two of the questions from parents are “Where will our son be?” and “How can we reach him?” Scouts enjoy receiving mail from home during their stay at camp. Please write, but don’t call unless it’s an emergency. Remember there is no phone next to your son’s tent! The camp phone is for camp business and emergencies.

EMERGENCY PHONE # 207-655-4878

Send Mail To:

(Your Scout’s Name)
(Your Scout’s Pack # and Campsite)
Camp Hinds
146 Plains Road
Raymond, ME 04071



There is a pay phone available in camp for non-emergency use. We encourage all leaders to keep their Scouts away from the phone. Experience has taught us that this really helps with homesickness.

Camp does require that all Scouts using the pay phone have the permission of their Cubmaster / Camp Leader to use the phone! Mail is delivered daily to camp. Each campsite has a mailbox in the Trading Post for mail and non-emergency messages. Leaders please check your mailbox a couple of times each day for incoming mail and messages. All emergency messages received in the camp office will be delivered immediately to the adult leadership of the Scout to whom the information concerns by the camp staff.

Medical Supervision

Dr. Donald Burgess, a Pediatrician at SMMC PrimeCare Pediatrics, oversees the camp medical staff. A licensed health officer is in camp, on duty at all times, to handle all medical emergencies. If the injury or illness is serious, the person is brought to a local health care facility. Written agreements are in place between Camp Hinds and local health care providers to care for our campers, staff and guests. *All medical illnesses or injuries must be reported to the health officers in camp - no matter how minor the incident.* Please report any dietary or health restrictions to the camp office at least one week prior to your arrival in camp.



Medical Forms

All Campers and Leaders attending camp must have a completed BSA medical form on file with the camp health office while at camp. ALL PARTICIPANTS are REQUIRED TO HAVE PARTS A, B & C! Scouts and Leaders must have a valid physical within 12 months of camp. Please note, section Part B is entitled "Adults Authorized to Take Youth to and From Events." We are recommending that under the "designate" portion you have parents/guardians write "Licensed Driver over the age of 18 with permission of the Cubmaster." Then, be sure to have parents/guardians include any adults NOT authorized in the next section.

It is a regulation of the Boy Scouts of America that anyone who does not have a completed and signed medical form at the check-in time at camp will not be allowed to remain in camp. NO exceptions will be made. Camp Leaders should collect all medical forms and check them to make sure they are complete prior to leaving for camp. Please mail a copy of each persons health form to Camp Hinds at least two weeks prior to your stay in camp. The health officers will review the forms before your arrival to help provide your troop with a smooth check-in once camp begins. **Please make two copies of your medical forms; one for camp and one for your records.**

Medical Recheck & Medications

Upon arrival in camp, All Campers and Leaders will go through a medical recheck at the Camp Health Lodge. Pine Tree Council and Camp Hinds must comply with all State of Maine laws and BSA politics concerning medication in camp. ALL medications brought to camp by campers, leaders and staff MUST be given to the Health Officer upon arrival in camp. This includes prescription and non-prescription medicine.

The Health Officer is available at scheduled times to administer medications as needed. An exception may be made for a limited amount of medications to be carried by the Scouts or adult for life-threatening conditions including; bee-sting kits, nitroglycerin, inhalers and medication specifically prescribed "to be carried at all times" by a physician. Camp supplies any over-the-counter medications and first aid supplies that your Scout may need during his week at camp.

Emergency Medication Plan

For Asthma Patients Only!

The State of Maine requires that All Campers that are going to carry a rescue inhaler or Epi-pens, provide the camp with an Emergency Medication Plan. Additionally, each camper must have their parent's and physician's approval to carry the inhaler and indicate that the camper is able to use the inhaler. At the time of check in, the camp health staff must also evaluate the camper's ability to use the inhaler. Please be sure to complete the Emergency Medication Plan with the physician and send it to camp with the health form. A copy of the school asthma plan will be acceptable as well.



Peanut Butter Free Zone

Due to the increase in campers having peanut butter allergies, some which are life threatening, we have decided to make the Camp Hinds dining hall a peanut free zone. This means no foods with peanut oil or peanut butter will be used in the kitchen or dining hall.

Any parents, who have a camper with food allergies, still needs to list the allergies on the campers health form and notify the camp at least two weeks in advance.

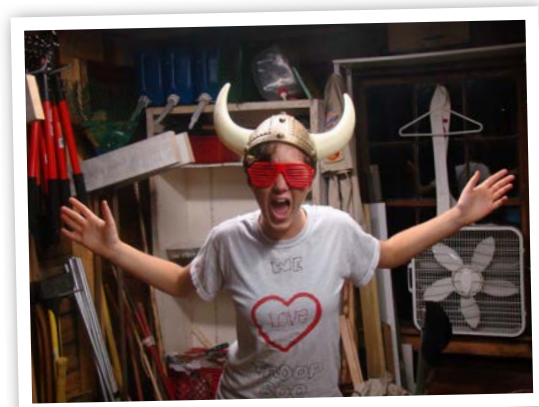
Many campers love a peanut butter sandwich, and this can be a great snack! Troops may still choose to have peanut butter in their campsites as long as the Scouts in their campsite don't have a peanut allergy. Our Trading Post will still carry individually wrapped candy bars that may have peanuts or peanut butter in them.

Handicapped Information

Camp Hinds aims to make our program available to All Campers. If you have a person with a disability that may require special attention, auxiliary aids or any reasonable accommodations, please contact the *Camp Director* at 655-4878 at least two weeks prior to your stay at Camp Hinds.

Emergency Procedures

Camp Hinds has long established procedures recommended by the BSA for lost campers, lost swimmers, fires and severe storms. We use a siren as a warning device if and when it becomes necessary to call the camp together. Camp Hinds has written agreements with local fire, police and medical departments to provide Camp Hinds with the necessary coverage for any emergency. Further information on the emergency procedures to be followed while in camp can be found posted in each campsite for review by All Campers and Leaders in camp.



Camp Health & Safety Policies

The following rules and policies have been established by the Pine Tree Council Camp Administration for the health, safety and protection of All Campers and leaders in camp.

