Rotary Scout Camp

Camper Guide

Resident Camp for
Scouts with Special Needs

July 8 – 12, 2025

Heart of America Council, BSA

BOY SCOUTS OF AMERICA®
HEART OF AMERICA COUNCIL

Dear Scoutmaster, Parent, or Guardian:

Welcome to Rotary Scout Camp! We are so excited to welcome you to camp. In order to help you prepare your Scout for camp, you will find information and forms necessary for all participants.

This week at camp promises to be a great summer camp experience. Our program staff has been preparing exciting activities such as merit badges, campfires, swim parties, dance parties, and evening events all themed around our 2025 theme, "League of Heroes".

It is our goal to provide a memorable camping experience to all Scouts BSA with special needs who otherwise would not be able to participate in a traditional long-term camp.

If you have any questions while reviewing this guide, please do not hesitate to contact me. While reviewing this guide, please note the procedures for check in. In addition, be sure to fill out the camper information form which is online under the Rotary Camp page. By completing this prior to July 1st, it will help us to expedite check-in.

On behalf of the entire camp staff, we are looking forward to providing your Scout with a memorable and positive summer camp experience!

Yours in Scouting,

Austin Shults
Camp Director
816-518-7156
shults.austin@gmail.com

Quick Reference & Important Dates

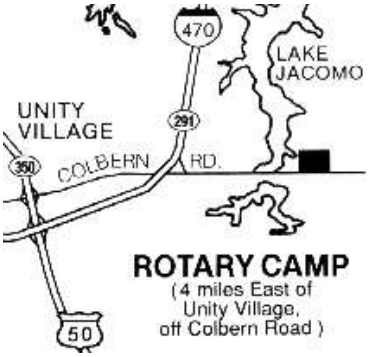
Camp Director
Austin Shults
816-518-7156
shults.austin@gmail.com

Staff Advisor
Tom Fyffe
816.569.4985
Tom.fyffe@scouting.org

Heart of America Council
(Mailing Address Before Camp)
10210 Holmes Road
Kansas City, Mo 64131-4212
816-942-9333
www.hoac-bsa.org

Rotary Youth Camp
Camp Address (July 5-12)
22310 E. Colbern Rd
Lee's Summit, Mo 64086

Camp Phone Number *(Only for July 5th - 12th)*
816-246-6311



2025 Dates to Remember

Tuesday, July 8	Campers Arrive	9:00 AM
Tuesday, July 8	Opening Night Campfire	7:00 PM
Saturday, July 12	Closing Night Campfire	4:00 PM
Saturday, July 12	Camper Checkout	5:00 PM

ROTARY SCOUT CAMP
GENERAL INFORMATION

About Camp:
Rotary Scout Camp is a residential, 5-day camp designed for scouts with special needs. Our program and camp is set up to assist all campers in having a successful camping experience. Most campers attend camp individually rather than with their home troop. Unless attending with their home troop, campers will be split up among provisional camp troops including separate male/female troops; and most will be paired 1:1 with a staff person who will serve as their buddy for the week. Staff and campers are divided into troops and travel to activities including merit badges and swimming as a troop. Their staff will help them as needed with daily hygiene, traveling around camp, mealtime, program activities, swimming, and merit badges. No matter their level, our goal is for all campers to be successful with everything they do.

Camper Registration
Camper registration can be completed online. The registration form can be found online at hoac-bsa.org under: Camping, Scout Camping, Rotary Scout Camp.

Arrival Time at Camp/Check In:
The arrival time for campers begins at 9:00 am on Tuesday, July 8, 2025. Once your application is processed, you will receive a link to complete additional paperwork online. This link is also online hoac-bsa.org under: Camping, Scout Camping, Rotary Scout Camp. As camp gets closer, please be on the lookout for any additional details regarding camper check-in including specific arrival time. Arriving within your specific timeframe will help expedite check-in and keep the line moving.

Camp Mail: If you wish to write your camper during camp, the camp address is:

Rotary Youth Camp
Scout's Name
22310 E Colbern Rd
Lee's Summit, MO 64063

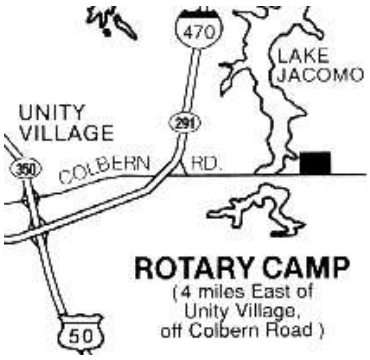
Mail received after July 12th will be returned to sender.

Camp Phone: The camp phone number is (816) 246-6311. This phone is answered 24 hours per day. In the event of an emergency and you are unable to reach anyone at this number, you may contact Austin Shults at (816) 518-7156.

Departure: On Saturday, July 12, 2025, at 5:00 PM (or immediately after closing campfire) camp will officially close. Parents and caregivers are required to report to the Camp Office to check your Scout out, prior to the campfire. THIS IS VERY IMPORTANT; all campers must be checked out. All campers must be picked up by 5:00 pm to allow staff to clean camp and be dismissed. **The camp office will be closed from 3:45 pm until after the campfire.**

Directions to Camp: The Rotary Youth Camp is easy to find. The camp is located on the south side of Lake Jacomo on Colbern Road at 22310 E. Colbern Rd, Lee's Summit, MO 64086.

From the West - Take Interstate 470 East and exit on Colbern Road. Continue East 1.6 miles; Rotary Camp is on the North Side and the gate will be marked "Rotary Youth Camp."



