



FAMILY FIESTA REGISTRATION: MAY 16-18, 2014

“Space Wrecked”

A Cub Scout Family Camping Event Held at Camp Tamarancho

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 the summer day camp staff and older scouts, and as an added bonus get an idea of all the fun and exciting things that await them when they become Boy Scouts or Venturers.

Theme and Activities “Come in Space Family Robinson, come in . . .” Your Cub Scout family was in route to the Mars space complex when your ship was hit by an ion particle storm, throwing it 200 light years of course, and leaving you marooned on an alien world. This year’s Family Fiesta will provide an opportunity for scouts, siblings, and parents to learn, and practice intergalactic Scout skills, crafts, and values—and maybe meet a few aliens along the way. Marin Council Boy Scouts and Venturers will lead campers in event ranging from field sports, rocketry, nature hikes, shooting sports, techno crafts, and interplanetary homesteading. The day will close with a campfire lead by your New World hosts.

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, 2014—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 May 10, 2014—no exceptions.** We have to plan, shop and “be prepared” to serve. *Saturday walk-ins will be accommodated but access to archery and BB ranges will be on an “as available” basis.*

Medical Forms Part A and B health form is needed for all family members attending this event. Please make sure all boxes are checked and form is signed and dated. Your Family Fiesta registration will not be considered complete if forms are missing or incomplete **NO EXCEPTIONS.** No Physician signature is required. A copy of the necessary health forms are attached to this document.

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 tell you what campsite you will be in. Only two campsites have on-site parking so be prepared to back your vehicle into our main 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 camp vehicles only. All camp roads have a strictly enforced speed limit of 5 mph. 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 as we do have critters that would enjoy people food but shouldn't have it. 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 else 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.

What Not to Bring to Camp 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, 2014. Fees will not be prorated due to weather, for those who start late on Saturday or leave before the program is finished on Sunday.

**How to Get to Camp Tamarancho – Carpooling highly recommended!
DO NOT USE COMPUTER MAPPING AS IT IS INCORRECT.**

- From US Highway 101, take the Central San Rafael exit
- Turn West on 3rd Street, travel 1.5 miles
- 3rd street merges into 4th Street and then into Red Hill Avenue
- Continue on Red Hill for another 0.7 miles
- Red Hill Avenue merges into Sir Francis Drake Blvd. Follow Sir Francis Drake Blvd towards Fairfax for another 2.2 miles
- *When in Fairfax follow arrows in map on right and look for green signs to Camp Tamarancho*
- Turn left onto Olema Road, travel 0.1 miles to stop sign
- Turn left on Manor Road, travel 50 yards to stop sign
- Turn Right on Rockridge Road, travel 0.1 miles
- Turn Left on Iron Springs Road
- Camp Tamarancho is at the end of Iron Springs Road, 2+ miles



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: _____



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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
		Diabetes	Last HbA1c percentage and date:
		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	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

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

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by: _____

Parent/guardian signature

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



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



Immunization

The following immunizations are recommended by the BSA. 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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