



**SCOUTS**  
BSA

# 2022 Information & Planning Guide



# CAMP HORNE 2022

## Important Information at a Glance

### Dates:

Session 1: June 12 -June 18

Session 2: June 19-June 25

### Fees (please see page 1 for additional information):

\$275 in-council

\$300 out-of-council

\$50 campsite deposit (in-council units: can roll over from proceeding / to following year)

### Important Dates (please see page 1 for additional information):

January 13, 2022: Online Campsite Requests Open (\$50)

March 15, 2022: Early Payment Discount Deadline (\$250 in-council)

March 15, 2022: Online merit badge registration opens via Black Pug.

May 15, 2022: Payment due in full

**A Fee of \$25 will be applied to any registrations after May 15,  
2022 Campership Applications Due March 15, 2022**

**All adults staying in camp must have current BSA Youth Protection Training.**

All participants must have up to date Health and Medical Record parts A, B, and C.

Any special needs (including dietary needs) must be reported to the Camp Director two weeks prior to arrival to ensure accommodation.

### Important Numbers During Planning:

(205) 554-1680 Council Office

(205) 554-1680 Registrar and Technical Support

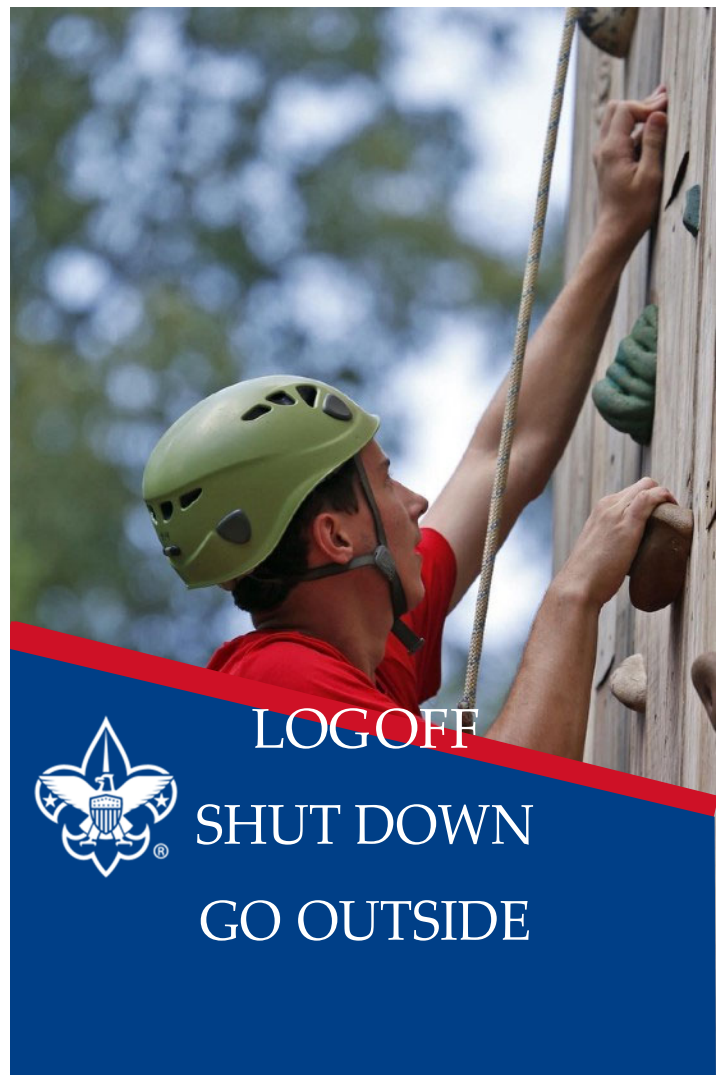
(205)-292-2845 Camp Director's Phone Number

### Online Registration System:

<https://scoutingevent.com/006>

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**LOG OFF**  
**SHUT DOWN**  
**GO OUTSIDE**

# General Information

Camp Horne has operated as a place for Scouts since 1922. As formal summer camp started in 1924, the Black Warrior Council has continued over the years to offer a variety of Scouting programs. The camp features two pristine lakes nestled within the rolling hills of West Alabama. Facilities and equipment are available for a number of outdoor activities including aquatics, climbing, rappelling, shooting sports and hiking. Livingston Chapel, whose open-air view of Horne Lake and the Alabama sky are unparalleled, serves as a place of prayer and reflection. Additionally, Camp Horne has an Olympic-length swimming pool and areas for outdoor skills and ecology instruction. Camp Horne is owned and operated by the Black Warrior Council and continues to annually be a Nationally Accredited BSA summer camp.

## INDIVIDUAL FEES

Scouts BSA Resident Camp fees for the 2022 season are:

	Youth Participant Fee
In-council Scouts	\$275
Out-of-council Scouts	\$300

(\*Additional Fees will be added for program. See page 17)

Troops are billed \$275 per Scout registered. To encourage early payment, the Black Warrior Council offers a \$20 discount for each participant fee that is paid in full by **March 15, 2022**. The Black Warrior Council does not track individual payments; rather, we process unit payments. This allows us to maximize the discount extended to the unit. While we do not manage individual accounts, units are encouraged to set up their own internal system for collecting payments from individuals in the unit. When units make payments, they will be asked to complete the appropriate **Payment and Roster Form** and submit that to the Black Warrior Council office along with the payment.

One adult leader may attend free for every six (6) paid Scouts.

The fee for leaders exceeding this ratio is **\$75** each for both in-council and out-of-council units.  
 Payment for all adult leaders exceeding the 1:6 ratio is due **May 15, 2022**.

Scouts	Free Leaders	Scouts	Free Leaders	Scouts	Free Leaders
6-11	1	24-29	4	42-47	7
12-17	2	30-35	5	48-53	8
18-23	3	36-41	6	54-59	9

**Final payment is due May 15, 2022. Any late registrations or payments will be charged a \$25 fee per participant.**

These fees cover staff training, staff payroll, food, camp patches, program supplies and insurance. Any questions regarding the financing of Camp Horne or the Black Warrior Council should be directed to Justin Hayes, Council Program Director.

## CAMPSITE REQUEST AND FEE

The campsite request fee is \$50 per unit (this may be rolled over from previous years for in-council units) and must be paid in advance for your unit to secure your campsite. To request your campsite, please use our online registration at <https://scoutingevent.com/006>. Campsite requests will be accepted starting January 15, 2022 at 5:00pm Central. Campsites are assigned based on projected numbers provided by unit leaders and deposits paid. Requests are not guaranteed; however, management will try to honor request when assigning campsites. **If your unit needs more than the 2-person tent ratio used to decide capacity of campsites, please indicate the number of tents requested at the time of deposit.**

## FEE REFUND POLICY

**Refund Policy:** Due to commitments made by the Council for the hiring of staff and purchasing of program supplies, camp materials, and food for summer camp, refund amounts are dependent on time of submission and reason for refund. The \$50 site fee for Camp Horne is non-refundable. No refunds or credits will be issued at camp. Refunds will be issued to the unit via check or will be moved into the unit's account after the unit has attended camp. No refunds will be issued for unsupported requests.

**Requests for full refunds** (less the per Scout deposit fee) will only be accepted for medical illness or injury to the Scout, medical illness or injury to an immediate family member, or mandatory attendance to summer school during the scout's scheduled summer camp week. Requests for refunds for these reasons must be submitted **within 30 days after the unit attended camp**, with supporting documentation to the Black Warrior Council Service Center (by email: [justin.hayes@scouting.org](mailto:justin.hayes@scouting.org), or by mail: PO Drawer 3088, Tuscaloosa, AL 35403). Written refund requests should be submitted to the Council Service Center and should include the Scout's name, unit number, date of attendance, reason for refund, and documentation to support refund request.

**Partial refund requests** for all other reasons will be issued based on the date of submission and must be made in writing to the Service Center prior to the dates below:

<u>Refund Request made by:</u>	<u>Amount to be Refunded:</u>
April 15th	Total amount paid less \$50
May 16th	50% of the amount paid
May 27th	25% of the amount paid
After May 27th	No Refund

## CAMBERSHIP FUND (IN-COUNCIL UNITS ONLY)

Fees should never prevent a Scout from fully participating in the camp program. Units are encouraged to work with their chartering organization and committee to assist Scouts with financial difficulties. The Black Warrior Council does have limited camperships available to help Scouts when all other resources have been exhausted. Camperships do require that the Scout complete a service project. Make sure that each family follows the instructions on the application provided in the appendix of this guide.

Camperships will be granted based on need. The Harry E. Bovay, Jr. Foundation provides funds for Scouts in the Black Warrior Council.

Camperships are awarded for **up to 50%** of the camp fee. Campership applications are not considered forms of payment. Campership money will only apply to the last payment. All applications are reviewed by a volunteer committee.

All applications are due to the Council office by **March 15, 2022**.

Applicants will be notified by March 30, 2022.



