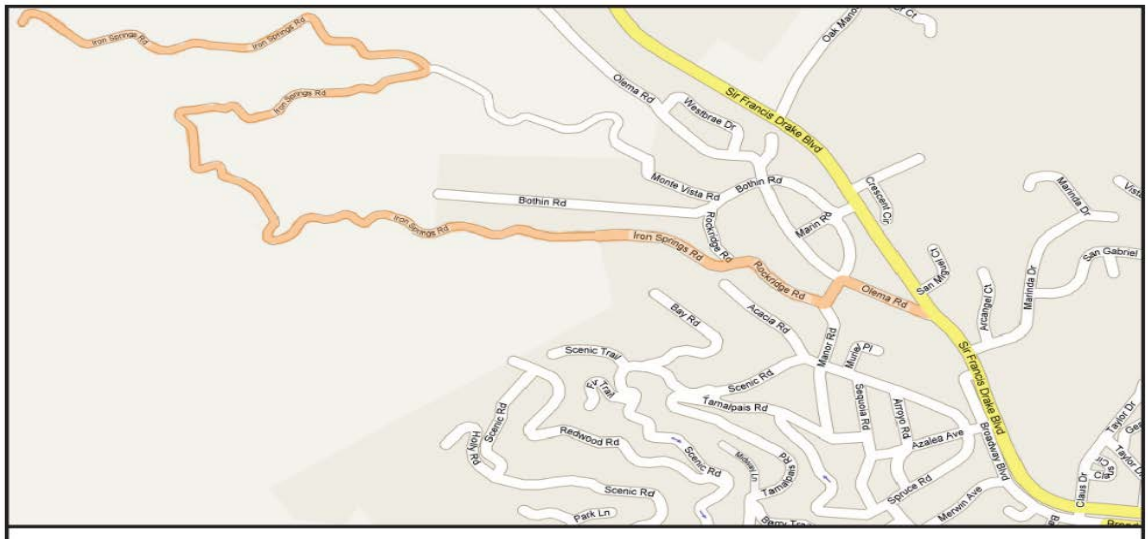
CUB CAMPING CONNECTION

Friday, October 9 – Sunday, October 11, 2026

Camping Connection is a weekend of fun activities, outdoor adventure, Cub Scout spirit and memorable experiences with your child at scenic Camp Tamarancho! Please review the important details on the following pages before you travel to camp. Upon arrival at camp, each participant will receive a camp map and an activities schedule to help follow the daily program.

Registration/ Check-in	**Friday, October 9** 6:30 – 8:30pm for Regular Check-in at Murray Lodge **(Bring completed medical forms)** Please do not drive up earlier than 6pm to allow the volunteer staff time to prepare. All participants will be assigned to Twin Cities campsite and given a program schedule and map to be used throughout the weekend. **NOTE – No dinner is provided Friday night, so plan to eat before you come up the road from Fairfax.** **Saturday, October 10** **Program Day!** Late Check-in resumes at 7:30am in Murray Lodge with Breakfast, coffee and hot chocolate available for all. Morning assembly and opening flags begin at 9:00am. Lunch is at 12:30pm and dinner at 6:00pm followed by a campfire program at 7:00pm. There is a "crackerbarrel" gathering in Murray Lodge to enjoy after the campfire.
Driving/ Parking	Carpooling is strongly encouraged to avoid excessive traffic on tight, winding Iron Springs Road, and minimize the number of vehicles in camp. Do not use computer mapping directions which take you to a private gated road that is closed; **please follow our directions below:** Please Drive SLOWLY in Camp: Scouts are in Motion! **Back-in to all parking spots and park close to any adjacent vehicles.** The central lot is only available for check-in and check-out. After check-in, you will move your vehicle to your designated campsite parking area.



Coming from San Rafael or San Anselmo:
1) In Fairfax, turn left on Olema Road (just after St. Rita's Catholic Church)
2) Turn left on Manor Road
3) Turn right on Rockridge Road
4) After approx. 0.1 miles, turn left (actually stay straight) onto Iron Springs Road.
5) Travel on Iron Springs Road until you reach the end (approx. 2 miles)
6) After passing through the gate at Tamarancho, take the left fork to the parking lot.

Do not use your GPS; you will be misdirected. Do not use Monte Vista Road. It is a private, gated road.

DIRECTIONS TO CAMP TAMARANCHO

To get to the Twin Cities Campground: After check-in, drive through the center of camp past the kitchen and Murray Lodge, then up over Pioneer Hill and down the other side to park along the right at Twin Cities.

