MARIN COUNCIL
Boy Scouts of America

FAMILY FIESTA 2013
"MYTHS & LEGENDS"
A CUB SCOUT FAMILY CAMPING EVENT
CAMP TAMARANCHO, FRIDAY, MAY 17 THROUGH SUNDAY, MAY 19, 2013

INFORMATION

What is Family Fiesta? Family Fiesta is a family camping experience for Tiger Cubs, Cub Scouts, Webelos, and their families. This camp will introduce the Cub Scout and his family to some of the activities that can be experienced in our summer day camp programs. Just like at camp, events and activities are run by Boy Scout troops and Venturing crews. The Cub Scouts will get an opportunity to meet summer day camp staff and older scouts, and as a bonus get an idea of all the fun and exciting things that await them when they become Boy Scouts and Venturers.

Theme and Activities Character, skill, adventure, and destiny—four key aspects of the heroic journey, common across myths and legends of all cultures. This year's Family Fiesta will provide an opportunity for scouts, siblings, and parents to learn, or refresh their knowledge of Scout skills, crafts, and values, within the context of our favorite stories. Marin Council Boy Scout Troops will lead campers in events ranging from field sports, climbing, nature hikes & tracking, shooting sports, crafts, and epic feats of heroism. A magical, rousing campfire will close the day's event.

Fees and Registration Registration is by family—not by pack. The fee is $15 per person age 5 and older. *This price does not include food.* There are meal options available as shown in the registration section and meal ticket sign-up deadline is May 10, 2013—after this date no meal tickets are available. Some Packs provide their own meals while others do not. Please check with your Pack as to what their food plans will be for the weekend. If you plan on purchasing meal tickets with your registration we must have this information no later **than midnight on Friday, May 10, 2013 —no exceptions**. We have to plan, shop and "be prepared" to serve.

Medical Forms The attached BSA Medical forms Part A & B are required by all participants who attend this event—no exceptions. No physician signature is required.

Check-in and Parking Check-in will be from 7pm to 9:30pm Friday night and resume at 7:30am Saturday morning with program beginning promptly at 9am on Saturday and running to 12pm Sunday. Campsite space is limited so please get your reservations in early. No reservations for specific campsites will be accepted. We will assign you a campsite and make sure that Pack members are assigned to the same site. When you check in, the staff will give you an informational packet and let you know what campsite you will be in. Only two campsites have on-site parking so be prepared to back your vehicle into our parking lot and have your equipment & gear transported to the campsite by one of our staff members. Parking is limited. If you are able, plan to carpool with another family from your Pack. Camp service roads are restricted to authorized vehicles only. All our camp roads have a strictly enforced speed limit of 5mph. No passenger transport in truck beds allowed.

Camping Bring your own camping equipment as none will be provided. If you plan to cook bring a propane stove or grill as well as secure food storage containers. All campsites have potable water, picnic tables, and a few have brick fire pits. Vault toilets are nearby. If your Pack is camping with other units please "do your best" and share the facilities.

What to Bring to Camp and What Not to Bring to Camp Scout uniform for assemblies, meals, and flags. A hat for the sun, or maybe the rain, warm outerwear, comfortable hiking shoes (please—no open-toed shoes), toiletries, and all the other comfortable clothes you need for a weekend camping. NO alcohol, pets, drugs, fireworks, knives, bicycles, or shooting-sports equipment. We don't want to confiscate these items and/or expel your family from camp. Smoking is only permitted in the parking lots. Expensive items should be left at home. Keep cell phone use to a minimum, remember this is Family Camp and a time to relax and enjoy the beautiful surroundings.

Refund Policy Refunds must be requested in writing and received by the council office prior to the above date of May 10, 2013. Fees will not be prorated due to weather, for those who start late on Saturday or leave before the program is finished on Sunday.

MARIN COUNCIL
Boy Scouts of America

FAMILY FIESTA REGISTRATION: MAY 17-19, 2013

Name: _____ **Pack #**_____

Address: _____

City/State/Zip: _____ **Best phone:** _____

Email: _____ *used for event information only*
(print neatly please)

Camping nights: ___Friday only ___Saturday only ___Both nights *Pack members will be placed together in same campsites*

Help Wanted . . . . Running an event of this size requires a substantial amount of volunteer help. Lead by example, volunteer for one hour on Saturday or Sunday. Check below for the area you will support. We'll chat at check in–or before.