# Health and Safety

## BSA HEALTH AND MEDICAL FORM

All Scouts, leaders, and other adults attending Camp Horne must have a physical examination before coming to camp and have the BSA Health and Medical Form Parts A, B, and C completed. Scouts and leaders whose BSA Health and Medical form are inadequately filled out or are missing upon arrival will be given until 12:00 PM on the following day to complete the forms or the Scout or Scouter will be sent home. The Boy Scouts of America encourages Scouts and Scouters to follow the immunizations recommended within their state. If a Scout or Scouter is unable to comply with the vaccination recommendations for any reasons, a physician's statement to that effect or a State of Alabama Certificate of Religious Exemption should be provided.

May fill out BSA Health & Medical Part C	May <b>NOT</b> fill out BSA Health & Medical Part C
Physician (MD, DO)	Nurse (LPN, RN)
Nurse Practitioner (NP, RNP, CRNP)	Non-licensed Healthcare Practitioner
Physician's Assistant (PA)	Psychologist or counselor
Chiropractor (DCM)	Orderlies, lab technicians, etc.

## INSURANCE INFORMATION

The Black Warrior Council has purchased accident and sickness insurance for every registered Scout and Scouter in the council. This coverage is excess insurance to any health or accident insurance that a family already may have in place. This policy covers the Scouting activities involved with the camp. This insurance does not cover co-pays for the family's primary insurance. Out of council troops must provide proof of accident and sickness insurance upon arrival. Questions may be directed to Justin Hayes, Council Program Director at 205-554-1680.

## IN-CAMP HEALTH CARE

Should a Scout or Scouter need medical attention while at Camp Horne, a health officer is onsite 24 hours a day. In the event of a medical issue or emergency, the health officer is qualified to administer first aid and primary care. If a Scout were to need non-emergency medical care from a physician while at camp, the camp office will contact the emergency contact so that the Scout may be taken to their personal physician. In the event of a medical emergency that requires immediate attention, Scouts or Scouters will be taken to DCH Regional Medical Center in Tuscaloosa via ambulance.

## RISK FACTORS

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures:

- Excessive body weight
- Heart disease
- High blood pressure
- Diabetes
- Seizures
- Lack of immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological/emotional difficulties

## GETTING AROUND IN CAMP

Camp Horne is a walking facility and Scouts and Scouters alike need to be in shape for our "rolling hills" and being in an environment (extreme weather conditions, such as heat or rain) to which they might not normally be accustomed. Be sure adults in your unit who are attending as leaders are aware of their environment. Get in shape for camp by taking some early walks and spending time outdoors before your week at camp.

## PERSONAL PRESCRIPTIONS

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, may agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. As stated in *Guide to Safe Scouting*, all medications (including those which are part of first aid kits) must be kept locked up when not in use with the exception of inhalers, Epi-Pens, etc. If the leader does not want to take responsibility for the medication, it can be turned into the health officer at the Health Lodge for dispersal. Important reminders about prescriptions:

- **Must** be in the original container
- **Must** bear the original pharmacy label containing:
  - Prescription number
  - Date filled
  - Physician's name
  - Directions for use
  - Patient's name
- **Must match** the physician's order, which should accompany the medical form.
- Orders signed by the physician, and the parent/guardian **must be** submitted for the health officer to administer prescription medication. **Important:** Please check forms yearly and delete any medication orders that will not be given at camp that year. All prescription medications sent to camp must be unexpired.

**Important Note:** If a BSA Annual Health and Medical Record indicates that an individual must have an inhaler, Epi-Pen or similar medical device, the camper must always carry the required item with them. This information should also be made known to the leaders of that Scouter and the health officer.

## SPECIAL NEEDS (INCLUDING DIETARY NEEDS)

If you have a Scout, Scouter, or other adult with special needs, please contact the Camp Director and the Program Director to make sure special needs can be accommodated. We will do our very best to make the camp a great experience for those with special needs, whether they be physical or dietary. To ensure accommodation, requests should be made **two weeks prior** to your arrival at camp.



# Check-In/Check-Out Procedures

## ARRIVAL AND CHECKING INTO CAMP

Units should plan to carpool to camp as parking space is extremely limited. If your unit travels to camp in personal vehicles, coordinate to ensure that the entire unit arrives at the same time as check-in is a group process. Only one vehicle will be allowed in the campsite at a time so it is advisable to load gear into a single vehicle prior to arrival to ensure the easiest possible check-in. Upon arrival, you will receive additional directions and information from a staff member located at the front gate. Your check-in guide will greet you in the parking area. Each step of the check-in process is critical, and your guide will help you complete it in a timely manner. The Scoutmaster or a designated leader should report to the Hulsart Center to complete the registration process.

Each unit will be assigned a specific arrival time by June 5th, 2022. Units arriving after their assigned check-in time may face longer wait times during the check-in process. The gates will not be opened prior to 2:00 p.m.

Each unit must complete the following steps during check-in:

1. Staff guide meets troop in parking area and then will start the camp tour.
2. Unit Leadership are to be at the Hulsart Training Center for check-in meeting.
3. Unit will go with guide to campsite to change for swim recheck. Unit will begin tour. Guide should have physical forms, any swim forms and buddy tags.
4. Swim tests are administered, or rechecked and swim test forms reviewed.
5. The unit will complete the tour.

## MANDATORY PAPERWORK

1. Unit Leadership Roster and Unit Roster.
2. Swim check forms (if swim check is performed before camp, but within the calendar year).
3. Youth Protection Certificates or other proof of training (copies) for all adults staying in camp.
4. Any other applicable certificates including CPR, Safety Afloat, Safe Swim Defense, etc.
5. BSA Health and Medical form Parts A, B, C for anyone spending 72+ hours at camp.
6. Proof of insurance for out-of-council units.
7. Shared Full Time Leader Days and Part Time Leader Days forms.

## SWIMMING POOL ORIENTATION AND SWIM TEST

Units have the option of arranging for their swim checks to be completed before they arrive at camp. Units wishing to do so must follow these guidelines and **UTILIZE THE SWIM CHECK FORM (page A8)**:

1. Every Scout and leader utilizing the aquatics at camp must take an annual swim test.
2. The requirements for swim qualification for Beginner and Swimmer must be conducted exactly as stated on the Swim Check form.
3. A currently certified BSA lifeguard, BSA Aquatic Instructor, YMCA lifeguard or American Red Cross lifeguard must conduct the test. A copy of the instructor's certification showing expiration date must be provided.
4. The unit swim classification record must be used and signed by the certifying lifeguard.
5. The Camp Horne Aquatics staff reserves the right to retest any individual to assure the standards have been met.



## CHECKING OUT OF CAMP AND DEPARTURE

In the event a Scout, Scouter or other adult needs to leave camp temporarily, or permanently, before the end of the session, he must check in and out through the Hulsart Center with a member of the camp administrative staff. **It is essential to the safety of the youth in our care that camp management knows who is on camp property at all times.**

Scouters are asked to be aware of the following procedures and make them known to all families to ensure the safety of our Scouts:

1. Check in and out times must be limited to the hours between 7:00 AM and 9:00PM. If Scouts cannot return before this time, parents should bring them back to camp the next morning.
2. While we will assist in locating Scouts for checkout in the event of an emergency, extra staff members is NOT always available to search for a Scout that is leaving camp for personal activities.
3. Scout Leaders should be aware of each Scout's schedule for checkout. If at night, someone should meet and walk with the returning Scout back to the campsite. Camp Horne uses the Buddy System. Please review this with Scouts and Scouters prior to arrival.
4. Scouts may only be released to the parent or legal guardian. If another person is checking a Scout out from camp, they must be listed on the Scout's Check Out Form (page A7).
5. All Scouts and Scouters must check in and out through the Hulsart Center. The person picking up the Scout must sign him out.
6. Any camper who needs to leave for medical purposes must visit and/or inform the Health Officer of the reason. If returning, the camper must check in with the Health Officer before returning to his campsite and schedule.

**Units are encouraged to remain in camp through Saturday morning.** Detailed instructions will be discussed at the Leader's meeting. Basic check-out procedures are as follows:

1. Unit leader informs Camp Director of departure time (availability determined by schedule).
2. Unit cleans general campsite area, stores equipment and secures tents.
3. Any camp equipment that has been checked out is returned to Hulsart Center.
4. The Camp Director, Program Director, Commissioner or designee inspects the campsite with a unit leader, and both verify the campsite inspection is completed.
5. Arrangements are made for unit and personal equipment to be hauled out to the parking area.
6. Unit Leader picks up medical forms from the Health Officer.
  - All medical forms not picked up will be destroyed at the end of camp.

