

**Webelos Woods 2014 presents**

## ***TRAIL TO AOL!***

**A Webelos Scout Camping Event Held at  
Camp Marin Sierra August 29-31, 2014**

**SCOUT SPIRIT:** The Scout Oath. The symbolism of the First Class badge. Applying the 12 points of the Scout Law to our lives. All are key requirements of the Arrow of Light (AOL) rank and the bare minimum for becoming a Boy Scout. In these, we find the seeds of Scout spirit, and the measure of great men. This year's Webelos Woods will blend training in Scout skills *AND* Scout spirit at Camp Marin Sierra in the Sierras. Some activities Scouts may experience: Trail to AOL, swimming, boating, archery, pellet guns, outdoor skills, first aid, cooking, craft, nature, team-building, one-on-one training in the Scout Law, and especially Scouting FUN!

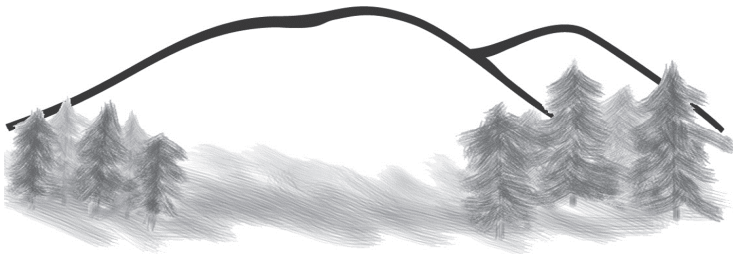
**What is Webelos Woods?** Webelos Woods is a weekend program for current or prospective Webelos and Arrow of Light Scouts and their parent or adult guardian/partner. The adult partner must be a family member or legal guardian over 18 years of age. If your son is entering 4<sup>th</sup> or 5<sup>th</sup> grade in the fall of 2014 he is eligible to attend. This camp is an opportunity to work on Webelos-specific advancement activities in the beautiful setting of Camp Marin Sierra. Webelos and Arrow of Light Scouts will be grouped into patrols of up to 8 similarly-ranked boys and will be lead and mentored by Boy Scouts from the Marin Council. This is truly a chance for the boys to hone their Scout Spirit in a fun environment and be inspired by the promise of the next level of Scouting. Don't miss out!

**Fees and Registration:** The fee for the camp is \$45 per Scout and \$45 per adult partner. All completed registration forms with payment plus adult and camper health history—parts A & B (no physician signature required)—must be received in the council office. Your team will not be considered registered if paperwork is missing. Deadline for registration is August 15, 2013. Attendance is limited to the first 64 teams (youth and adult). A waiting list may occur if registration is full before the deadline date. You will be informed if you are on the wait list.

**Check-in and Check-out:** Arrival at Camp Marin-Sierra should be between 5:30 pm and 8:15 pm on Friday evening, August 29 OR by 8:00 am Saturday morning, August 30. This is a holiday weekend, so allow extra drive/traffic time up Interstate 80 and into the Sierras. Registration is near the front of Ibach Lodge next to the camp's main parking lot. Friday night program begins at 8:30 pm. As part of the check-out process on Sunday, August 31, all personal gear will be packed out and your campsite inspected following the morning campwide interfaith worship service.

**What to Bring to Camp:** Webelos handbook, Scout uniform & hat, toiletries, tent, backpack, sleeping bag and sleeping pad, flashlight, lantern, medical forms for both youth and adult partner, medications, first aid kit, swim suit, towel, clothing for warm and cool weather, insect spray, sunscreen, water bottle, plate, bowl, cup, eating utensils, compass, pocket knife and a copy of Scout's Whittling Chip card. (Please note: all youth electronic devices; iPods, Gameboys, laptops, tablets, etc. must be left at home!)

**Camping at Marin Sierra:** All participants will camp in campsites by pre-assigned groups. Tent platforms are provided, but please bring your own tent and other camping gear. We encourage the Scouts to set up their own tents. No food allowed in campsites. Bear boxes are provided for all "smellables" (i.e. sun screen, soaps, shampoos, toothpaste, deodorant, gum, candy, etc.).



**Meals:** Eat before you arrive Friday. Provided meals are Saturday breakfast, lunch, and dinner, and Sunday breakfast. Some of these meals will be prepared at your patrol campsite. If you are arriving on Saturday morning, you will likely want to eat on the way up prior to camp arrival. Food is provided for all the meals. Please alert us to any special dietary needs and/or food allergies. No food is allowed in tents. Bear boxes are at each campsite for your use.

**How to Get to Camp Marin Sierra:** Marin Sierra is located on Highway 20 just west of the junction of Interstate 80 and Highway 20. Take the Grass Valley, Highway 20 exit number 161 and head toward Grass Valley for approximately  $\frac{3}{4}$  mile. The driveway for Marin Sierra will be on your right marked by large, red iron gates (3<sup>rd</sup> driveway).

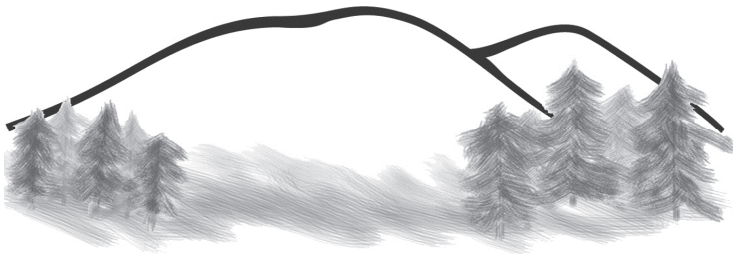
**Medical Forms Required:** Part A and B health form is needed for all family members attending this event. Please make sure all boxes are checked and form is signed and dated. Your Webelos Woods registration will not be considered complete if forms are missing or incomplete. **NO EXCEPTIONS. No physician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

**Refund Policy:** No refunds after August 15, 2013. Refund requests must be in writing and sent to the Marin Council office.

**Confirmation:** A confirmation email (using your provided email) will be sent before the event with extra details and information. Due to pre-camp patrol assignment logistics, it is critical that we have your email address and cell phone. Parents will be coordinating with other unit parents prior to this event.

*Registrations accepted on a first come, first served basis.  
Due to the nature of this program, the attendance at Webelos Woods  
is limited to the first 64 registered boys.  
A Wait List will be established.  
More slots may be added.*

*(Registration form on following page)*



## WEBELOS WOODS 2014 REGISTRATION

**Webelos Scout Name:** \_\_\_\_\_ **Pack Number:** \_\_\_\_\_

**Adult Partner:** \_\_\_\_\_  
*Additional Sibling who is a Webelos:* \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_  
Print neatly (email used for emailing registration information)

**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. This registration will not be considered complete if forms are missing or incomplete.**

**Cost Summary / Number Attending**

Cost for Each	Number	Total Fee
\$45	Webelos Scout	=
	Adult	=
<b>Totals</b>		<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

**Registration Deadline:**

August 15, 2014  
 Attendance limited to 64 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](mailto:cubcamping@boyscouts-marin.org)  
 Visit the Council website [www.boyscouts-marin.org](http://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.*

# 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.**

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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: \_\_\_\_\_

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.**

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## 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)	Please list any additional information about your medical history:
<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)		

**DO NOT WRITE IN THIS BOX**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_