➔ **NO ALCOHOL or ILLEGAL DRUGS** are permitted in camp at any time!

➔ **NO FIREARMS, AMMUNITION, FIREWORKS, HAND HELD WEAPONS** (swords, nightsticks, butterfly knives, etc.) or **ARCHERY EQUIPMENT** may be brought into camp. Due to our liability insurance, youth may only use the equipment provided by the camp.

➔ **NO PRIVATELY OWNED WATERCRAFT** are allowed in camp.

➔ **NO OPEN FLAMES IN ANY TENTS!**
Troops may only use self-contained stoves and lanterns in their campsites, under the direction of knowledgeable adults.

➔ **NO LIQUID FUELS MAY BE USED TO START FIRES! ALL LIQUID FUELS MUST BE KEPT IN THE LOCKED LIQUID FUEL LOCKER PROVIDED BY CAMP.**

➔ **NO RUNNING IN CAMP**, except in an athletic field or sporting event. *In an emergency, you may move quickly without running.*

➔ **NO PETS** allowed by campers or visitors.

➔ **APPROPRIATE FOOTWEAR** is required at all times.

➔ **THE BUDDY SYSTEM** for Scouts is required for ALL activities in camp!

➔ **SMOKING IS ONLY ALLOWED IN DESIGNATED SMOKING AREAS, BY 18+ YEAR OLD ADULTS.** *These areas will be selected by the camp administration.*

➔ **ALL VEHICLES, not necessary for the operation of camp, WILL BE KEPT IN THE PARKING LOT.**

➔ *Exceptions to the parking rule will be made for those with a physical handicap through arrangements with the Camp Director. Parking passes will be issued to troops on Sunday and Friday afternoons in order to transport supplies to your campsite. The no vehicle policy is for the safety of our Scouts, leaders and guests.*

➔ **YOUTH PROTECTION GUIDELINES, as established by the Pine Tree Council and the BSA, ARE TO BE ENFORCED AT ALL TIMES.** *Any physical, emotional, sexual or neglectful abuse must be reported to the Camp Director immediately so the proper steps can be taken to protect the Scout.*

➔ **Scouts & LEADERS LEAVING/ ENTERING CAMP AT ANYTIME MUST SIGN IN & OUT OF THE CAMP OFFICE.** *No Scout shall be released from camp without the permission of his parent or guardian.*

➔ **VALUABLES SHOULD BE LEFT AT HOME!** Please encourage Scouts to leave all electronic or expensive equipment at home. Advise your Scouts not to leave valuable items they do have in camp unlocked in their campsites. *Camp is not responsible for damaged or lost items during your stay.*



Signing In, Signing Out & Visitors

Scouts Leaving Camp

Campers are not to leave camp during the camping period without the approval of their parent, unit leader, and the Camp Director. With this prior approval, a Scout may leave the camp with a responsible adult who must sign-in and sign-out in the Camp Office. Scouts leaving early or for part of the day must have proper permission from his parent / legal guardian.

Leaders Leaving Camp

Leaders who must leave camp for any reason must advise the Camp Office at the time of departure and return. Do not leave your Webelos without an adult leader who is at least 21 years old. Leaders planning to alternate should wait until their replacement arrives before they leave to assure that the Scouts are well supervised at all times.

Visitors

Visitors are welcomed in camp, but please understand that everybody is on a busy schedule and Scouts prone to homesickness may do better without visitors. ***All visitors must sign in and out at the camp office.*** Remember that camp facilities are primarily for the use of campers and leaders. All vehicles will remain in the parking lot. *Tickets for Visitor meals may be purchased in the trading post.*

Dining Hall & Meals

Meals are prepared by our kitchen staff and served in the dining hall. The camp menu has been designed and dietician approved to ensure that properly balanced meals are being served to the growing young boys who visit camp each summer. *A copy of the camp menu will be posted in the dining hall.* You will be assigned tables at the dining hall by the Dining Hall Steward based on the number of people in your group. Webelos will assist with the setting of the tables and clearing after the meals.

Special Meals

Arrangements can be made with the cook for those with special dietary concerns (religious or health based). Please contact the camp at least one week prior to your arrival at camp for special diets so that arrangements can be made and food can be ordered.



Your Campsite!

Campsite Supplies

A broom, shovel, rakes, fire buckets and water hose will be kept in each campsite. Equipment that is lost or broken due to misuse will be charged to the unit.

Campsite Inspection

Camp Commissioners will inspect each campsite on a daily basis for cleanliness, safety, conservation, organization, and Scout Spirit. Pack inspection sheets are posted in each campsite. The top campsites will be recognized at the closing campfire.

Camp Good Turns

A Scout is helpful and clean. Each day the campsites are responsible for assisting in keeping the camp clean. Good turns can be done directly after lunch. Schedules for good turns will be posted in each campsite.

Fire Protection

Please use care around the campfires in your site. Only established campfire rings may be used for fires. NO liquid fuel may be used to start any fires. No open flames of any type are permitted in or around any tent. Every site must use their Fireguard Chart. Please ensure the chart is filled out everyday. The fire barrel must be filled and the fire buckets placed around the fire ring are full.

Showers and Bathroom Facilities

Hot showers with individual stalls are available for all Scouts and Leaders. There is also a handicapped accessible shower facility. Bathrooms and hand washing basins are found in each campsite.

Sleep and Quiet Hours

Getting enough sleep can make a difference between having a great or poor week at camp! Camp Leaders should see that their Scouts are in the campsite by 8:30 PM and quiet time is observed from 9:00 PM - 7:00 AM.

Siesta

A siesta is scheduled for rest time everyday directly following lunch. All Scouts are to be in their campsites during this time. No program areas will be open during siesta.

Work Projects

Work projects for all different age groups and skill levels are available on a year round basis, not just during camp. Many recent improvements have been made to our camp facilities with the help of many volunteers. Projects are carried out under the supervision and direction of the Camp Ranger. Interested volunteers can contact Camp Director Josh Gagnon at (207) 651-5266.