Activity Schedule	

Saturday, October 10

7:30 – 8:15am: Check-in re-opens for new arrivals **(Bring completed medical forms)**
7:30 – 8:10am: Breakfast at Sundial Picnic area
8:15 – 8:35am: Den Time for all Cub Scouts (introductions, name tags, den cheer)
8:35 – 8:55am: Mandatory Range & Target Safety Orientation at Murray Lodge
9:00am: Morning Assembly / Opening Flag Ceremony / Ranger Safety Talk
9:20am – 12:20pm: All activity areas are open
12:30 – 1:15pm: Lunch at Sundial Picnic Area
1:30 – 5:30pm: All activity areas open
5:45pm: Afternoon Assembly / Closing Flag Ceremony
6:00pm: Dinner at Sundial picnic area
7:00pm: Evening Campfire program with songs, stories, and skits!
8:15pm: Cracker Barrel snacks and refreshments at Murray Lodge
9:30pm: Lights out and quiet time

Sunday, October 11

8:00am: Morning Assembly / Opening Flag Ceremony
8:15am: Continental Breakfast at Sundial picnic area
8:45am: Interfaith Worship Service, a brief non-denominational service for all Scouts
9:15am: Mid-Morning Assembly / Closing Flag Ceremony
9:30 – 11:00am: B-17 engine hike with Ranger AJ!
Before 12pm: Check-Out . . . YOU MUST CHECK-OUT OF CAMP at Murray Lodge!

What to Bring to Camp Tamarancho

Suggestions of what you might want to bring (or not bring) to camp for the weekend:

- ✓ Tent and ground tarp
- ✓ Rain tarp/fly (morning dew likely)
- ✓ Sleeping bag and sleeping pad
- ✓ Pillow or blanket
- ✓ Jacket or sweater
- ✓ Rain poncho (be prepared!)
- ✓ Change of clothes
- ✓ Extra socks and underwear
- ✓ Comfortable hiking shoes
- ✓ Hat or cap
- ✓ Washcloth and towel
- ✓ Soap, toothbrush, toothpaste, comb
- ✓ Sunscreen
- ✓ Insect repellent (non-spray type)
- ✓ Water bottle: STAY HYDRATED!
- ✓ Watch
- ✓ Camera
- ✓ Flashlight (essential)
- ✓ Lantern for the campsite
- ✓ Garbage bags (pack out all trash)

What NOT to bring to camp!

- ✓ Open-toed shoes of any kind
- ✓ Pets (check if certified service animal)
- ✓ Electronic or battery-operated devices: Absolutely no Cub Scouts with phones or mobile devices, etc. during program activities.
- ✓ Fireworks or firearms
- ✓ Sheath knives
- ✓ Junk food: Do NOT feed the wild animals!
- ✓ Alcoholic Beverages are strictly forbidden at all Scouting America properties and events.

CAMP TAMARANCHO GUIDELINES

Welcome to Camp Tamarancho! If this is your first time here, we hope you thoroughly enjoy your visit. Camp straddles scenic Fairfax Ridge with approximately 412 acres of natural beauty looking out over the North Bay and up to Mt. Tamalpais. There are many forested campsites as well as fantastic program areas including a small pond for fishing.

DRIVING to CAMP

DO NOT USE COMPUTER MAPPING SYSTEMS—THEY WILL TAKE YOU TO A PRIVATE GATED ROAD. PLEASE FOLLOW OUR DIRECTIONS, which appear on the first page map.

CHECK-IN and CHECK-OUT

If you must leave camp early, check out with the Camp Director or Program Director. We need to know whether you have left or returned to camp. Otherwise, we may seriously send out a search party in a camp emergency, such as wildfire or earthquake. Again, we hope you will make this short time together a necessary outdoor experience for you and your child. Please resist the temptation to go down the hill to town unless it is an emergency.

FOOD ALLERGIES or SPECIAL DIETS

Hopefully, you have noted an allergy in your medical form. If you have not done so, please inform our medical officer immediately. Also, if you need a special diet, such as vegetarian, we would be more than happy to accommodate you if we know about it ***in advance***.

FIRST-AID and MEDICATIONS

Please alert camp staff upon registration of any prescription medications and any allergies. Scouting America policies require us to lock up any medications that are not immediately needed. You should keep inhalers, EPI-Pens, and heart medications in your possession at all times. First aid officers are always on duty.