# Camp Leadership Guidelines and Responsibilities

## GUIDELINES

1. **Don't be afraid to ask for help!** The staff is **ALWAYS** available for help, regardless of the situation.
2. **Coordinate with your Senior Patrol Leader before and during camp.** Developing leadership skills in a Scout can require lots of planning and patience. Make sure that your Senior Patrol Leader understands *how* he is expected to lead the troop prior to arrival at camp. He will be given a significant amount of paperwork that is essential to the troop's participation in several activities during camp and may require a little extra motivation or guidance to ensure his success as a leader.
3. **Be Prepared.** Be sure that all attending camp know to bring the necessary personal gear, especially rain gear and change of footwear. It is advised that you bring games or other activities in case the weather isn't cooperative.
4. **Understand the program and guide the troop's youth leadership through the activities.** Be on time and accomplish tasks in an enjoyable manner. In guiding your Scouts remember that Scouts BSA Resident Camps are not a military institution. Guide does not command.
5. **Allow your Scouts to fail.** One of the greatest teachers is failure. Even if you can complete a task more quickly or satisfactorily, it is important to give your Scouts the opportunity to attempt things for themselves even if it means they need to try more than once. Remember, you're here to guide them along the journey of development toward becoming successful young adults.
6. **Be sensitive to problems.** Many of the Scouts will be away from home for the first time and might develop homesickness. Some Scouts may at first experience discomfort with the newness of their natural surroundings. Be patient and fair, listen and resolve the problems together. Again, the staff is **ALWAYS** available for help.
7. **Allow the staff to do their job while working with your Scouts.** Adult leaders are encouraged to participate, but do not dictate camp programming. Program areas, particularly aquatics and shooting sports, have been trained on specific methods and processes that are not to be altered. If there is a problem with a staff member, it should be brought to the attention of the Camp Director and appropriate action will be taken.
8. **Remember you set the example!** Be a positive role model. We strongly discourage smoking as well as swearing, displays of anger, and unsportsmanlike conduct. Camp rules and policies have been carefully designed over time, complying with the national BSA regulations. Rules have not been implemented arbitrarily and we will gladly explain their purpose. Your cooperation and aid in maintaining our rules/policies is expected and required.
9. **Be aware of medical needs.** The staff will also be aware. This information should **NOT** be shared with everyone.
10. **Enjoy camp!** While the work you do makes a huge difference, don't forget to get some deserved R&R!

## UNIT LEADERS

Every unit will always need a minimum of two registered leaders in camp. One leader must be at least 21 years of age, while assistants can be 18. Adults in attendance at camp with the unit are responsible for:

- 
- Maintaining order and discipline within the unit.
  - Ensuring the cleanliness of their campsite during their stay and before departure.
  - Remember, Scouts practice Leave No Trace!
  - Ensuring the safety of all campers by adhering to all camp guidelines and ensuring the Scouts do the same.

## YOUTH PROTECTION GUIDELINES

All BSA Youth Protection Guidelines must always be followed during your stay at Camp Horne. Every leader and adult in camp must show proof of course completion in Youth Protection training either prior to or upon arrival at camp. It is preferred that these be submitted with the **Camp Payment Form**. Every unit must adhere to two-deep leadership while at camp. You will also need to submit the **Unit Leadership Roster and Troop** upon arrival. This will allow us to best communicate with the leaders from your unit present in camp at a given time.

# SERVICES

## CAMP OFFICE

The Camp Horne Office is open from 8:00 a.m. until 10:00 p.m. each day. Please limit check-in and check-out times between 8:15 a.m. and 9:30 p.m. The camp office does not have a phone. If contact needs to be made within the time that camp is open, please contact the unit leader. If you are unable to contact the unit leader, please contact the Camp Director or the Camp Ranger.

## CAMPSITES

Each campsite has four-person Adirondacks and a few two-person wall tents on wooden platforms. All Adirondacks are equipped with mattress pads while the tents contain traditional cots. Usually each campsite will house 2 or 3 units during a session of camp; however, mattresses are provided for Adirondacks.

## CHAPEL AND CHAPLAINCY

Among the many wonderful facilities at Camp Horne is the Ponder-Livingston Chapel. This outdoor chapel is located in a beautiful location overlooking our upper lake. Two camp-wide services will be held during your stay at camp. These services are led by our chaplain as well as Scouts in your units. In case of need, the chaplain can be available for counseling or other services. All religious programs (vespers, devotionals, etc.) are inter-faith and are pre-approved by the Camp Director. Units may request copies of these materials for review by religious leaders. Scouts are encouraged to practice their own personal faith during camp. If you have any questions, please see the *BSA Declaration of Religious Principle (BSA Charter and Bylaws; Bylaws Article IX, Section 1)* The chapel is always available for individuals, small groups, or your entire unit. For a planned event, please schedule use through the Camp Director.

## COMMISSIONER'S SERVICE

The Camp Commissioner is the concierge for your campsite. The Commissioner, along with volunteers recruited each week, will visit the campsites each day to conduct inspections, visit with leaders, etc. It is the commissioner's job to make sure you have all the supplies and equipment you need. If there is something broken or missing in your site, a member of the commissioner's staff will work to fix it or replace it. If trash needs to be removed from your campsite, you may bring it yourself to the dumpster at the Hulsart parking lot or ask for the Commissioner for help in removing the trash.

## DINING HALL

Meals are served in our dining hall each day. Professional cooks prepare breakfast, lunch and supper so your Scout's attention can be on fun. Menus are balanced for the dietary needs of your Scout and approved by a certified dietician. Meals will start on the first day with supper and end on the last day with breakfast. The waiter system is used in the dining hall for setting the tables and cleaning up after meals. Special dietary needs will be accommodated as best we can with the food we have available. Dietary supplements should be brought from home for specific dietary requirements. Any special requests need to be made prior to arrival with the Camp Director **two weeks prior** to your arrival.

## DRINKING WATER

Drinking water will be provided at different areas of the camp for participants to fill up their water bottles. It is imperative on summer days to drink plenty of water and stay hydrated.

## HEALTH CARE

Should a Scout or Scouter need medical attention while at Camp Horne, a health officer is onsite 24 hours a day. For additional information please see *Health and Safety* (pp.3-4).

## LOST AND FOUND

A central lost and found area is located in the Hulsart Center. To simplify the recovery of lost items, Scouts should clearly mark their personal possessions with their name and unit number. All items are discarded or donated at the end of the summer camping season. For Example: J. Stetson, T 410

## MAIL

The camp mail call stays busy during a typical week at camp. Incoming mail will be delivered in the Hulsart Center daily. To ensure that mail arrives, please send all mail no later than Wednesday of your Scout's week at camp. Mail to camp may be addressed as follows:

Scout or Leader's name -  
Troop # Camp Horne  
13633 Keene's Mill  
Road Cottdale, AL  
35453

## PROGRAM BOOKLET

Each Scout and Scouter will be supplied with a program booklet detailing all pertinent program information for their week at camp. These booklets should be carried at all times as they contain schedules, forms, and programs for various events. If your unit needs any additional program booklets, these can be attained from the camp office in the Hulsart.

## TRADING POST

Camp Horne's trading post is open daily. Scouts can make purchases from its assortment of cold drinks and snacks as well as camp souvenirs. Customized items are available before camp begins, so please make sure to check the council website for order forms.



“The real way to gain happiness is to give it to others.”

# Rules and Regulations

## GENERAL POLICIES

- Units must maintain two-deep leadership at all times while at camp. No exceptions!
- One-on-one contact between adults and youth members is not permitted
- Youth are only permitted to tent with other youth or their own parent/guardian
- All adults staying in camp must provide proof of Youth Protection certification
- All cars must be parked in designated parking areas, not campsites
- Throwing rocks, pebbles, sand, etc. is strictly forbidden
- No running in camp
- No flames, fires, or fuels of any kind are permitted inside tents
- No alcoholic beverages or illegal substances are allowed on camp property
- All guests are required to immediately check in at the Hulsart Center
- No fireworks of any kind are permitted on camp property
- No pets are allowed at Camp Horne.

## DRESS CODE

**Uniforms:** BSA Field Uniforms should be worn on arrival at camp, during the evening meals, at closing flag ceremonies and at the evening campfire programs. Leaders are encouraged to work with their Scouts to assure proper uniforms for camp. Blue jeans and camouflage fatigues are not part of the official BSA uniform. Consult the *Insignia Guide* for proper placement of patches or other insignia.

At other times Scouts and Scouters must wear a shirt and pants or shorts, unless participating in an aquatic activity where swim trunks are required. Sandals and Croc-style shoes should only be worn in the campsite for shower purposes. At all other times, close-toed shoes must be worn.

## VISITORS POLICY

Our greatest concern is the safety and well-being of the Scouts under our care. Adult visitors may be asked to present a valid form of identification upon check-in. Visitors should remain with the troop during their stay and remain in the main areas of camp. Visits to the campsites are discouraged, but if planned, the regular camp leaders must be present. No visitor will be allowed to use the aquatics areas without a complete BSA Health and Medical form being on file with the Health Officer.

*Children, Brothers, and Sisters* - While we recognize that Camp Horne is a great place to be, we must limit camp participation to registered Scouts. Children of leaders and brothers and sisters of Scouts are welcome and encouraged to visit during normal visitor hours. We are not able to allow them to stay overnight or during other extended periods.

Visitors **MUST** sign in at the camp office located in the Hulsart Center and obtain a visitor's pass. All visitors must depart the camp by 9:00 PM. Any exceptions to this must be approved by the Camp Director in advance. Adult visitors over the age of 18 may be asked to show some form of identification when checking in. All visitors will be instructed where to park their vehicle before leaving the office.