Uniforms

Camp Hinds has a long established tradition of wearing uniforms in camp. The official BSA summer uniform is suggested for Scouts and Leaders. The Class "A" includes uniform shirt and Scout shorts, socks, and belt (if you have them). The Class "A" uniform will be worn at flag lowering ceremonies, supper, and campfires. Our staff is in uniform at all times, unless their job requires something else. During the day Scouting T-shirts are appropriate. The '2013 camp T-shirt, hats and other items will be available in the Trading Post for those that would like to purchase them (we recommend no more than \$20 for Scouts).

The Trading Post

Camp has a Trading Post, which is like a general store. The Trading Posts offer handicraft items, candy, souvenirs, soda, stamps, T-shirts, patches, etc. The amount of money each Scout brings is an individual matter and should be determined by the Scout and his parents.

Den Photos

Again this year, camp will be offering den photos! Photos are colored 8 x 10's. **Cost for each photograph will be \$8.50.** A photo order form will be given to each den at camp. Money needs to be collected and turned in with the order form to the Trading Post. Photos will be available before your departure from camp.



What To Bring To Camp!

Each campsite has two-man tents on platforms for all of our Scouts and leaders. Bunks with mattresses or cots, picnic tables with tarps, water buckets, a flagpole, and a bulletin board are also provided in each campsite. Dens are encouraged to spruce up their campsite with Pack flags or banners, cooking equipment, and lanterns. Dens may want to bring along sports equipment, paper products, water jugs and campsite games.

Recommended equipment

Summer Scout uniforms	Extra shorts, T-shirts, pants
6 Pairs of socks & underwear	Pajamas
Toilet kit, towels	Bathing suit
Hiking shoes	Sneakers
Rain gear	Sleeping bag and pillow
Water bottle	Hat
Light jacket	Sunscreen
Pocket knife	Spending money

Optional gear

Laundry bag	Camera	Compass	Sunglasses
First aid kit	Bug Spray	Bible or prayer book	

DO NOT BRING

Radios	Laptops
Fireworks	Alcohol or drugs
Sheath knives	Televisions
Bows and arrows	Firearms
Aerosol Can Products	Electronic games
iPod/CD Player/etc.	Pets
Cell Phones	

Valuables ~ Please leave valuables at home!

A footlocker or duffle bag to store your belonging in your tent, with lock is recommended. Camp Hinds is not responsible for lost items.



Directions to Camp Hinds 146 Plains Road, Raymond

Plains Road is between Route 85 and 121, both of which intersect Routes 302 and 11.

From the South:

- * Take exit 48 Westbrook of the Maine Turnpike
- * Turn right onto Riverside Street
- * Turn left at the third traffic light onto Route 302 West
- * Go 15 miles and turn right at the traffic light onto Route 85
- * Drive 6 miles on Route 85 past the Jordan Small School
- * Turn left onto Plains Road at the bottom of the hill
- * Camp is 1/2 miles on left

From the North:

- * Take exit 63 Gray off the Maine Turnpike
- * Turn left onto Route 202, go 0.5 miles
- * Turn right onto Route 26a
- * Go 3 miles and turn left onto North Raymond Road (Dry Mills Store)
- * Go 1.0 mile and turn left onto Egypt Road
- * Go 4.0 miles, at end of Egypt Road, take right onto route 85
- * Go 1.8 miles, past schools and down a large hill
- * Turn left onto Plains Road
- * Camp is 0.3 miles on left



Webelos Resident Camp Registration Form

To sign up for Camp: 1. Fill out the appropriate form for den or provisional camper.

2. Send in registration form with \$10.00 deposit per Scout to: Pine Tree Council, 131 Johnson Road, Portland, ME 04102.

For Den Use:

Webelos Coming With A Den & Their Own Leaders

Pack #:	Town:		
District:	____ 1st Year Webs ____ 2nd Year Webs		
Webelos Leader:			
E-Mail Address:			
Mailing Address:			
City:	State/Zip:		
Telephone (H):	(W):		
Camp Leader (if different from above):			
E-Mail Address:			
Mailing Address:			
City:	State/Zip:		
Telephone (H):	(W):		
Circle Session of Camp			
Camp Bomazeen Session 1: June 23-26 Session 2: June 26-29	Camp Hinds Session 1: Aug. 11-14 Session 2: Aug. 14-17		
Camp Fees (For Scouts Coming With Dens) \$185 per Scout \$165 if paid in full by May 1, 2013 2nd Session Fee (At Either Camp) \$125			

Approximate: # of Scouts _____ # of Adults _____
 Site Deposit of \$10 per scout required.
 Total fee enclosed \$ _____

For Provisional Scouts:

Individual Scouts Coming Without Their Own Leadership

Scout's Name:	
Parent's Name:	
E-Mail Address:	
Mailing Address:	
City:	State/Zip:
Pack #:	____ 1st Year Webs ____ 2nd Year Webs
Telephone (H): (W):	
Circle Session of Camp	
Camp Bomazeen Session 1: June 23-26 Session 2: June 26-29	Camp Hinds Session 1: Aug. 11-14 Session 2: Aug. 14-17
Camp Fees (For Scouts Coming With Dens) \$195 per Scout \$175 if paid in full by May 1, 2013 2nd Session Fee (At Either Camp) \$125	

Deposit of \$10 required.

Total fee enclosed \$ _____

Reservation Policy:

- Site Deposits- \$10.00 per person is required to reserve a campsite for your den. Or \$10.00 per provisional Scout.
- For the Early Bird Discount the entire fee must be paid in full by May 1, 2013. Otherwise, the bill must be paid in full 2 weeks prior to the start of camp.
- Adult Leader Fees: Two adult leaders go free with the first five youth. One additional adult goes free for each additional five youth. Extra adult leaders are charged \$45.00 each

PTC Refund Policy: Individuals or groups that cancel a program reservation 30 days prior to the date of the event will receive a refund of fees paid less a 15% administrative charge. No refunds will be made after the 30-day cancellation period.

