

Tiger Cub Expedition 2014==THE JUNGLE BOOK

A Cub Scout Camping Event

Camp Tamarancho Saturday, October 11 through Sunday, October 12, 2014

INFORMATION

What is Tiger Cub Expedition? Tiger Cub Expedition is a weekend program exclusively for Tiger Cubs—any boy in 1st grade—and an adult partner who is a family member. An adult partner can be any family member or guardian over 18 years of age. The purpose of this camp is to introduce Tiger Cubs to the exciting activities of the Cub Scout camping program and the beauty of Camp Tamarancho. Your Tiger Cub will be grouped in dens with other Tiger Cubs and their adult partners.

Theme and Activities Our theme is “The Jungle Book.” With Akela and Baloo as your guides, you will explore Camp Tamarancho and take your first steps along the Cub Scout Trail. Activities may include archery, BB gun, nature, outdoor skills, hiking, field sports, handicraft, and more. Saturday evening we’ll have a lively campfire program filled with skits, songs, and lots of good Cub Scout fun!

Fees and Registration The fee for this event is \$30 per registered Tiger Cub, (second Tiger Cub is \$25), \$35 non-registered 1st grader, and \$25 per adult partner. This event is limited to 56 teams. **Registrations accepted on first come, first served basis.** Reservation forms—including medical form parts A & B for all participants—with camp payment must be received no later than October 3, 2014. You will not be considered registered if paperwork is missing. **Please check our website in case this event fills up before October 3rd.**

Meals and Dietary Needs Camp fee includes all meals and they will be provided starting with lunch on Saturday through Breakfast on Sunday. There will also be in-between-meal snacks. If you have any special dietary needs please notate this on your registration form.

Check-in and Parking Check-in starts 7:30 Saturday and the opening flag ceremony begins at 9:30am. Activities will end with a closing ceremony Sunday at 11am. When you check in, you will be given an informational packet and be shown to your campsite. Staff is available to help with camp set up if needed. There is limited parking so you may be directed to drop off your gear and it will be taken to your campsite. Please back in to all parking spots. Camp roads are restricted to authorized vehicles only and a speed limit of 10 MPH in camp must be strictly followed.

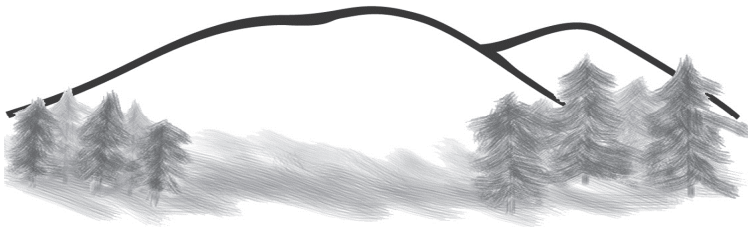
Camping Bring your own camping equipment as none will be provided. Make sure you also bring a lantern, flashlight, or headlamp. All campsites have potable water, picnic tables, and a few have brick fire pits. Vault toilets are nearby.

What to Bring to Camp/What Not to Bring to Camp If you have a Tiger Cub uniform then bring it for assemblies, meals, and flags. A hat for the sun, or maybe the rain, warm outerwear, comfortable hiking shoes (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. Smoking is only permitted in the parking lots. Expensive items should be left at home. Keep cell phones out of sight of campers, remember this is a time to relax and enjoy the beautiful surroundings.

Medical Forms Required Part A and B of medical form is required for every participant and must be turned in at time of registration. Make sure all information is completed and that Part A has the necessary signatures. This medical form is a health history and permission to treat/contact form and no physician signature is required.

Refund Policy No refunds of registration fees will be made after October 5. Refunds must be requested in writing and received by the council office prior to the above date. Fees will not be prorated due to weather, for those who start late on Saturday or leave before the program is finished on Sunday.

Where is Camp Tamarancho? It is located in the hills above Fairfax on Iron Springs Road. A map to camp is on our website. Information packet will be emailed to you. **DO NOT USE COMPUTER MAPPING—IT IS INCORRECT.**



2014 TIGER CUB EXPEDITION REGISTRATION

Tiger Cub Name: _____ Pack Number: _____

Adult Partner: _____
Additional Adult
or Sibling Who is a
Tiger Cub: _____

Address: _____

City / Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

(Please print clearly as we communicate via email)

Cost Summary / Number Attending

Cost Each		Number		Total Fee
\$30 Tiger	Tiger Cub (2 nd registered TC is \$25.00)	_____	=	_____
\$25 Adult	Adult	_____	=	_____
\$35 1 st grade youth	<u>Non-registered boy in 1st grade</u>	_____		_____
Totals		<div></div>		<div></div>

All boys MUST attend with an adult partner

Registration Deadline
October 3, 2014
*****Limited to 56 teams*****

Payment Options:
Send check payable to Marin Council, BSA or
complete and sign credit card information below

Mail to:
Marin Council, BSA / Webelos Woods
225 West End Avenue, San Rafael, CA 94901

Need More Info?
Call the Council Office at (415) 454-1081
Send email to cubcamping@boyscouts-marin.org
Visit the Council website www.boyscouts-marin.org

Credit Card Information _____ **MC** _____ **VISA** _____ **3-Digit Security Code** _____

Name on Card _____ Signature _____

Card # _____ Expiration Date _____

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

*******Registrations accepted on a first come, first served basis and attendance limited to first 56 registered teams*******

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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NOTE: A signature of a parent or guardian of a minor is required authorizing medical/dental treatment in case of emergency, per CA Family Code Section 6910. Marin Council prefers that both custodial parents or guardians sign this authorization/release.

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	



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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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		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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