

Troop 17

2024 District Camporee

Wyatt 3 Rivers Ranch, Glenrose

April 12-14, 2024

Get your scout skills ready! We will be competing against other scout troops in various scouting skills and doing what we do best - showing our scout spirit! **Participating scouts and adults - Make sure you have the following with you when you arrive at the scout lodge:**

- **Troop 17 permission slip**
- **Wyatt Ranch Release**
- **BSA Medical Form Part A, B1, B2** (sorry for the duplication of effort If you have completed prior, but It will be administratively difficult to Inventory all of the medical forms we have vs don't for a participant roster that we won't know until Friday night at 5:30pm)

Note that we will be traveling In personal vehicles rather than the bus on this campout

DEPARTURE INFORMATION:

Uniform: Full Class A
Location: Harry R. Male Scout Lodge
Time: 5:30 pm – Friday (we leave as soon as we are loaded – please don't be late)
Dinner: Bring a sack dinner (to eat on the drive)

ARRIVAL INFORMATION:

Uniform: Full Class A
Location: Harry R. Male Scout Lodge
Time: Roughly 1:00 pm – Sunday
(Scouts will call or text with a more precise ETA)

****NO CELL PHONES & ELECTRONICS****

We are enforcing a strict no cell phone/ electronics policy. Devices will be taken up and returned on Sunday. Campouts should be a time for the Scouts to go outside and do outside things – to get away from the constant ding of social media notifications. Parents, please help out with this!

GEAR LIST (please put your name on everything)

- **Bring your gray troop 17 t-shirt (we will wear on Saturday), also available for purchase on Friday at the scout lodge**
- Daypack with waist belt
- Tent & Ground Cloth: only 2 people to a tent.
- Bedroll
- Sleeping pad: makes it warmer and softer.
- Camp chair for relaxing at camp
- Raingear: always.
- Clothes
 - Long pants
 - Long sleeve shirt
 - Shorts;
 - Socks – (extra thick warm socks for sleeping plus a backup pair);
 - Underwear;
 - Troop T-shirt;
 - Jacket or fleece; and
- Hiking Boots: well broken in and waterproof.
- Camp Shoes: hiking boots work well.
- Hat: Troop hat only during transport.
- Towel: an old grungy one.
- Personal Hygiene Kit: toothpaste & brush, TP, and soap.
- Rope: 50' of parachute cord to practice knots.
- Cup, Plate & utensils.
- Flashlight: with extra batteries.
- Inhalers: for running around in cold weather.
- Medication: bring it if you need it.
- First Aid Kit.
- Nalgene: one or two (full of water).
- \$\$ for snacks/lunch on the trip home
- Greencard: for advancement

Troop 17

Activities Permission Slip and Release

Activity ☐ Overnight Campout ☐ Long Term Camp ☐ Hike
 ☐ Field Trip ☐ Other: _____

Destination ☐ WR ☐ SR2 ☐ MC ☐ MW ☐ CC
 ☐ Other: _____

Departure _____ **Return** _____ (Scouts will call)

All departures and arrivals will occur at the Scout lodge unless given prior permission.

Aquatics Aquatic activity ☐ will / ☐ will not be involved.

Activity Fee \$ _____ Total (\$ _____ camp fee + \$ _____ equipment fee + \$ _____ food + \$ _____ transportation)

Location key : CC – Camp Constantin, Graford, TX 940-779-2131
 MC – McClure Property @WR (On WR Road, before the main gate)
 MW – Mineral Wells State Park, Mineral Wells, TX 940-328-1171
 SR2 – Sid Richardson Scout Ranch, Runaway Bay, TX 940-575-4243
 WR – Worth Ranch, Palo Pinto, TX 940-659-2195

Medical Release and Waiver of Liability

*** Return this portion to your Patrol Leader ***

Boy Scouts of America Troop 17, chartered by St. Stephen Presbyterian Church

I understand that participation in the **activity involves** a certain degree of **risk**. In consideration of the benefits derived and acknowledging the risks both known and unforeseeable, I agree to my son(s) / ward(s) _____ participation in the activity and specifically and irrevocably **waive all claims** and future claims against the leaders, officers, agents, representatives, volunteers, and committee members of Troop 17, the Longhorn Council, Boy Scouts of America, St. Stephen Presbyterian Church, and the sponsor. I further acknowledge the fact that the Boy Scouts of America is an education institution which **requires participants to abide** by applicable **rules and standards**. I have full confidence that every reasonable precaution will be taken to ensure the safety and well being of the participants. In the event of an emergency, the adult volunteer in charge of the scene has my **permission to obtain medical treatment**, including hospitalization, anesthesia, surgery, or injections of medication at the nearest hospital or doctor, at my expense. **Medical providers are authorized to disclose** to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's guardian, and/or determination of the participant's ability to continue in the Troop's activity.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Emergency contact numbers _____ Date of participant's last tetanus shot _____

List all participant's medications and dosing instructions: _____

List all participant's allergies, including drug allergies: _____

RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

WHEREAS, the Boy Scouts of America, **Pack /Troop** _____ of _____, Texas has
(circle one) (number) (city)
requested permission of Wyatt Ranch to camp on the lands owned by Wyatt Ranch located in Glen Rose,
Somervell County Texas, on April 12 - 14, 2024; and

WHEREAS, Wyatt Ranch requires as a condition of the granting of permission to camp on the above
lands, the parent(s) and/or legal guardian(s) of each child who will be camping, as well as each adult who
will be accompanying them on the camping trip, execute this RELEASE, HOLD HARMLESS AND
INDEMNIFICATION AGREEMENT;

NOW THEREFORE, in consideration of the permission herein granted by Wyatt Ranch to the above stated
Troop _____ of the Boy Scouts of America to camp on the lands and premises of Wyatt Ranch as
(number)

designated above, I, the undersigned both individually and as parent/guardian of
_____ (the "Scout"), a member of the above Boy Scout Troop,
(name of Scout/Scouter/adult camper)

hereby agree to RELEASE AND FOREVER DISCHARGE Wyatt Ranch, its officers, directors and
employees from any and all claims, suits or causes of action of every nature in any way arising out of or
related to the above stated camping trip which could be made by the Scout, his parent(s)/guardian(s) or the
undersigned, against Wyatt Ranch or its officers, directors or employees.

The undersigned further agrees to INDEMNIFY, DEFEND AND HOLD Wyatt Ranch, its officers,
directors and employees HARMLESS from and against any awards of damages, costs and attorneys' fees
incurred by Wyatt Ranch in any way arising out of or related to the assertion of any such claims, causes of
action or suits against Wyatt Ranch or its officers, directors or employees by the Scout, his
parent(s)/guardian(s), or those claiming under and through him or by the undersigned or by the Boy Scouts
of America.

Dated: _____

Scouter (parent/guardian if scout is a minor)

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: _____



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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 ☐ NODO 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<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 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<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: _____