2013 Webelos Resident Camp

Camp William Hinds

Pack Roster

Pack # _____ Cubmaster (at Camp) _____

Phone # _____ E-mail Address _____

Adults

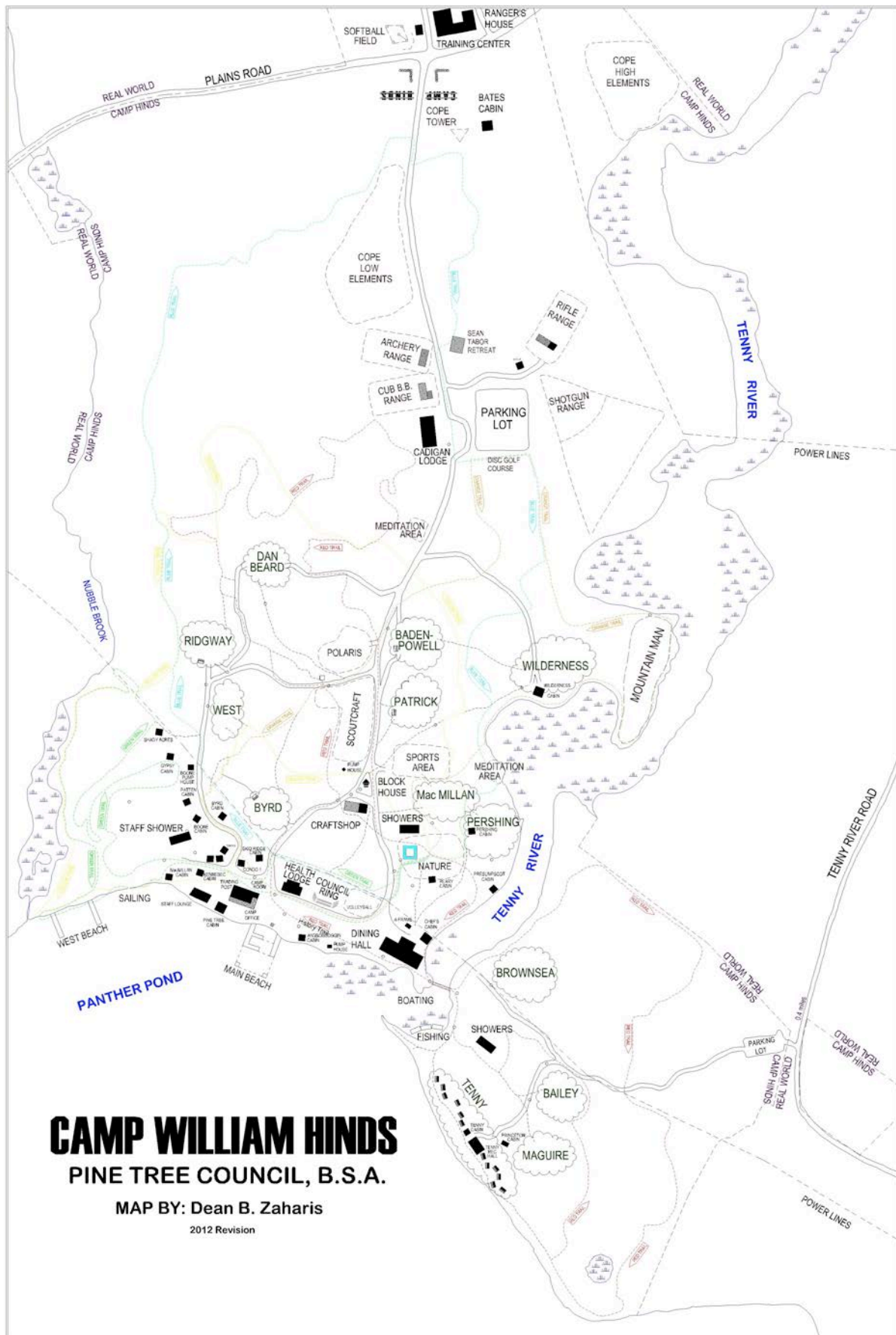
Time In Camp

<u>Name</u>	<u>Full Session</u>	<u>Days Only</u>	<u>Nights Only</u>	<u>Other (explain)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Youth

- | | |
|-----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |
| 11. _____ | 12. _____ |
| 13. _____ | 14. _____ |
| 15. _____ | 16. _____ |
| 17. _____ | 18. _____ |
| 19. _____ | 20. _____ |
| 21. _____ | 22. _____ |





CAMP EMERGENCY MEDICATION PLAN

Scout's Name: _____ Date of Birth: _____ Pack or Troop #: _____

Camp Hinds

Camp Telephone & Fax: 207-655-4878

TO BE COMPLETED BY PARENT OR GUARDIAN:

I authorize the exchange of medical information about my child's asthma between the physician's office and camp nurse.

Parent or Guardian signature: _____ Date: _____

Parent or Guardian tel.# home: _____ work: _____ cell phone: _____

Physician/Healthcare Provider Name: _____ Parent concerns: _____

My child may carry and use his/her: inhaled asthma medicine ☐ Yes ☐ No Epi-Pen ☐ Yes ☐ No ☐ N/A

TO BE COMPLETED BY CAMPER'S PHYSICIAN/HEALTHCARE PROVIDER:

Provider name: _____ Tel.#: _____ Fax# _____

☐ **NO changes from previous plan**

Peak Flow:

Child's predicted, or personal best peak flow: _____ Date: _____

Child's Green Zone: _____ Yellow Zone: _____ Red Zone: below _____

Medications:

Preventive (Controller) Medications: _____

Quick Relief Medications: (check the appropriate quick relief med, circle device, list dose/ frequency):

☐ Albuterol (Proventil, Ventolin) ☐ Pirbuterol (Maxair) ☐ Other: _____

▶ Inhaler with spacer OR nebulizer ▶ Dose/Frequency: _____

Allergies /Triggers for asthma: ☐ None known

☐ Avoid animals

☐ Other triggers to avoid: _____

Exercise Pretreatment Instructions (check all that apply)

☐ Give 2 puffs of quick relief inhaler 15 minutes prior to recess/ physical education and/ or _____

☐ May repeat 2 puffs of quick relief inhaler if symptoms recur with exercise, or _____

☐ Measure Peak Flow prior to recess / physical education; restrict aerobic activity when child's peak flow is below _____

Asthma Exacerbation Treatment Instructions:

➤ **YELLOW ZONE: If child is coughing, wheezing or short of breath, and/or peak flow is in Yellow Zone:**

☐ Give 2 puffs of child's quick relief inhaler with spacer (or nebulizer treatment). May be repeated in 10 minutes if doesn't recover to Green Zone. Notify parents of exacerbation.