## PROHIBITED ITEMS

Sheath knives, personal rifles or other firearms, ammunition and archery equipment are not allowed in camp; only those supplied by the Shooting Sports area are to be used. Pocket knives are allowed while carrying a Totin' Chip. Any prohibited items found will be confiscated until the unit's departure. It is the responsibility of the unit leader in charge to retrieve these items before departure. Alcoholic beverages and illegal drugs are strictly prohibited at Camp Horne. If any participant is caught with one or both substances, he will be sent home.

**It is recommended that Scouts not bring valuables to camp as they may be lost or damaged.**

## RIFLES, SHOTGUNS, AMMUNITIONS, AND ARCHERY SUPPLIES

Camp Horne is fully equipped to handle your Scouts' need for rifles, shotguns and archery, including ammunition. There is no need for any of this equipment to be brought to camp by Scouts or leaders. **Personal firearms and ammunition are prohibited at Camp Horne.** Anyone found in possession of a personal firearm or ammunition, will be asked to leave the property and will forfeit the remainder of their time at camp. The Scout Executive will be notified and additional action may be taken by him at any future date.

## WATER RELATED ACTIVITY GUIDELINES

The BSA standards for resident camps state that the ratio of Lifeguards to Scouts BSA Scouts is 10:1. We will strive to have 2-3 lifeguards at the Lakefront during your stay at Camp Horne but we may need additional lookouts. Lookouts are adults who have passed the BSA swim test as a swimmer and have completed BSA Safety Afloat and Safe Swim Defense. Please bring these certificates with you and turn them into Camp Management during check in. Management will notify the Aquatics Director of adults who are trained. The ratio at the lakefront includes ALL participants who are in the lake whether they are on the blob or in a watercraft. Swimmers may operate any of the watercrafts at Camp Horne. Beginners and learners may only use a rowboat if accompanied by a Swimmer. Use of the blob is limited to Swimmers. All water activities are weather dependent and may be suspended due to weather issues.

## TRANSPORTATION AND VEHICLE PARKING

Each unit is responsible for the safe transportation of its members to and from camp, and for making sure that all vehicles meet BSA national insurance requirements. Vehicles are not allowed in campsites or any program areas; however, **one** vehicle will be allowed in the campsite to drop off gear on Sunday and allowed back in on Saturday morning to pick-up gear. All vehicles must be parked and remain in the designated camp parking areas. The parking lot in front of the Hulsart is for visitor parking only, not for adult leaders to use while staying at camp. **ATVs and UTVs can only be used by camp maintenance staff** or by Scouts in an approved ATV program. **Certification is acquired! Please see the attachment in this guide. For golfcarts need to read the manual on training criteria.** Golf carts or other vehicles are allowed only with **written ADVANCE** permission of the Camp Director and/or the Ranger and must include headlights, first-aid kit, fire extinguisher and horn. Golf carts **MUST** be inspected by the **RANGER** before unloading.

**Transporting anyone in the bed of a pick-up or trailer - covered or not - IS PROHIBITED.**

## SCOUT OATH AND LAW

In addition to specifically outlined policies, all campers are asked to measure their conduct by the Scout Oath and Law. Any behavior inconsistent with these principals will not be tolerated.

### Scout Oath:

On my honor I will do my best to do my duty to God and my country and to obey the Scout Law; to help other people at all times; to keep myself physically strong, mentally awake, and morally straight.

### Scout Law:

A Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean, and reverent.

## TABLE WAITERS

Camp Horne utilizes the Table Waiter system. Each unit will be responsible for setting their tables with utensils, cups, and pitchers of drinks. At the end of the meal, the unit is responsible for clearing and cleaning their area. Kitchen staff will call items to bring to the service window one item at a time.

## CONSERVATION POLICY AND LEAVE NO TRACE

Leave No Trace is one of the many outdoor skills taught to Scouts of all ages. Please help us keep Camp Horne clean by putting your trash in designated trash cans. Units are highly encouraged to participate in a recycling program in their campsites. Please see the Camp Director or Ranger for more information.

## WILDLIFE

For many Scouts, Camp Horne is a great place to see many types of wildlife, from plants to animals. Please remind your Scouts that any food in the tents will attract unwanted ants and raccoons. Snakes are another form of wildlife often seen at camp. Scouts and Scouters of all ages should avoid picking up snakes as many in our part of the country are poisonous. It is also a good idea to familiarize yourself and your Scouts with poisonous plants and what they look like. A general rule is “leaves of three, leave them be.” In other words, if the plant has clusters of three leaves, don’t touch.

## TICK BOURNE AND MOSQUITO DISEASES AND PREVENTION

Lyme disease, Rocky Mountain Spotted Fever, etc. are carried by ticks. West Nile, Zika, etc. are carried by mosquitoes. There are ticks and mosquitoes at Camp Horne and the best prevention is bug repellent. Please make sure your Scouts and adults utilize this prevention. Also make sure your participants check themselves regularly. If a tick does not remove easily, please go to the Health Lodge to have it removed.



## EMERGENCY PROCEDURES

We use the Remind messaging system and the Black Pug system to communicate with all leaders. An Emergency Drill will be conducted each session. It will occur within 24 hours of your unit's arrival at camp. Participation in the Emergency Drill is not optional.

### Severe Weather (Scattered Thunderstorm or severe lightning watch/warning)

1. If needed, alarm will be sustained ringing of the dining hall bell.
  - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. All aquatic areas will be closed, and campers will be moved away from open water.
3. All campers will be instructed to stay away from clearings and solitary trees.
4. Take cover - do not try to get to your campsite and remain with your group.

### Severe Weather (Severe Thunderstorms and Tornado watch/warning)

1. Alarm will be sustained ringing of the dining hall bell.
  - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. When a Severe Thunderstorm Warning, Tornado Watch, or Tornado Warning is issued, all campers will be instructed to report to the Dining Hall unless otherwise instructed by camp management. **No one should remain in campsites.**
3. If weather conditions make it unsafe to move to emergency shelter location, move to lowest, safest area with protection. If you must take this action, notify camp management immediately. *This is a last resort.*
4. Stay with your group. Unit leaders will be asked to give a full head count accounting for every member of their units.

### Severe Weather (Flash Flood watch/warning)

1. If needed, alarm will be sustained ringing of the dining hall bell.
  - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. All aquatic areas will be closed, and campers will be moved away from open water.
3. Avoid low lying areas and areas near water.

### Fire (Minor)

1. Put out fire with equipment and manpower available on site.
2. Send for staff help if needed.
3. *Do not attempt to contact outside emergency services.* The Camp Director **will** contact any needed emergency services.
4. Inform Camp Director and Camp Ranger for further evaluation.



### **Serious Accident or Illness**

1. Start first aid at site – do not try to move a seriously injured person.
2. Send for staff-help. Send a runner to health lodge.
3. Do not start rumors; all unneeded people will be kept away from the area of the incident.
4. Inform Camp Director **IMMEDIATELY**. Do not attempt to contact outside emergency services. The Camp Director **will** contact any needed emergency services.
5. Complete notes of incident will be recorded.

### **Major Fire, Missing Person, Lost Swimmer**

1. Alarm will be sustained ringing of the dining hall bell.
  - Unless unavailable, a text message will be sent via the emergency messaging system to clarify what precautions should be taken.
2. All program areas will be closed in an orderly fashion.
3. All campers (youth and adult) and staff must move to Parade Field *immediately* in an orderly manner and using the buddy system.
4. Campers will line up by unit. Unit leaders will conduct head counts. All campers will wait for instructions from camp management.
5. Unit leaders will report missing campers to the staff.
6. *Do not attempt to contact outside emergency services.* The Camp Director **will** contact any needed emergency services.

### **High Temperatures, Humidity Problems**

1. Camp administration will monitor weather conditions. In situations of high temperatures or high humidity where activities should be limited, all leaders will be informed via announcements, leader's meetings, and/or emergency messaging system.
2. Program Director will work with unit leaders and staff to schedule alternate programs.
3. Hiking and activities that require physical exertion will be postponed.

### **Intruder**

1. Report any unauthorized person to the Camp Director.
  - All visitors must check-in through the Hulsart. Anyone who is not a camper or registered visitor will be considered an intruder.
2. All program areas will be closed and locked down.
3. Depending on the situation, **run** away, or **hide**. As a last resort, **fight** or defend yourself.
4. *Do not attempt to contact outside emergency services.* The Camp Director **will** contact any needed emergency services.

**ALWAYS USE THE BUDDY SYSTEM WHILE AT CAMP HORNE**

## DAMAGE CHARGES

As we continue to invest in our facilities, we want to thank all the volunteers and donors who have enabled us to add eighteen (18) new tents and forty (40) new Adirondack-style cabins. During check-in a member of our staff will review the campsite condition with the unit leader using the rubric below. Before checking out, a staff member will inspect the condition of the campsite with the unit leader. If damages occur during your stay, your unit may be held accountable for the cost of facility/equipment repairs or replacement. Accidents occur; the fines below are for non-accidental damages. Intentional actions or clear misuse are cause for fines. The equipment at Camp Horne belongs to everyone who uses the facility. We want to ensure that equipment and facilities remain usable for the entire lifetime of the item.

