



Weird Science at Tamarancho

Cub Scout Summer Day Camp Newsletter 2018

This newsletter will give you a better understanding of what to expect at day camp

Bus Schedule & Driving—The bus schedule is emailed to you just before camps starts at the email address provided during registration. *Buses run Monday through Friday mornings and afternoon.* If you are driving: At the morning drop-off wait until the buses have arrived in camp before you drive back down the hill. Afternoon Mon-Fri pick-up please arrive by 3:45 and park near stone entrance gate. Iron Springs Road is too narrow for a bus and car to pass each other. Do not use a computer-mapping service for directions to this camp—the directions are incorrect. Please follow the directions listed on our website.

Bus Monitor Jobs: Morning bus monitors check all the campers in and call or text the on-site director at 415-717-1638 to let them know who is or is not on the bus. Afternoon bus monitors make sure that all the campers are picked up and no camper is left by themselves. The bus monitors are not baby sitters so make sure you arrive on time.

Friday Campfire: We will have a camperwide campfire program on Friday. This is the highlight of the week for most campers, so please try to have your child attend that day. Parents are invited to attend.

Camper T-Shirts: On Monday the campers will be given a camp t-shirt to wear for the week. This is our way of identifying the campers so plan to have your camper wear the t-shirt each day.

BB Gun and Archery: ALL campers go through the safety briefings the first time they are at the ranges. Once the safety briefing is done any camper not doing these activities will be given an alternate activity to do. Campers must be on their best behaviors at the ranges. Any camper misbehaving will be removed from the range for the rest of the week and given an alternate activity.

Food, Swimsuit, Etc.: Please send your camper with a swimsuit and towel, lunch, snacks, and a refillable **water bottle**. Provide a hat and light jacket or long-sleeved shirt as Tamarancho can be windy, foggy, and cold. Only closed-toe shoes are allowed at camp. REMEMBER: Camper t-shirts will be given to campers on Monday, this is the camp “uniform” and they should wear the shirts all week.

Swimming: Swim tests (done Monday & Tuesday) are required of all swimmers. Your camper does not have to do the swim test. Those that don't can play in the “wading” area of the lake.

Medications: If your camper uses an inhaler or has an epi-pen make sure this information is on the health form and please make sure these items are brought to camp each day. If there is a medication that must be taken during camp time make sure the medication is in the original bottle.

Camper Placement: Each camper is placed in a DEN with other campers in the same grade. Two dens of campers travel to most of the activity areas together. If you provided us the names of buddies your camper wants to be with we will do our best to pair up friends. If no buddy is listed then we go by school or geographic area for placement. We do make mistakes so let us know if your camper is in the wrong group. Don't wait until the end of the week to inform us of the error. Sometimes we have large groups of campers that all want to be together making the den too big so we will split them and pair the dens so they still can travel around camp together.

Cancelations: Fees are nonrefundable 30 days before the first day of each camp session. Refunds must be requested in writing to our council office.

CONTACTING CAMP: This email is used while camp is in session cubcamping@boyscouts-marin.org and it is checked often. If you need immediate information call the office at 415-454-1081.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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

Informed Consent, Release Agreement, and Authorization

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

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 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.



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, Philmont Training Center, Northern Tier, Florida 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)

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

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____
DOB: _____

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

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____
 Address: _____
 City: _____ State: _____ ZIP code: _____ Telephone: _____
 Unit leader: _____ Mobile phone: _____
 Council Name/No.: _____ Unit No.: _____
 Health/Accident Insurance Company: _____ Policy No.: _____

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

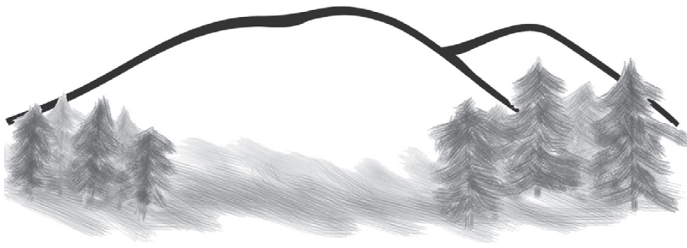
In case of emergency, notify the person below:

Name: _____ Relationship: _____
 Address: _____ Home phone: _____ Other phone: _____
 Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



PARENT/GUARDIAN AUTHORIZATION FORM
CONSENT FOR MINOR TO USE ARCHERY EQUIPMENT, BB GUNS

Unit #: _____ Type: _____ Council: _____ District: _____
(Pack)

Youth Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (1): _____ Phone (2): _____
(home, cell, work) (home, cell, work)

Second mailing 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 archery equipment and BB Guns along with ammunition, as appropriate, to the minor named herein for the purpose of instruction in the safe handling and shooting of firearms, target shooting, and related activities under the supervision of the Shooting Sports Director and range staff. This authorization will remain in effect for said minor while he is participating in any Boy Scouts of America program or activity related to firearms/archery, unless revoked in writing by the undersigned and said revocation personally delivered to the Marin Council service center.

Parent/Guardian's Name: _____ Date: _____

Parent/Guardian's Signature: _____

BB guns and archery equipment are used by Cub Scouts at council- or district-sponsored events only.

This consent expires on July 28, 2018.

1/4/16 (rev.—Cub Scout only)