☐ Other: _____

➤ **RED ZONE: If child is in respiratory distress, and/or peak flow is in Red Zone:**

☐ Give 4 puffs quick relief inhaler (or nebulizer treatment), and call parent and Healthcare Provider.

Call 911 if child does not improve quickly or parents/Healthcare Provider cannot be reached.

☐ Other: _____

Special Instructions:

Maine law now permits campers to carry and use inhaled medications and Epi-pen after demonstrating appropriate use of Inhalers and or Epi-Pen to camp nurse. Please check appropriate boxes below:

➤ This camper has the knowledge and skill to carry and use: ☐ Inhaled medication ☐ Epi-pen

➤ This camper is not able to carry and use by himself/herself: ☐ Inhaled medication ☐ Epi-pen

➤ Please contact Healthcare Provider and parent if camper is using quick relief medicines more than 2 times a week (i.e. in excess of pre-exercise treatment)

Other: _____

Healthcare Provider signature

Date

TO BE COMPLETED BY CAMP NURSE:

This camper demonstrates knowledge and skill to carry and use:

Inhaler medications ☐ YES ☐ NO

Epi-Pen ☐ YES ☐ NO ☐ N/A

Camp Nurse Signature

Date

(revised for camp use 1/1/2007)



Annual Health and Medical Record Registro Médico y de Salud Anual

(Valid for 12 calendar months)
(Válido por 12 meses calendario)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and release agreement, and talent release statement is to be completed by the participant and parents/guardians. Attach a copy of both sides of your insurance card.

Part C is the pre-participation physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle, accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases, as well as unit-based, high-adventure backcountry activities, and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.
- **Summit Bechtel Reserve.**

Política para el uso del Registro Médico y de Salud Anual

A fin de proporcionar una mejor atención para sus miembros y para ayudarles a entender mejor sus propias capacidades físicas, Boy Scouts of America recomienda que todos aquellos que participen en un evento Scouting se sometan a un examen médico anual realizado por un prestador de servicios de salud certificado y con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Proporcionar su información médica en este formulario de cuatro partes, ayudará a asegurar que usted cumple con los estándares mínimos de participación en varias actividades. Tome en cuenta que los líderes de unidad siempre deben proteger la privacidad de los participantes al salvaguardar su información médica.

Las Partes A y B las deben completar, por lo menos una vez al año, los participantes de todos los eventos Scouting. Este historial médico, notificación de consentimiento y convenio de exoneración de responsabilidad por parte de los padres/tutores, y formulario de cesión de derechos lo deben completar los participantes y los padres/tutores. Anexar una copia de ambos lados de su tarjeta del seguro.

La Parte C es el examen físico previo, que se requiere de los participantes de cualquier evento que exceda 72 horas consecutivas, para todos los participantes de las bases de aventura extrema, o cuando la naturaleza de la actividad es extenuante y exigente. Los proyectos de servicio o fines de semana de trabajo pueden caer en esta descripción. La Parte C la debe completar y firmar un prestador de servicios de salud certificado y con licencia: un médico (Doctor en medicina o Doctor en osteopatía), enfermera profesional o asistente médico. Es importante tomar en cuenta que los límites de estatura y peso deben ser estrictamente controlados cuando el evento llevará a la unidad a más de 30 minutos de un vehículo de emergencia, camino accesible, o cuando el programa lo requiera, tal como expediciones, actividades de aventura extrema y proyectos de conservación en áreas remotas. Consulte las Preguntas Frecuentes para cuando estos lineamientos no aplican.

La Parte D se requiere que la revisen todos los participantes del programa de aventura extrema en una de las bases nacionales de aventura extrema, así como actividades de aventura extrema en zonas aisladas basadas en la unidad, y que la compartan con el prestador de servicios de salud antes de completar la Parte C.

- **Rancho Scout Philmont.** Los participantes e invitados en las actividades Philmont que se realicen con acceso limitado a las zonas campestres, incluyendo la mayoría de las conferencias y programas familiares en el Centro de Capacitación Philmont, no requerirán llenar la Parte C. Sin embargo, los participantes deberán repasar la Parte D para entender los riesgos potenciales inherentes a los 6,700 pies de elevación en un ambiente seco del Suroeste. Favor de revisar la información de registro específica para la actividad o evento.
- **Base nacional de aventura extrema Northern Tier.**
- **Base nacional marina de aventura extrema de la Florida.** También se requiere el formulario médico PADI si se va a bucear en esta base.
- **Summit Bechtel Reserve.**



Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but the BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscout ranch.org or 575-376-2281
- Northern Tier National High Adventure Program: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout jamboree: www.bsajamboree.org
- Summit Bechtel Reserve: www.summitblog.org or 304-250-6750

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at www.hhs.gov/ocr/privacy/.

Factores de riesgo

Con base en la gran experiencia de la comunidad médica, BSA ha identificado los siguientes factores de riesgo que podrían limitar su participación en varias aventuras al aire libre.

- Peso corporal excesivo
- Enfermedad cardíaca
- Hipertensión (Presión arterial alta)
- Diabetes
- Convulsiones
- Falta de vacunación adecuada
- Asma
- Alergias/anafilaxia
- Lesiones musculares/óseas
- Trastornos psiquiátricos/psicológicos y emocionales

Para obtener más información sobre los factores de riesgo médicos, visite Scouting Safely en www.scouting.org.

Prescripciones

Tomar los medicamentos prescritos es responsabilidad del individuo que requiere el medicamento o del padre de familia o tutor del individuo. Un líder, después de haber obtenido toda la información necesaria, puede aceptar la responsabilidad de asegurarse de que un niño tome el medicamento necesario a la hora apropiada, pero BSA no obliga ni necesariamente anima al líder a que lo haga. Asimismo, si las leyes estatales son más limitantes, deben ser cumplidas.