Damage Category	Amount
Cot	\$65-85
Tent Repair	\$50 minimum TBD by Camp Director
TentPlatformRepair	\$25-500 TBD by Camp Director
Tent Replacement	\$775
TentFrame	\$125
Canvas Canopy	\$240
Picnic Tables	\$20-\$180 TBD by Camp Director
Adirondacks or other buildings	Specific assessment required
Damage to trees	\$20 minimum TBD by Camp Director
Improper disposal of trash or litter	\$10 minimum TBD by Camp Director
Other damages	Specific assessment required
Canoe Repair	\$100 minimum TBD by Camp Director
Canoe Replacement	\$2000
Paddle Replacement	\$60
Kayak Repair	\$50 minimum TBD by Camp Director
Kayak Replacement	\$1500
PFD Replacement	\$75
Dining Hall Table Replacement	\$245
Adirondack Mattress	\$200
Carving or graffiti	\$5perinch

# Program

## DAILY SCHEDULE

We strive to support the troop program, not to replace it. Our schedule isn't a program with the expectation that each box will be checked off. Think of the schedule as an instrument for planning and administering the troop program. The schedule gives you a timetable of availability as well as a list of opportunities. It's designed to allow Scouts to experience as much of Camp Horne as they can during their stay, not serve as a list of required activities. This year we are adding an activity fee to all programs from shooting sports, to climbing, and other programs/merit badges that may have additional costs. (Please see Table Below)

TIME	ACTIVITY	LOCATION
6:45 a.m.	Reveille	
7:00 a.m.	Waiters Report to the Dining Hall	
7:15 a.m.	Flag Ceremony	Parade Field
7:20 a.m.	Breakfast (Senior Patrol Leader Meeting directly after breakfast)	Dining Hall
8:30 a.m. - 9:30 a.m.	Session 1: Merit Badges	
9:45 a.m. - 10:45 a.m.	Session 2: Merit Badges	
11:00 a.m. - 12:00 p.m.	Session 3: Merit Badges	
12:10 p.m.	Waiters Report to the Dining Hall	
12:15 p.m.	Lunch	Dining Hall
1:45 p.m. - 2:45 p.m.	Session 4: Merit Badges	
6:00 p.m.	Waiters Report to the Dining Hall	
6:10 p.m.	Flag Ceremony	Parade Field
6:15 p.m.	Dinner	Dining Hall
7:30 p.m.	Evening Programming	
10:00 p.m.	Taps / Lights Out	

\*\*This schedule is temporary, and an updated, detailed schedule will be made available to unit leaders during check in on Sunday and at the leader's meeting.

Program/ Merit Badge	Cost
Archery	\$10.00
Climbing	\$5.00
Cooking MB	\$5.00
Fishing MB	\$5.00
Fly Fishing MB	\$5.00
Rifle Shooting	\$10.00
Shotgun Shooting	\$10.00
Handicraft kits	\$5.00-\$20.00

## FIRST YEAR CAMPER PROGRAM (TRAILBLAZER)

The Trailblazer Program is designed to give first-year campers a “hands on” learning experience working with specially trained camp staff. Scouts will have plenty of time to practice and acquire the basic skills that are essential to scouting. Activities planned for Scouts participating in the Trailblazer program are based on Scout, Tenderfoot, Second Class and First-Class requirements. Actual accomplishments will vary according to the abilities of each Scout. Our staff realizes that youth learn and acquire skills at different paces. Trailblazer staff will be available from 2pm-3pm each day for additional help.

Rank Session	Comments	Time
Tenderfoot	Scouts will work toward the following requirements: 3a, 3b, 3c, 3d, 4a, 4b, 4c, 5a, 5b, 5c, 7a, 8	
Second Class	Scouts will work toward the following requirements: 2a, 2b, 2c, 2d, 2f, 2g, 3a, 3c, 3d, 4, 5a, 6a, 6b, 6c, 6d, 6e, 8a, 8b, 9a, 9b,	
First Aid and Swimming	Scouts will complete First Aid Merit Badge; Swimming Merit Badge will be earned by Scouts who pass the BSA Swimmer’s Test	
First Class	Scouts will work toward the following requirements: 3a, 3b, 3c, 3d, 4a, 4b, 5a, 5b, 5c, 5d, 7a, 7b, 7c, 7f, 9a,	
Scout Rank	Scouts will work toward the following requirements: 1a, 1b, 1c, 1d, 1e, 1f, 2a, 2b, 2c, 2d, 3a, 4a, 4b, 5	

\*Please note that this program has been updated to follow the 2022 Rank Requirements.

\*\*All requirements listed are tentative.

\*\*\*Wednesday Night outpost is a requirement of the Trailblazer Program.



## LEADER OPPORTUNITIES

There is plenty for adult leaders to do at Camp Horne. We promise you won't be sitting in your campsite, unless of course, that is what you want to do! The following are leader opportunities that we have to offer at Camp Horne. Leadership trainings change from week to week based on the availability of instructors. Some of these courses may not be offered your week. If you are a district or council-level trainer, feel free to talk to the Program Director and teach a course.

## ADULT LEADER TRAININGS

Every adult volunteering as a leader in Scouting brings with them an excitement about the opportunities of delivering the best program possible to youth in one of the programs offered.

Adult Education Session	Comments	Time
Climb On Safely	Must be 16 or older to complete	TBD
IOLS	Takes place across 3 days	TBD
Trek on Safely		TBD

## SERVICE OPPORTUNITY

If you are a carpenter, plumber, electrician, or just a general handyman, your skills are always needed at camp. The Camp Ranger will be glad to suggest a list of projects to any interested leader. Bring your tools and feel at home.

## MERIT BADGE INSTRUCTION

Often, adults in camp bring with them special knowledge or skills that would be beneficial to various merit badge sessions. If any adult would like to assist with a merit badge—or offer one not on the schedule—please see the Program Director at the Sunday leaders meeting.



## HONOR TROOP AND HONOR PATROL

The guidelines for the Honor Troop and Honor Patrol awards will be distributed during at check-in on Sunday. These criteria are designed to encourage participation in the camp program as a patrol and as a unit. The patrol method is one of the methods of Scouting and is essential at camp. It is a good idea to encourage your patrols to meet prior to camp to ensure that their patrol flag is up-to-date and that each member of the patrol knows the yell, call, or signal for their patrol.

## CAMP HORNE 2022 SUMMER CAMP T-SHIRTS

T-Shirts will be made available at a later date; Units will be made aware of this in time to order for camps. Additional pre- order items may be available as well. This information will be sent to unit leaders as it is available.



## EVENING ACTIVITIES

**Sunday:** On Sunday nights, Scouts will participate in Vespers at Livingston Chapel followed by an opening campfire. It is best if guests do not try to attend the opening campfire as seating is extremely limited.

**Tuesday:** All Order of the Arrow members are invited to attend the weekly OA Fellowship on Tuesday evenings.

**Thursday:** Thursday's main attraction is the Order of the Arrow Call Out Ceremony. Guests who would like to attend this ceremony are welcome. Chapel and supper precede the ceremony;

**Friday:** Friday night is often viewed as a camp-wide celebration of what the Scouts (and Scouters) at camp have achieved over the preceding days. Guests are encouraged to visit for the Closing Campfire.

Additional activities are planned for Monday, Tuesday, and Wednesday nights each year. This information will be made available upon arrival at camp.



“With the joy of distance and independence comes the responsibility of taking care of yourself.”

-The Scouts BSA Handbook

# Personal and Unit Gear Checklists:

## GENERAL GEAR INFO

**What to expect:** Scouts attending camp will be sleeping in wall tents that are on raised platforms or three-sided wood Adirondacks. Each tent holds two people and will have cots for campers to sleep on. Adirondacks hold four campers each. Through the session, Scouts can participate in activities at variety of program areas around camp including: swimming, canoeing, archery, shooting sports, ecology, and advancement areas. Some merit badges include an overnight outpost. If you sign-up for one of those badges, plan accordingly.

**What to leave at home:** Sheath knives, personal rifles or other firearms, ammunition, and bows are not allowed in camp; only those supplied by the shooting sports area will be used. Scouts who have earned the Totin' Chip are allowed to carry a pocket knife, **IF** they carry their Totin' Chip with them. If a Scout has his knife out and is asked for his card, but does not have it, his knife can be confiscated and turned into his unit leader until his card is produced. We also recommend that expensive items such as MP3 players, tablets, electronic games, cell phones, and other electronic devices not be brought to camp. Please talk to your Scoutmaster to find out how this will be handled for your troop.

Not Allowed at Camp	Recommended to Leave at Home
Personal firearms	Cell Phones
Personal ammunition	Music Players (MP3, CD)
Personal bows and arrows	Tablets and Computers
Sheath knives	Electronic games
Personal pets	Other electronic devices

### A Few Helpful Tips

- Packing in a plastic tote or footlocker as opposed to a suitcase or duffle bag is a good idea as items are more likely to stay dry in a plastic case than in a cloth backpack or suitcase.
- Due to the heat and humidity of Summer, it would be advisable to have your Scout bring a change of clothing for each day of camp.
- Camp Horne has a Trading Post where snacks, drinks, souvenirs, and program materials can be purchased. Most Scouts spend approximately \$50-70 during their stay in our camp.
- Sometimes plain water can taste, well, plain. It can be a good idea to pack some water flavoring.
- If your unit wants to bring snacks, pack them in a shared locking plastic tub. This decreases the chance of bugs, raccoons, or other wildlife from enjoying your snacks for you.
- Packing close toed water shoes is a great idea. Especially for Scouts participating in the Lakefront Challenge.
- Wicking or dry-fit underwear as well as regular application of powder will help prevent chafing. In the Alabama heat, these items are more than just advisable items to pack.
- Leave expensive items that you wouldn't want to ruin or lose at home.