Saturday: ____Camp Clean-up ____Field Area ____First Aid/Medic ____Kitchen/meal time ____Anywhere

Sunday: ____Camp Clean-up ____Field Area ____First Aid/Medic ____Kitchen/meal time ____Anywhere

Attendance & Cost Summary	**Total attendees**	**Fee per Person**		**TOTAL FEE**
Cub Scouts (indicate number of boys for each level)				
____Tiger ____Wolf ____Bear ____Web I ____Web II	_____	$15	=	_____
Adults	_____	$15	=	_____
Siblings/Friends older than 5 years	_____	$15	=	_____
Siblings under age 5 for registration and food	_____	FREE		FREE
Saturday Breakfast	_____	$3	=	_____
Saturday Lunch	_____	$5	=	_____
Saturday Dinner	_____	$5	=	_____
Sunday Breakfast	_____	$3	=	_____
		TOTAL FEE	➔	_____

Meal ticket sign-up deadline is May 10, 2013—after this date no meal tickets with sign ups.

Payment Options: Send a check payable to Marin Council, BSA Attn: Family Fiesta
225 West End Avenue, San Rafael, CA 94901 **or complete credit card information below.**

Credit Card Information _____3-Digit Security Code ____Visa ____MC

Name on Card _____ Signature _____

Card # _____ Expiration Date _____

I agree to pay for the above total fee in accordance with my credit card agreement.

225 West End Avenue San Rafael, CA 94901-2645 415.454.1081 Fax 415.454.5511 www.boyscouts-marin.org

Annual BSA Health and Medical Record
Part A
GENERAL INFORMATION

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

Name _____ Date of birth _____ Age _____ Male ☐ Female ☐
Address _____ Grade completed (youth only) _____
City _____ State _____ Zip _____ Phone No. _____
Unit leader _____ Council name/No. _____ Unit No. _____
Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:
Name _____ Relationship _____
Address _____
Home phone _____ Business phone _____ Cell phone _____
Alternate contact _____ Alternate's phone _____

HEALTH HISTORY: If immunization current (required by schools) write "current" in immunization column.

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes ☐ No ☐
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:
Medication _____
Food, Plants, or Insect Bites _____
_____

Immunizations:
The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
☐	☐	**Tetanus** _____
☐	☐	Pertussis _____
☐	☐	Diphtheria _____
☐	☐	Measles _____
☐	☐	Mumps _____
☐	☐	Rubella _____
☐	☐	Polio _____
☐	☐	Chicken pox _____
☐	☐	Hepatitis A _____
☐	☐	Hepatitis B _____
☐	☐	Influenza _____
☐	☐	Other (i.e., HIB) _____

☐ Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

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.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____

Administration of the above medications is approved by (if required by your state): _____/_____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Last name: _____ DOB: _____ Allergies: _____ Emer. contact No. _____

Informed Consent and Hold Harmless/Release Agreement

Part B

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.

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

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, Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Authorized activities of the program experience for the participant include, but are not limited to swimming, boating, COPE, rock climbing, rappelling, archery, and limited use of firearms. I hereby give express consent for a qualified range instructor to furnish BSA-approved archery and firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges. 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. ONE BOX MUST BE CHECKED

☐ Without restrictions ☐ With special considerations or restrictions (list)_____

_____

Talent Release Form ONLY FAMILIES TAKE PICTURES OF THEIR CAMPERS DURING THIS EVENT

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 ☐ No ONE BOX MUST BE CHECKED

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS: *You must designate at least one adult. Include telephone number.*

1._____ Phone:_____

2._____ Phone:_____

3._____ Phone:_____

Adults NOT authorized to take youth to and from events:

1._____

2._____

3._____

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. ADULTS MUST SIGN BELOW = PARENT/GUARDIANS MUST SIGN BELOW

If I am participating at Philmont, Philmont Training Center, Northern Tier, or Florida Sea Base: 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. STATE OF CALIFORNIA REQUIRES SIGNATURES OF ALL CUSTODIAL PARENT/GUARDIANS

Participant's name _____

Participant's signature _____

First Parent/guardian's signature _____
(if participant is under the age of 18)

Date _____

Second Parent/guardian's signature _____
(if participant is under the age of 18)

Date _____

Note: Per CA Family Code Section 6910, if a Scout has two parents or legal guardians, the Marin Council requires the signatures of both. If there is only one parent or legal guardian, then one signature is sufficient.