Preguntas frecuentes

- Rancho Scout Philmont: www.philmontscout ranch.org ó 575-376-2281
- Base nacional de aventura extrema Northern Tier: www.ntier.org ó 218-365-4811
- Base nacional marina de aventura extrema de la Florida: www.bsaseabase.org ó 305-664-5612
- Jamboree Scout Nacional: www.bsajamboree.org
- Summit Bechtel Reserve: www.summitblog.org ó 304-250-6750

Para consultar las preguntas frecuentes sobre este Registro Médico y de Salud Anual, consulte Scouting Safely en línea en <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. La información sobre la Ley de responsabilidad y transferibilidad de seguros médicos (HIPAA, por sus siglas en inglés) se encuentra en www.hhs.gov/ocr/privacy/.



Annual Health and Medical Record

Registro Médico y de Salud Anual

Part A/Parte A

GENERAL INFORMATION/INFORMACIÓN GENERAL

Name _____ Date of birth _____ Age _____
 Nombre _____ Fecha de nacimiento (MM/DD/Year) - (MM/DD/Año) Edad _____
 Address _____ Grade completed (youth only) _____
 Domicilio _____ Grado escolar completado (sólo niños) _____
 City _____ State _____ Zip _____ Phone No. _____
 Ciudad _____ Estado _____ Código postal _____ No. telefónico _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Líder de la unidad _____ Nombre y no. del concilio _____ No. de unidad _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 No. de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento) _____ Preferencia religiosa _____
 Health/accident insurance company _____ Policy No. _____
 Compañía de seguro médico/accidental _____ No. de póliza _____

High-adventure base participants:
 Participantes en la base de aventura extrema:
 Expedition/crew No. _____
 Expedición/grupo no.: _____
 or staff position _____
 o puesto fijo: _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.
 ANEXAR UNA FOTOCOPIA DE AMBOS LADOS DE LA TARJETA DEL SEGURO. SI USTED NO TIENE SEGURO MÉDICO, ESCRIBA "NINGUNO."

In case of emergency, notify/En caso de emergencia, notificar a:

Name _____ Relationship _____
 Nombre _____ Parentesco _____
 Address _____
 Domicilio _____
 Home phone _____ Business phone _____ Mobile phone _____
 Teléfono de casa _____ Teléfono de oficina _____ Teléfono móvil _____
 Alternate contact name _____ Alternate's phone _____
 Nombre de contacto alterno _____ Teléfono del contacto alterno _____

HEALTH HISTORY/HISTORIAL MÉDICO

Do you currently have, or have you ever been treated for any of the following?
 ¿Tiene actualmente, o ha tenido alguna vez los siguientes?

Please fill in the bubbles as indicated below:
 Por favor rellene los círculos tal como se indica a continuación:
 Incorrect: ☒ ☒ ☒ ☒ Correct: ☐

Yes/Sí	No/No	Condition/Padecimiento	Explain/Explique
<input type="radio"/>	<input type="radio"/>	Asthma Asma Last attack: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<input type="radio"/>	<input type="radio"/>	Diabetes Diabetes Last HbA1c: (Percentage) <input type="text"/> <input type="text"/> . <input type="text"/> %	
<input type="radio"/>	<input type="radio"/>	Hypertension (high blood pressure) Hipertensión (presión alta)	
<input type="radio"/>	<input type="radio"/>	Heart disease/heart attack/chest pain/heart murmur Enfermedad del corazón/infarto/dolores de pecho/soplo cardíaco	
<input type="radio"/>	<input type="radio"/>	Stroke/TIA Apoplejía/Accidente isquémico transitorio	
<input type="radio"/>	<input type="radio"/>	Lung/respiratory disease Enfermedades pulmonares/respiratorias	
<input type="radio"/>	<input type="radio"/>	Ear/sinus problems Problemas del oído/senos paranasales	
<input type="radio"/>	<input type="radio"/>	Muscular/skeletal condition Condiciones musculares/óseas	
<input type="radio"/>	<input type="radio"/>	Menstrual problems (women only) Problemas menstruales (sólo mujeres)	
<input type="radio"/>	<input type="radio"/>	Psychiatric/psychological and emotional difficulties Dificultades psiquiátricas/psicológicas y emocionales	
<input type="radio"/>	<input type="radio"/>	Behavioral/neurological disorders Trastornos de conducta/neurológicos	
<input type="radio"/>	<input type="radio"/>	Bleeding disorders Enfermedades hemorrágicas	
<input type="radio"/>	<input type="radio"/>	Fainting spells Desmayos	
<input type="radio"/>	<input type="radio"/>	Thyroid disease Enfermedades de la tiroides	
<input type="radio"/>	<input type="radio"/>	Kidney disease Enfermedades del riñón	
<input type="radio"/>	<input type="radio"/>	Sickle cell disease Anemia falciforme	
<input type="radio"/>	<input type="radio"/>	Seizures Convulsiones Last seizure: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<input type="radio"/>	<input type="radio"/>	Sleep disorders (e.g., sleep apnea) Trastornos del sueño (por ejemplo, síndrome de apnea-hipopnea durante el sueño)	Use CPAP: <input type="radio"/> Yes <input type="radio"/> No Usa CPAP: <input type="radio"/> Sí <input type="radio"/> No
<input type="radio"/>	<input type="radio"/>	Abdominal/digestive problems Problemas abdominales/digestivos	
<input type="radio"/>	<input type="radio"/>	Surgery Cirugía Last surgery: (MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
<input type="radio"/>	<input type="radio"/>	Serious injury Lesión grave	
<input type="radio"/>	<input type="radio"/>	Excessive fatigue or shortness of breath with exercise Fatiga en exceso o dificultad para respirar al hacer ejercicio	
<input type="radio"/>	<input type="radio"/>	Other Otro	