## CHECKLISTS

### Personal Gear Checklist

- COMPLETE Scouts BSA uniform (including *Scouts BSA Handbook*)
- T-Shirts, shorts, pants socks, underwear, hat, sweater or jacket (it may be summer in AL but it can get cool at night) (Scouts need clean clothing for each day of camp)
- Swim trunks and towel
- Rain poncho or jacket
- Extra pair of shoes or boots (close toed)
- Sealable water bottle (Disposable cups will not be available)
- Watch
- Washcloth, towel, Toiletries (soap, shampoo, toothpaste, etc.)
- Flashlight with new batteries
- Sleeping bag or sheets and blanket and a pillow
- Pocket knife and Totin' Chip
- Footlocker, suitcase or backpack
- Spending money
- Sunscreen and Bug Repellent
- Work gloves
- Long pants and long-sleeved shirt
- Bug spray
- Camp chair (if desired)
- Mattress for Adirondacks
- Merit Badge supplies and pamphlets
- Check Merit Badge listings for specific items
- Completed Health and Medical Form A, B, C and any personal medicines (*Medicines should be in original containers labeled & kept in a Ziplock bag. Epi-pens & inhalers should be carried at all times. Medicines requiring refrigeration may be stored in the Health Lodge medical refrigerator.*)

### Unit Equipment Checklist

- Troop flag
- Patrol flag(s)
- First aid kit(s)
- Quiet games
- Lanterns and gas rope
- Extra plastic/tarps
- Paper and pens/pencils
- Shared Part Time and Full Time Adult Rosters
- Duty Rosters (waiters, latrine, etc.)
- Clothesline/pins
- Games for downtimes or inclement weather
- Youth Protection documentation on all participating Scouters and adults
- Props for skit or song
- Water Cooler

### Optional Gear

- Compass
- Sunglasses
- Camera
- Musical instrument
- Twine or rope
- Shower shoes
- Fishing gear
- Religious book
- Hammock
- OASash

### What NOT to Bring

- Pets
- Electrical equipment
- Expensive items
- Sheath knives
- Sandals or other open toed shoes (other than shower shoes)
- Firearms and ammunition
- Bows and arrows
- Tobacco, alcohol, illegal drugs

# Appendices

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FOR FORMATTING PURPOSES**



# ARACOMA LODGE

## BLACK WARRIOR COUNCIL, BSA

January 18, 2022

Greetings Unit Leader,

We hope that 2022 brings many great outdoor adventures to your unit. As we start the new year, Aracoma Lodge would like to announce the renewing of an old policy with respect to unit elections. As many units over the last few years have had changes in leadership, the need for assistance with OA policy and promotion within the units is at an all-time high. Therefore, the lodge will be reinstating Unit Election/Camp Promotion teams to assist with this process.

The lodge is asking that each unit specify the time and place that they wish for the team to come and conduct the election while promoting the camping experience to the unit. This will hopefully allow for greater engagement with our membership and the local units while removing the questions that arise during the election process that can't be immediately answered. The lodge goal for this process is to supply better information directly to those involved in the election process while visiting each unit to strengthen the camp promotion aspect of our vision.

We are asking that you submit the election request form no less than two weeks before the desired election date. Our goal is to conduct elections at local unit meetings, spring camporees or during summer camp. We are also open to working with the unit if an election at some other weekend event is possible. This procedure will replace the previously instituted election processes that involved units doing their own elections.

As 2022 begins, the requirements for youth membership in the lodge have not changed. They must be an active member of their troop, have completed the 15 nights of camping (including the long-term camp), First Class or Discovery rank and be selected on 50% of the ballots cast by 50% of the registered membership of the troop. All camping dates should be within 24 months of election. Each unit is allowed one election per calendar year and absentee balloting is not allowed. Once elected, the Scout will be notified via a callout ceremony that precedes the Induction (Ordeal) weekend. The Scout must be under 21 at the time of election.

The process for adults remains the same with the requirements of current membership within the BSA and the camping requirements must be fulfilled. Additionally, the adult(s) must be submitted for membership by the troop committee once they verify the required information and review the expected ratios (2 adult per 3 scouts). Also, the camping dates must be within the same 24-month timeframe. We look forward to the opportunity to work with each of you this year and please don't hesitate to reach out to us if you have any questions, concerns or needs. Aracoma prides itself in providing service to the units of the Black Warrior Council. May we all have a great 2022 and we hope to see you soon.

*Serving the Black Warrior Council since 1952*

## Request for Election Team

Select the best option for your unit. Please submit to the lodge adviser at least two weeks prior to the desired election date.

Select your option:

\_\_\_\_\_ Unit Meeting

- a. Location \_\_\_\_\_
- b. Preferred Date(s) \_\_\_\_\_
- c. Time \_\_\_\_\_

\_\_\_\_\_ Spring Camporee

- a. Location: \_\_\_\_\_
- b. Date: \_\_\_\_\_

\_\_\_\_\_ Summer Camp at Camp Horne (Time will be set by OACC)

\_\_\_\_\_ Other Unit Event

- a. Location \_\_\_\_\_
- b. Date \_\_\_\_\_
- c. Time \_\_\_\_\_

Unit OA Representative: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Unit Leader or Unit OA Rep Adviser: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit to [aracomalodgeadviser@gmail.com](mailto:aracomalodgeadviser@gmail.com) or drop the form off at the Scout Office.

*Serving the Black Warrior Council since 1952*

## ORDER OF THE ARROW ADULT CANDIDATE NOMINATION FORM

Each year, upon holding a troop or team election for youth candidates that results in at least one youth candidate being elected, the unit committee may nominate registered unit adults (age 21 or over) to the lodge adult selection committee. The number of adults nominated can be no more than one-third of the number of youth candidates elected, rounded up where the

Unit Leader Information		
<b>Name:</b>	<b>Phone:</b>	<b>Email Address:</b>

number of youth candidates is not a multiple of three. In addition to the one-third limit, the unit committee may nominate the currently serving unit leader (but not assistant leaders), as long as he or she has served as unit leader for at least the previous 12 months. Recommendations of the adult selection committee, with the approval of the Scout executive, serving as Supreme Chief of the Fire, will be candidates for induction, provided all conditions are fulfilled.

*Please print clearly and complete all of the information requested.*

Nominee Information		
<b>Last Name:</b>	<b>First Name:</b>	<b>M.I.:</b>
<b>Address:</b>		<b>Appt #:</b>
<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
<b>Phone:</b>	<b>Position:</b>	<b>Date of Birth:</b>
<b>Years As Adult:</b>	<b>Years as Youth/Rank Attained:</b>	<b>Age:</b>
<b>Email Address:</b>		<b>Camping Requirement:</b>
<b>Training Completed:</b>		<b>Community Activities:</b>

*The camping requirement set forth for youth candidates must be fulfilled by adults for them to be considered. To be eligible, the adult must have completed 15 days and nights of BSA sanctioned camping during the two-year period prior to nomination. The 15 days and nights must include one, but no more than one, long-term camp consisting of six consecutive days and five nights of resident camping, approved and under the auspices and standards of the BSA. The balance must be overnight, weekend, or other short-term camps. Include above the dates and location of the resident camping experience.*

**Please also make a brief statement regarding the individual for each item on the back of this page.**

**Unit Recommendation:** The adult leader, who fulfills the above requirements, is recommended for membership consideration in the Order of the Arrow. **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Unit Leader: _____ <div style="text-align: center; font-size: small;">Print Name</div>	_____ <div style="text-align: center; font-size: small;">Signature</div>
Committee Chairman: _____ <div style="text-align: center; font-size: small;">Print Name</div>	_____ <div style="text-align: center; font-size: small;">Signature</div>

-OR-

**District/Council Recommendation:** The adult leader, who fulfills the above requirements, is recommended for membership consideration in the Order of the Arrow. **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Nominator:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

## **ORDER OF THE ARROW ADULT CANDIDATE NOMINATION FORM, CONTINUED.**

1. Selection of the adult is based upon the ability to perform the necessary functions and not for recognition of service, including current or prior achievement and position. The individual's abilities include:

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2. As Scouting's National Honor Society, our purpose is to:

- Recognize those who best exemplify the Scout Oath and Law in their daily lives and through that recognition cause others to conduct themselves in a way that warrants similar recognition.
- Promote camping, responsible outdoor adventure, and environmental stewardship as essential components of every Scout's experience, in the unit, year-round, and in summer camp.
- Develop leaders with the willingness, character, spirit and ability to advance the activities of their units, our Brotherhood, Scouting, and ultimately our nation.
- Crystallize the Scout habit of helpfulness into a life purpose of leadership in cheerful service to others.