SLEEPING ARRANGEMENTS

Since many of you may be new to Scouting, you are likely unaware of Scouting's youth protection policies. No adult is allowed to sleep with a youth unless they are the youth's adult guardian or their parent. **There are no exceptions!** No adult can be alone with a youth who is not their own child or any child under 18. There always must be at least two other people present. Also, you may not be in a bathroom or showerhouse with a youth who is not your own child. **No exceptions!**

SHOWERS and BATHROOMS

We have two shower rooms in the block building on Staff Hill (the hill in the center of camp) just above the Archery Range. They are separated and individually locking. Bathrooms are sprinkled throughout camp; most are a low-flow RV flushing design for our septic system.

CRITTERS in CAMP: Raccoons, Rattlesnakes, Yellow-jackets
There are quite a few different kinds of animals nearby. You may see wild turkeys, deer, squirrels, lizards and birds. The most common are raccoons, rattlesnakes, and yellow-jackets.

There are raccoons who look cute, friendly and harmless, but they're not. They should never be approached or fed. Please don't leave any food in your tents during the day or at night because they will gnaw through your tent to get at it.

There are rattlesnakes in the area. Stay on the trails and roads to see clearly what lies ahead. Trailblazing not only further damages the environment but is an excellent way of encountering an animal you don't want to. If you look for a rattlesnake, you will find one.

There are yellow jackets. We put up traps for them and try to keep their population to a minimum. If you are allergic, please let our medical officer know. If you get stung, even if you are not allergic, please let the medical officer know that as well. This is another good reason not to walk through the tall grass or bushes because they nest on the ground and bushes.

TICK WARNING
Check your family for ticks regularly while at camp. Upon returning home from camp, bathe or shower ASAP and check your family thoroughly. Stage gear outside and wash all clothing.

CELL PHONES in CAMP
We recognize that you may have taken time away from other responsibilities to come to camp, which may necessitate communication. However, we want to make this a real outdoor experience for you and your Scout. If you need to use your phone, please do so away from program areas.

NO FIRES in CAMP
Again, no fires in camp unless approved by the Ranger. Anyone caught with a wood or coal fire will be asked to leave. We will have an evening campfire program in the main campfire bowl.

SMOKING in CAMP
If you must smoke and can't get by on fresh air, you can smoke only near the kitchen by the outdoor BBQ pit. Please dispose of your cigarette butts in a proper container.

ALCOHOL in CAMP
Alcohol is not allowed at any Scout function. There are **No Exceptions** to this rule. If you brought beer, wine, or other alcoholic beverages, please respect this and leave it in your car.

DEPARTING CAMP
You must alert camp staff (registration) upon entering and leaving camp. Failure to comply will result in a camp-wide shutdown as we may need to conduct a "lost camper" search.

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

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

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

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

List participant restrictions, if any: ☐ **None**

_____

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date:** **Insulin pump: Yes** ☐ **No** ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma/reactive airway disease	**Last attack date:**
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion/TBI	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Neurological/behavioral disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures or epilepsy	**Last seizure date:**
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Skin issues	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? ☐ YES ☐ NO Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO Exp. date (if yes) _____

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature — MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations **(form required)**	

Please list any additional information about your medical history:

_____

_____

_____

_____

DO NOT WRITE IN THIS BOX.
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

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CUB SCOUT RANGE & TARGET ACTIVITIES

Parent/Guardian Approval/Authorization Form

(Consent for Minor to use Archery & Slingshot equipment, and BB Guns)

Pack #_____ Scout Name: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone #_____ Alternate Phone #_____
(circle: mobile / home / work) *(circle: mobile / home / work)*

Secondary address (if applicable): _____

City: _____ State: _____ Zip Code: _____

We, the undersigned parent(s) or legal guardian(s) of: _____,
a minor, do hereby authorize Marin Council, BSA to furnish the following range equipment for:

Archery (bows/arrows) _____ **BB** (guns) _____ **Slingshot** _____

(approval for Cub Scout to participate in activity only with parent/guardian initials)

to the minor named above for the purpose of instruction in the safe handling and shooting of firearms, target shooting, and related activities under the supervision of the Range & Target Activities Director and staff. This authorization will remain in effect for said minor while he is participating in any Marin Council, Scouting America program or activity related to firearms, archery, or slingshot unless revoked in writing by the undersigned and said revocation delivered to the Marin Council office. *This signed authorization expires December 31, 2026.*

Parent/Guardian Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Archery and Slingshot equipment, and BB guns
are to be used by Cub Scouts
at Council-sponsored events ONLY
per BSA Program Safety Policy!