Emergency contact No.:
Teléfono en caso de emergencia

Allergies:
Alergias

DOB:
Fecha de nacimiento

Part A Full name:
Parte A Nombre completo

HEALTH HISTORY/HISTORIAL MÉDICO

Are you allergic to or do you have any adverse reaction to any of the following?
¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:

Incorrect: ☐ ☒ ☐ ☐
Incorrecto: ☐ ☒ ☐ ☐
Correct: ☐ ☐ ☐ ☒
Correcto: ☐ ☐ ☐ ☒

Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
<input type="radio"/>	<input type="radio"/>	Medication Medicamentos	
<input type="radio"/>	<input type="radio"/>	Food, plants, or insect bites Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. **La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años.** Por cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

Immunized? ¿Vacunado?		Immunizations Vacunas	Date (MM/YY) Fecha (MM/AA)	Had Disease? ¿La ha padecido?		Date (MM/YY) Fecha (MM/AA)
Yes/Sí	No/No			Yes/Sí	No/No	
<input type="radio"/>	<input type="radio"/>	Tetanus Tétano	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Pertussis Tos ferina		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Diphtheria Difteria		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Measles Sarampión		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Mumps Paperas		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Rubella Rubéola		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Polio Polio		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Chicken pox Varicela		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis A Hepatitis A		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Hepatitis B Hepatitis B		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Meningitis Meningitis		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Influenza Influenza		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Other (i.e., HIB) Otra (por ejemplo, HIB)		<input type="radio"/>	<input type="radio"/>	
<input type="radio"/>	<input type="radio"/>	Exemption to immunizations claimed (form required). Exención de vacunas solicitada (formulario obligatorio).				

MEDICATIONS List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

☐ No medications
Sin medicamentos

☐ Additional medications (sheet attached)
Medicamentos adicionales (hoja anexa)

MEDICAMENTOS Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____
Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength _____ Frequency _____ Dosis _____ Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____

Administration of the above medications is approved by (if required by your state): _____

La administración de los medicamentos arriba mencionados está aprobada por (si lo requiere su estado)

Parent/guardian signature
Firma del padre o tutor

and/or
y/o

MD/DO, NP, or PA signature
Firma del Dr., Enfermera profesional, Asistente médico

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.

Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que **NO ESTÉN CADUCADOS**, incluyendo inhaladores y EpiPens. **NO DEBE DEJAR DE** tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.

DOB: _____
Fecha de nacimiento

Part A Full name: _____
Parte A Nombre completo

High-adventure base participants:
Participantes en la base de aventura extrema:
 Expedition/crew No./Expedición/grupo no.: _____
 or staff position/o puesto fijo: _____

Part B/Parte B

INFORMED CONSENT AND RELEASE AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I 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 claims or liability arising out of this participation.

☐ Without restrictions./Sin restricciones.

☐ With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

I hereby assign and grant to the local council and 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 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 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes/Sí

☐ No/No

NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

DOB: Fecha de nacimiento

Part B Full name: Nombre completo
 Parte B

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

1. Name/Nombre _____ Telephone/Teléfono _____
2. Name/Nombre _____ Telephone/Teléfono _____
3. Name/Nombre _____ Telephone/Teléfono _____

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1. Name/Nombre _____ Telephone/Teléfono _____
2. Name/Nombre _____ Telephone/Teléfono _____
3. Name/Nombre _____ Telephone/Teléfono _____

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, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve: I have also read and understand the risk advisories explained in Part D, *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.

ADULTOS AUTORIZADOS PARA TRANSPORTAR AL NIÑO HACIA Y DESDE LOS EVENTOS:

Debe designar por lo menos a un adulto. Por favor incluya un número telefónico.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, *incluyendo los requisitos y restricciones de estatura y peso*, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

DOB: _____
Fecha de nacimiento

Participant's name/Nombre del participante _____

Participant's signature/Firma del participante _____

Date/Fecha _____

Parent/guardian's signature/Firma del padre o tutor _____

(if participant is under the age of 18/si el participante es menor de 18 años)

Date/Fecha _____

Second parent/guardian signature/Firma del otro padre o tutor _____

(if required; for example, CA/si se requiere; por ejemplo en CA)

Date/Fecha _____

This Annual Health and Medical Record is valid for 12 calendar months.
Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.

Part B Full name: _____
Nombre completo

High-adventure base participants:
Participantes en la base de aventura extrema:
 Expedition/crew No. _____
 Expedición/grupo no.: _____
 or staff position _____
 o puesto fijo: _____

PARA EL PROVEEDOR DE SERVICIOS DE SALUD QUE REALICE EL RECONOCIMIENTO (Médicos certificados y

licenciados, enfermeras profesionales y asistentes médicos)

Se le está solicitando que certifiquen que este individuo no tiene contraindicación para participar en una experiencia Scouting tal como se describe en la Parte D. Para individuos que estarán participando en un programa de aventura extrema, ya sea en la unidad o en una de las bases nacionales de aventura extrema, por favor consulte la Parte D para información adicional.

Height (inches) Estatura (pulgadas)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	Weight (pounds) Peso (libras)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	Maximum weight for height Máximo peso para la estatura	<input type="text"/> <input type="text"/> <input type="text"/>	Meets height/ weight limits Cumple con los límites de estatura/peso
Blood pressure Presión arterial	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Pulse Pulso	<input type="text"/> <input type="text"/> <input type="text"/>	Percent body fat (optional) Porcentaje de grasa corporal (opcional)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input checked="" type="radio"/> Yes/Sí <input type="radio"/> No/No

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted **no podrá** participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría ósea para determinarlo). Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

Please fill in the bubbles as indicated:







































Por favor rellene los círculos tal como se indica:

Incorrect:

Incorrecto

Correct:

Correcto

	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía	Range of Mobility Rango de movilidad	Normal Normal	Abnormal Anormal	Explain Any Abnormalities Explique cualquier anomalía
Eyes Ojos				Knees (both) Rodillas (ambas)			
Ears Oídos				Ankles (both) Tobillos (ambos)			
Nose Nariz				Spine Espina			
Throat Garganta							
Lungs Pulmones							
Neurological Neurológico				Other Otro	Yes Sí	No No	Explain Explique
Heart Corazón				Personal or family history of heart disease Historial personal o familiar de enfermedad cardíaca			
Abdomen Abdomen				Medical equipment (i.e., CPAP, oxygen) Equipo médico (por ejemplo, CPAP, oxígeno)			
Genitalia/hernia Genitales/hernia				Contacts Lentes de contacto			
Skin Piel				Dentures Dentaduras			
Emotional adjustment Ajuste emocional				Braces Tratamientos de ortodoncia			

Allergies/Alergias: ☒ No/No ☐ Yes/Sí (explain to what agent, type of reaction, treatment/explicar a qué agente, tipo de reacción, tratamiento):

Medical restrictions to participate/Restricciones médicas para participar ☒ No/No ☐ Yes/Sí (explain/explique):

EXAMINER'S CERTIFICATION CERTIFICACIÓN DEL EXAMINADOR

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 above):

Certifico que he revisado el historial médico, examinado a esta persona y no encuentro contradicciones para su participación en una experiencia Scouting. Este participante (con las restricciones descritas anteriormente):

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:

True
Certo

False
Falso

Incorrect:
Incorrecto



Meets height/weight requirements

Cumple con los requisitos de estatura/peso

Does not have uncontrolled heart disease, asthma, or hypertension

No tiene cardiopatía, asma o hipertensión incontrolados

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

No ha tenido una lesión ortopédica, problemas musculoesqueléticos o cirugía ortopédica en los últimos seis meses o posee una carta de autorización por parte de su cirujano ortopédico o médico

Has no uncontrolled psychiatric disorders

No tiene trastornos psiquiátricos incontrolados

Has had no seizures in the last year

No ha tenido convulsiones en el último año

Does not have poorly controlled diabetes

No tiene diabetes mal controlada

If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

Si tiene menos de 18 años de edad y piensa realizar buceo, no tiene diabetes, asma o convulsiones

I have reviewed Part D for high-adventure activities.

He revisado la Parte D para actividades de aventura extrema.

Provider printed name

Nombre del proveedor _____

Address

Domicilio _____

City, state, zip

Ciudad, estado, código postal _____

Office phone

Teléfono del consultorio _____

Date

Fecha _____

Examiner signature in the box below.

Firma del examinador en el recuadro de abajo.

Height (inches) Estatura (pulgadas)	Recommended Weight (lbs) Peso recomendado (libras)	Allowable Exception Excepción permitida	Maximum Acceptance Aceptación máxima
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

DO NOT WRITE IN THIS BOX NO ESCRIBA EN ESTE RECUADRO

REVIEW FOR CAMP OR SPECIAL ACTIVITY/REVISIÓN PARA CAMPAMENTO O ACTIVIDAD ESPECIAL

Reviewed by

Revisado por _____

Date

Fecha _____

Further approval required

Se requiere aprobación adicional



Reason
Razón

Approved by
Aprobado por _____

Date

Fecha _____

Click [here](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) for more information regarding high-adventure outings or go to www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.

Haga clic [aquí](http://www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf) para obtener más información sobre las excursiones de aventura extrema o visite www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.

CAMPERSHIP APPLICATION

DEADLINE: APRIL 1, 2013

It is the intent of the Council Campership fund to provide assistance to youth in securing the necessary funds to experience an outdoor Scouting Adventure. Realizing that families occasionally are not in the financial position to pay for their son to attend a camping experience, the campership funds are made available to assist those Scouts with a financial need. Camperships are available to individuals with a financial need and are to support and supplement other sources of funding, such as family, unit, sponsor and/or other sources.

All information requested on this form must be completed for the Campership Application to be accepted for processing. All information on this form is confidential.

(Please Print)

Youth's Name: _____ Pack/Troop # _____

Address: _____

City: _____ St/Zip: _____

Telephone: _____ District: _____

Has this Scout received a Pine Tree Council Campership in the past? Yes No

Does his Pack/Troop conduct a fundraiser(s) for camp? Yes No

Popcorn Sale? Yes No

Other ? _____ Yes No

Did this Scout participate? Yes No

Which camp do you plan to attend: (check one)

Hinds Boy Scout Resident Camp _____

Bomazeen Webelos Resident Camp _____

Hinds Webelos Resident Camp _____

Bomazeen Day Camp _____

Gustin Day Camp _____

Hinds Day Camp _____

Nutter Day Camp _____

Pemaquid Day Camp _____

Name of Unit Leader: _____ Date: _____

Address: _____

City: _____ State/Zip: _____

Unit leader signature: X _____

We have a new way for your Scout
to "Earn His Own Way" for 2013.
Contact us about this year's Camp Card.
strictly@megalink.net or 592-8077



PINE TREE COUNCIL

BOY SCOUTS OF AMERICA

The Pine Tree Council believes that each Scout should contribute something towards camp. This policy also allows us to utilize our limited funds for more individuals. It should be understood that we do not award camperships for Funpack Weekends, or extra weeks at camp.

Contribution from boy and family: _____
 Contribution from Troop/Pack: _____
 Contribution from sponsor: _____
 Contribution from fundraiser: _____
 TOTAL CONTRIBUTIONS: _____

CAMP FEE: _____ AMOUNT REQUESTED FROM CAMPERSHIP FUND: _____

Confidential Information (must be complete):

Gross annual family income
as of application date:

Father's occupation: _____

Mother's occupation: _____

Total number of people in household _____

Do you qualify for free or reduced school lunch? _____

_____ Below \$10,000
_____ \$10,001-\$15,000
_____ \$15,001 - \$20,000
_____ \$20,001- \$25,000
_____ \$25,001- \$30,000
_____ \$30,001 or above

Parent or Guardian Statement: I am requesting financial assistance because _____

Signature of Parent: X _____ Date: _____

Please return to:

Campership Committee
 Pine Tree Council, Inc.
 Boy Scouts of America
 131 Johnson Rd.
 Portland, ME 04102

APRIL 1st DEADLINE!!!

OFFICE USE ONLY

Action of Committee:

Not Approved: _____

Approved: _____

Amount: \$ _____

Initials: _____