



"JUNGLE OF FUN" CUB SCOUT DAY CAMP

Please review all of this information so you will know what to expect in July 2022:

- **Mandatory Forms:** Include completed BSA annual Health & Medical Record, parts A/B/C approved by a physician, and a Shooting Sports Consent Form signed by parent/guardian.
- **Driving Directions:** *DO NOT USE* a digital-mapping service for directions to camp --- these are often incorrect and will lead you to locked gates on private roads. Instead, follow the map on the attached pages or as shown on our Council website. Please arrive and park in the main camp lot by 3:45pm each day before the campers are dismissed!
- **Bus Schedule:** Bus schedules are sent out just before camp week starts to all parents at the email address provided during your registration. *Buses run Monday through Friday mornings and afternoons only. Please be considerate of the bus monitors and arrive at your child's stop on time!*
- **Bus Monitors:** Mornings: text/call the onsite Camp Director (510-634-1577) if there are any bus issues. Afternoons: make sure all the campers are picked up and no camper is left by themselves.
- **Camper T-Shirts:** On Monday the youth will be given a camp t-shirt to wear for the week. This is our way of identifying the campers on the property, so plan to have your child wear the t-shirt each day.
- **Daily Packing:** Please send your camper with a swimsuit and towel, lunch, snacks, and a refillable water bottle each day. You may also want to pack a hat and light jacket or long-sleeved shirt as Camp Tamarancho can be windy, foggy, and cold. Only closed-toe shoes are allowed in camp, so NO SANDALS. Remember that Camper t-shirts will be issued on Monday, which is the camp "uniform" and the must wear the shirts all week for camper identity.
- **Medications:** If your camper uses an inhaler or has an epi-pen make sure this information is on their health form and make sure these items are brought to camp every day. If there is a medication that must be taken during camp time, make sure the medication is clearly marked in the original bottle.
- **Archery & BB Gun Ranges:** ALL campers must have a completed permission form, and then are required to go through safety briefings the first time they are at the ranges. Once the safety briefing is completed, any camper not participating in these activities will be given an alternate activity to do. Campers must be on their best behavior at the ranges. Any camper misbehaving will be removed from the range for the rest of the week and provided an alternate activity.
- **Swimming at the Pond:** Swim tests (usually done Monday & Tuesday) are required of all swimmers. Your camper does not have to do the swim test if they are not going to swim. They will still have the opportunity to wade in the shallowest part of swimming area.
- **Camper Pairings:** Each camper is placed in a DEN with other campers of the same gender and 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. If you feel 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 up but pair the dens together.
- **Friday Campfire Program:** We conclude camp with a campfire program on Friday. This is the highlight of the week for many campers, so please try to have your child attend that day. Parents and siblings are invited to attend also. The program begins at 2:30 pm.
- **Cancellations:** Day Camp fees become non-refundable as of 30 days prior to the first day of each camp session. Any refund inquiries must be requested in writing to our Council office.
- **Emergency Contact:** This email address cubcamping@boyscouts-marin.org, is used during camp weeks and checked daily. If you need immediate attention, please contact the Council Office below:

Part A: Informed Consent, Release Agreement, and Authorization

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: _____



Part B1: General Information/Health History

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 <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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 <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

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

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 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: _____





CUB SCOUT SHOOTING SPORTS

Parent/Guardian 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) _____ **Slingshot** _____ **BB** (guns/BBs)

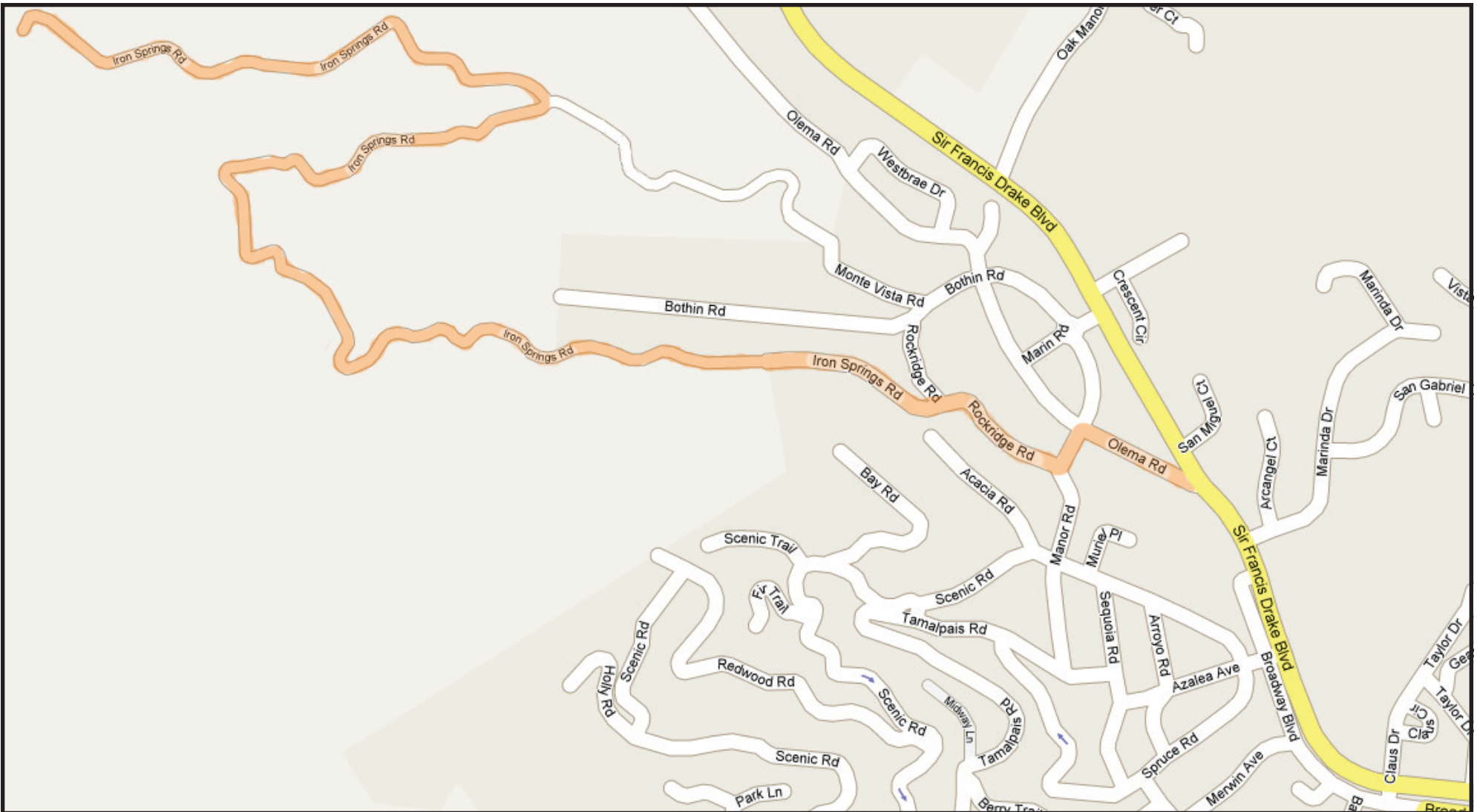
(approval for Cub Scout to participate in activity only with parent/guardian initials)

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 Shooting Sports Director and range staff. This authorization will remain in effect for said minor while he is participating in any Marin Council, Boy Scouts of America program or activity related to firearms/archery, unless revoked in writing by the undersigned and said revocation delivered to the Marin Council Service Center. ***This signed authorization expires December 31, 2022.***

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!**



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**