This adult will be an asset to the Order of the Arrow due to demonstrated skills and abilities, which fulfill the purpose of the Order of the Arrow, in the following manner:

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3. This adult leader's membership will provide a positive role model for the growth and development of the youth members of the lodge because:

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Troop Number: \_\_\_\_\_ Session: 1 2 Council: BWC or Other: \_\_\_\_\_



# CAMP HORNE



## 2022 IN-COUNCIL UNIT ROSTER AND PAYMENT FORM

Please use a separate sheet for every fifteen (15) Scouts or ten (10) Scouters

Unit Leader Information		
Name:	Phone:	Email Address:

	Names of Scouts Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

	Names of Scouters Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

FOR OFFICE USE ONLY, PLEASE LEAVE THIS AREA BLANK			
EARLY SCOUT REGISTRATION		X \$250	\$
STANDARD SCOUT REGISTRATION		X \$275	\$
TOTAL SCOUTS REGISTERED			
TOTAL SCOUTERS REGISTERED		X \$75	\$
TOTAL FREE SCOUTERS		X -\$75	-\$
TOTAL PARTICIPANTS REGISTERED			
TOTAL LATE FEES CHARGED		X \$25	\$
AMOUNT BILLED AS OF ___ / ___ / 22			\$
TOTAL UNIT CAMPERSHIP AWARD			-\$
AMOUNT PAID PRIOR TO 3/15/22			-\$
AMOUNT PAID AFTER 3/15/22			-\$
AMOUNT OWED AS OF ___ / ___ / 22			\$

Submit form and payments to:

Black Warrior Council  
 PO Drawer 3088  
 Tuscaloosa, AL 35403

NOTES:

Troop Number: \_\_\_\_\_ Session: 1 2 Council: BWC or Other: \_\_\_\_\_



# CAMP HORNE



## 2022 OUT-OF-COUNCIL UNIT ROSTER AND PAYMENT FORM

Please use a separate sheet for every fifteen (15) Scouts or ten (10) Scouters

**Unit Leader Information**

<b>Name:</b>	<b>Phone:</b>	<b>Email Address:</b>
--------------	---------------	-----------------------

	Names of Scouts Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	

	Names of Scouters Registered
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

FOR OFFICE USE ONLY, PLEASE LEAVE THIS AREA BLANK			
EARLY SCOUT REGISTRATION		X\$275	\$
STANDARD SCOUT REGISTRATION		X\$300	\$
TOTAL SCOUTS REGISTERED			
TOTAL SCOUTERS REGISTERED		X\$75	\$
TOTAL FREE SCOUTERS		X-\$75	-\$
TOTAL PARTICIPANTS REGISTERED			
TOTAL LATE FEES CHARGED		X\$25	\$
AMOUNT BILLED AS OF __/__/22			\$
TOTAL UNIT CAMPSHIP AWARD			-\$
AMOUNT PAID PRIOR TO 4/15/22			-\$
AMOUNT PAID AFTER 4/15/22			-\$
AMOUNT OWED AS OF __/__/22			\$

Submit form and payments to:  
 Black Warrior Council  
 PO Drawer 3088  
 Tuscaloosa, AL 35403

NOTES:



Troop Number: \_\_\_\_\_

Session: 1 2

Council: BWC or Other: \_\_\_\_\_



# CAMP HORNE

## 2022 UNIT LEADERSHIP ROSTER



Please indicate the hours each day a Scouter is expected to be onsite.

	Scouter's Name	S	M	T	W	H	F	YPT Date	Phone#
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

Troop Number: \_\_\_\_\_

Session: 1 2

Council: BWC or Other: \_\_\_\_\_



# CAMP HORNE

## 2022 TROOP SWIM CLASSIFICATION RECORD

Follow ALL Guidelines Listed Below:



1. Every Scout and leader attending camp MUST TAKE AN ANNUAL SWIM TEST regardless of swimming proficiency or badges earned.
2. The requirements for swim test qualifications (For “Beginner” or “Swimmer”) must be conducted exactly as stated below.
3. A currently certified BSA Lifeguard, Aquatics Instructor, YMCA Lifeguard, or Red Cross Lifeguard must conduct the swim tests. A copy of the instructor’s certification (showing expiration date) must be provided.
4. It must be understood that the Camp Horne Aquatics Director reserves the right to re-test any individual to assure that standards are met.

**Beginner’s Test:** Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to the starting place.

**Swimmer’s Test:** Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breast stroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include one sharp turn. After completing the swim, rest by floating.

Scout’s Name (Please Print)		Swim Classification (Please Initial)			Youth or Adult
1		LEARNER	BEGINNER	SWIMMER	
2		LEARNER	BEGINNER	SWIMMER	
3		LEARNER	BEGINNER	SWIMMER	
4		LEARNER	BEGINNER	SWIMMER	
5		LEARNER	BEGINNER	SWIMMER	
6		LEARNER	BEGINNER	SWIMMER	
7		LEARNER	BEGINNER	SWIMMER	
8		LEARNER	BEGINNER	SWIMMER	
9		LEARNER	BEGINNER	SWIMMER	
10		LEARNER	BEGINNER	SWIMMER	
11		LEARNER	BEGINNER	SWIMMER	
12		LEARNER	BEGINNER	SWIMMER	
13		LEARNER	BEGINNER	SWIMMER	
14		LEARNER	BEGINNER	SWIMMER	
15		LEARNER	BEGINNER	SWIMMER	

**A COPY OF THE TESTER’S CURRENT CERTIFICATION MUST ACCOMPANY THIS FORM OR IT WILL NOT BE ACCEPTED! NO EXCEPTIONS!**

\_\_\_\_\_  
Person Conducting Test (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Unit Leader’s Name (Please Print)

\_\_\_\_\_  
Signature

## HARRY E. BOVAY, JR. FOUNDATION CAMPSHIP RESIDENTS OF ALL COUNTIES

Camp Horne Summer Camp - Scouts BSA Summer Resident Camp 2022

Applicant Information				
Last Name:		First Name:		M.I.:
Address:			Appt #:	
City:		County:	State:	ZIP Code:
Troop:	District: (circle) River Mountain Prairie	School:		Date of Birth:
Parent's Name:			Emergency Phone:	
Email Address:			Annual Household Income:	

Camperships are ONLY for registered Scouts and will be allotted under the direction of a volunteer committee and the Council Program Director, to families who need the help. A Scout can attend only one week of summer resident camp with a campership.

Campership funds are provided by the Harry E. Bovay, Jr Foundation and other gifts made by Friends of Scouting.

### SCOUT OBLIGATION

Prior to submission of application, carry out a Service Project for a Church, the community, an elderly person, a sick person, handicapped person, the unit's charter organization or a Black Warrior Council camp to earn the campership. Send report of service with the application.

### PARENT OBLIGATION

- Register the Scout in the troop through which he is applying for the campership.
- Obtain a medical examination by a physician before the Scout attends camp and have the BSA Health and Medical Record parts A, B, and C filled out, including shot record, and signed. Please send a copy of these forms.
- Provide spending money.
- Provide personal equipment. (See Scoutmaster for list of supplies needed.)
- Pay \$ 125.00 toward the total camp fee of \$250.00 if fee paid in full by May 15, 2022.  
No more than \$125.00 will be provided for a campership.

### COUNCIL AND CAMP RESPONSIBILITY

1. Provide tents and health service at camp
2. Camp provides 3 meals each day in the dining hall
3. Camp provides opportunities for swimming, Scout activities, rifle range, archery, hiking, and campfires
4. Provide a campership in the amount not to exceed \$ 125.00. Amount requesting \$ \_\_\_\_\_

I (We) have read the above requirements for the campership and agree to the provisions.

Date \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent or guardian)

Signature \_\_\_\_\_  
(Scoutmaster)

Signature: \_\_\_\_\_  
(District Executive)

Signature: \_\_\_\_\_  
(Chairman of Campership Committee)

All camperships must be submitted, approved and received at the Council office by MARCH 15, 2022.

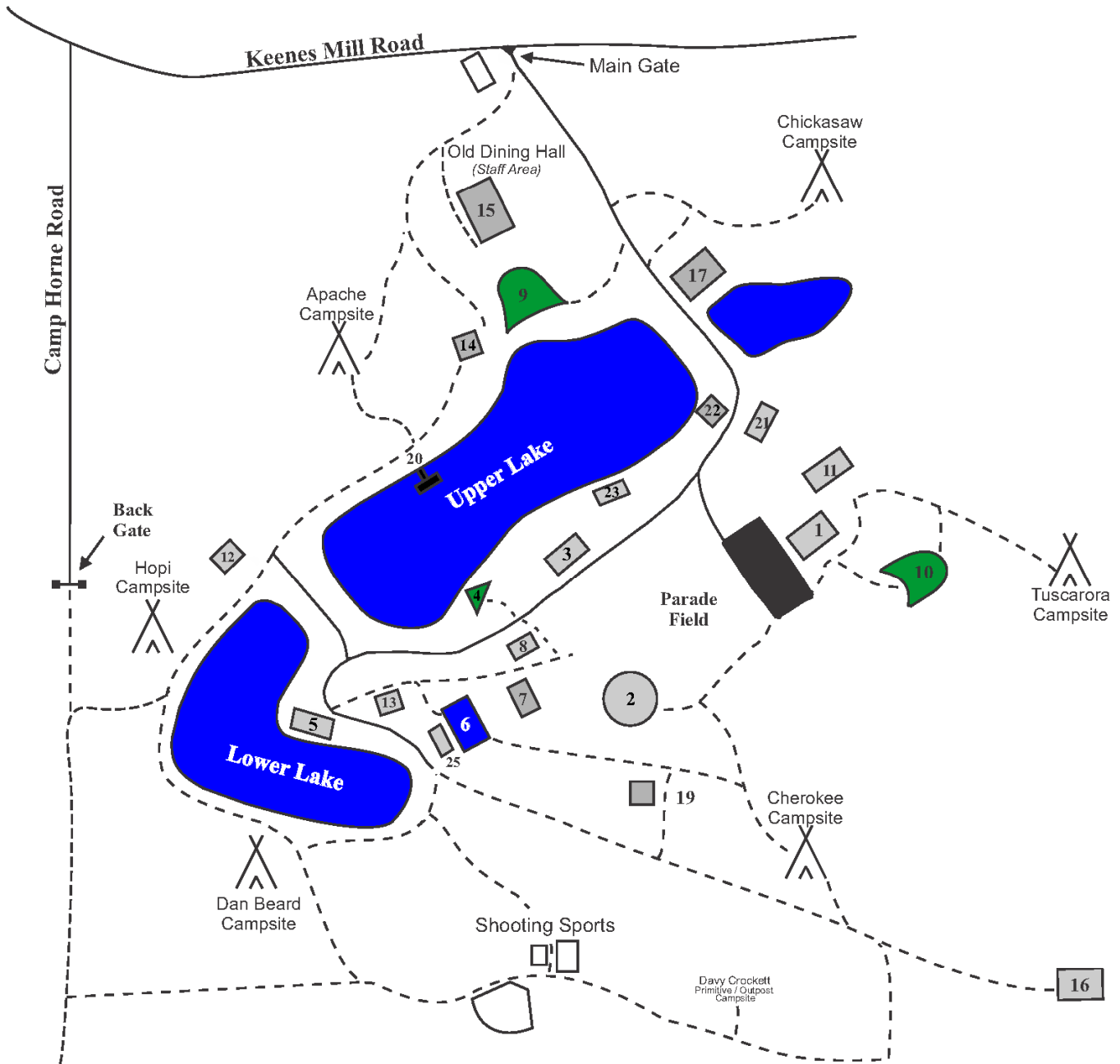
All signatures required for application to be considered.

CAMP RESERVATION INFORMATION (You MUST check camp and circle week you are attending.)

CAMP: Camp Horne Summer Camp 2022 Session 1 2

# Camp Horne

## Black Warrior Council, BSA



- |                                     |                                  |
|-------------------------------------|----------------------------------|
| 1. Hulsart Training Center / Museum | 13. Blackfoot Cabin              |
| 2. Dining Hall                      | 14. Ecology Cabin                |
| 3. Program Storage Building (PSB)   | 15. Old Dining Hall (Staff Area) |
| 4. Livingston Chapel                | 16. Climbing/Repelling Tower     |
| 5. Trading Post                     | 17. Warehouse                    |
| 6. Swimming Pool / Central Showers  | 19. Scoutcraft Area              |
| 7. Health Lodge                     | 20. Boating Area                 |
| 8. Health Lodge Pavilion            | 21. Trailblazer Pavilion         |
| 9. Warren G. Finney Council Ring    | 22. Boat house                   |
| 10. Sunday Night Campfire Ring      | 23. Lakeside Pavilion            |
| 11. OA Lodge                        | 24. Shooting Sports Complex      |
| 12. Hopi Cabin                      | 25. Pool Pavilion                |



# PART A

## Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: \_\_\_\_\_ High-adventure base participants:  
 Date of birth: \_\_\_\_\_ License/ID No. \_\_\_\_\_  
 or staff pastor

Participant and parent/guardian (if under 18) must sign to acknowledge the informed consent and release on this page.

Any participation restrictions should be listed here.

Adults authorized to, or prohibited from, taking a participant to/from an event.

Consent and Release Agreement text... I hereby authorize the activity... I understand that if any information is provided to be accurate...  
 Participants signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_  
**Complete this section for youth**  
 Adults Authorized to Take Youth to and From Events:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Adults NOT Authorized to Take Youth to and From Events:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# PART B1

## Part B1: General Information/Health History

B1

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_  
 District/Area No.: \_\_\_\_\_ District/Area: \_\_\_\_\_  
 Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Remember to attach a photo copy of both sides of the insurance card.

Please attach a photocopy of both sides of the insurance card, if you do not have medical insurance, attach "none" above.  
**In case of emergency, notify the person below:**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
 Alternate contact name: \_\_\_\_\_ Alternate contact: \_\_\_\_\_  
**Health History**  
 Do you currently have or have you ever been treated for any of the following?  

Yes	No	Condition	Last Health percentage and date:	Explain	Insulin pump? Yes No
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes			
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)			
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/throat pain/anginal chest discomfort/any other chest. Any heart surgery or procedure. Explain all "yes" answers.			
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA			
<input type="checkbox"/>	<input type="checkbox"/>	Adrenal/active thyroid disease	Last attack date:		
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease			
<input type="checkbox"/>	<input type="checkbox"/>	COVID			
<input type="checkbox"/>	<input type="checkbox"/>	Eyes/eye/sight/eye problems			
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues			
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI			
<input type="checkbox"/>	<input type="checkbox"/>	Allergic reactions			
<input type="checkbox"/>	<input type="checkbox"/>	Psychotropic/psychological or emotional difficulties			
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/neurological disorders			
<input type="checkbox"/>	<input type="checkbox"/>	Blood clot/embolism/other 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 or epilepsy	Last seizure date:		
<input type="checkbox"/>	<input type="checkbox"/>	Abnormal/reactive/positive systems			
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease			
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues			
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/other disorders	CPAP: Yes No		
<input type="checkbox"/>	<input type="checkbox"/>	List all allergies and intolerances	Last surgery date:		
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above			

# PART B2

## Part B2: General Information

B2

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 License/ID No. \_\_\_\_\_  
 or staff pastor

List all allergies or reactions here.

List all medications taken here.

Even if you don't have any prescription medicine, you must check YES to authorize the Health Officer to administer any non-prescription medications (over the counter meds).

To authorize for youth a parent/guardian must sign here.

**Allergies/Medications**  
 DO YOU USE AN EPINEPHRINE AUTO-INJECTOR? Exp. date (if yes) \_\_\_\_\_  
 DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  
 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"/>	Herbs	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Other	

 List all medications currently used, including any over-the-counter medications. Check here if no medications are routinely taken.  

Medication	Dose	Frequency	Reason

 Administration of the above medications is approved for: \_\_\_\_\_  
**Immunization**  
 The following immunizations are recommended. If you have had these, check the "no" column. If you have not, check the "yes" column.  

Yes	No	Vaccine
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus
<input type="checkbox"/>	<input type="checkbox"/>	Polio
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria
<input type="checkbox"/>	<input type="checkbox"/>	Meningococcal
<input type="checkbox"/>	<input type="checkbox"/>	Flu
<input type="checkbox"/>	<input type="checkbox"/>	Cholera
<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 (if yes, list)

 Exemption by immunization (Name required): \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PART C

Healthcare provider completes this part. Only certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants may complete this part.

Healthcare provider must sign here.

Subject to certify that this individual has no contraindications to participation in a Scouting experience. For individuals who will be attending a high-adventure program, a signed high-adventure form, please refer to the appropriate information on the following pages or to the form provided by your pack. You can also visit our website at [www.scouting.org](http://www.scouting.org) for more information.  
 Please fill in the following information:  

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"/>	Herbs	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Other	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse

**Examiner's Certification**  
 I certify that I have examined the health history and examined the participant and ascertained that the participant is fit to participate in the activity.  
 I certify that I am a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant.  
 I certify that I am not currently practicing medicine.  
 I certify that I am not currently practicing medicine.  
 I certify that I am not currently practicing medicine.  
 I certify that I am not currently practicing medicine.  
 I certify that I am not currently practicing medicine.  
 Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Examiner's printed name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
**Height/Weight Restrictions**  
 If you exceed the maximum weight or height as specified in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency medical services location, you may not be allowed to participate.  

Maximum weight for height:	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	100	100	105	110	110	115	120	120
65	110	130	115	140	120	150	130	140
70	120	160	125	180	130	200	140	160
75	130	190	135	210	140	230	150	190
80	140	220	145	240	150	260	160	220

## 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.)

**D** 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:

**D 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: <span style="float: right;">Insulin pump: Yes D No D</span>
		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/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 D No D
		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) \_\_\_\_\_ D YES D NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_ D YES D 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.

D Check here if no medications are routinely taken.

D If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

D YES D 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: D Yes D No

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

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

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





## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

#### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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