From the East – Take 470 South and exit on Colbern Road. Continue East 1.6 miles; Rotary Camp is on the North Side and the gate will be marked "Rotary Youth Camp."

Medical Treatments: Rotary Scout Camp will have a Doctor, Nurses, and other medical professionals on staff at camp 24 hours a day. Any emergency cases will be taken to the hospital deemed best for treatment of injury, but will generally be Truman Lakewood or St. Luke's East Hospital. If this is the case, you will be contacted immediately.

Physical: Included is a physical form which MUST be completed within the past 12 months of July 12, 2025, and signed by a medical physician (M.D. or D.O.). The physical MUST be presented to the Camp Physician at the time of check-in. No camper will be allowed to remain at camp without one. All parts must be completed and signed. If there are any special instructions for any medications, please put a sheet with those instructions in the physical form. Please fill these out in detail.

Medication:
All medications must be turned in to the health office at check-in and will be distributed by camp medical personnel as prescribed. This includes any over-the-counter medication.
PLEASE NOTE: Prescriptions must be sent in the original container or packaging and should only include the total amount needed for the camp session. Exceptions will be made for those prescriptions on "pill punch cards."

In addition, you will receive an email to complete additional information for medications. It is important to complete this form prior to camp to help with the speed of check-in. You may email a copy of the completed health form to shults.austin@gmail.com prior to camp for the medical team to review (this will help expedite check-in).

Summer Food Service Program: This is a form at the end of this packet and is required by the Rotary Youth Camp. We are participating in a government food program. All campers under the age of 18 must have this form completed. If you do not qualify for free or reduced lunches, simply put your name and "does not qualify."

Dietary Requests: The Rotary Youth camp provides all meals to us at no cost. Accommodation for those scouts with special dietary needs will be made. Please make sure we are aware of the need, and we will work with the camp. Many campers who have extensive needs work directly with the camp prior to arrival making sure meals will be accommodated. If this is the case for your camper, we can put you in contact with the camp directly. All dietary requests must be made by July 1st.

Parents Attending Camp:
Most of our campers come to camp without their parents/guardians. Parents who wish to attend camp with their camper must be a **full-time staff member and attend staff training**. To allow for camper growth, we do not encourage parents to be their camper's staff buddy. Parents can staff in the same troop as their camper but we have experienced the best results when parents are paired with another camper. Staff applications are online at hoac-bsa.org.

Visitors: For the safety and security of all campers and staff, visitors during camp are not encouraged but will be allowed during the hours of 10:00am and 4:00pm. If you come to camp to visit your Scout, you must check into the camp office and receive a visitor's wrist band. On Friday, July 12th, we will be having our closing night campfire when we welcome and encourage all visitors. Visitors are welcome to arrive beginning at 3:30 pm. Campfire begins at 4:00pm.

Camp Security: The safety of our campers and staff is our number one priority. Campers are paired with staff in provision troops. Campers travel together with their troop to/from each activity. All visitors are required to check in at the camp office and receive a visitor's wristband if authorized to visit program areas. All visitors must be accompanied by a staff member. As in previous years, we will continue to have a night watch crew that remains up and alert on property during the overnight hours.

What to Bring:
The following is a list of items your Scout should bring to camp.
***Please make sure all items are labeled with name*. This is critical!**

Laundry Bag
Scout Uniform
Extra pair of shoes or sneakers
Sleeping bag or sheets & covers
Small battery-operated fan
Flashlight
Swimsuit (one piece for females)
Money for trading post ($10-$20 max)
Rain Gear
Min. of 10 t-shirts, shorts/pants, underwear, socks
Light jacket
Foot locker, bag, or suitcase
Pillow
Medications – turned into health lodge
Towels (2-3)
Plastic Cup with Lid and Handle (put name on cup)
Shower shoes (flip flops)
Toiletries (soap, shampoo, toothbrush, toothpaste, razor, shaving cream, deodorant, and comb)
Other items which are generally used every day and extras.

Please note: To expedite evening showers, we will be providing showers, soap, and shampoo. You do not need to send this with your scout unless they have an allergy or preference with what they use. This will save time on campers forgetting their shower supplies and having to go back to their cabin/tent to pick them up. Additionally, we provide sunblock at the pool for all campers.

What not to bring:

Knives	Expensive items	Tobacco products	Cell phones
Jewelry	Fireworks	Electronics	Candy or gum, Snacks
Matches	Tabaco/Alcohol		

Online Information Form
Once your camper paperwork has been processed, you will receive an email with a link to an online form. This online form is replacing many paperwork items that were completed and brought to camp. It is important to fill this out prior to July 1st so that we may prepare for camp and keep the check-in line moving. Those who do not fill out the online form will be required to fill out all paperwork at camp prior to getting in line for check-in. The online form will cover the follow:

1. Camper info
2. Photo Release
3. Scout Advancement
4. Prescription Medicine
5. Dietary Restriction

2025 Camp Program Highlights

- Super Hero Theme
- Theme Night
- Merit Badges
- Daily Swim
- Dance Party
- Pool Party
- Campfires

Outpost Programs

We have outpost (tent camping) options for those scouts who may want a more rustic camping experience. Scouts will sleep in tents, cook some of their own meals and participate in activities designed especially for the more experienced camper. Pre-approval from the Troop Scoutmaster and Rotary Staff is required for participation in this program. We recommend experienced campers for these areas as well as campers who are more mobile since it is a hike to the camping area.

Handicraft Area

Scouts will have the opportunity to work on skill level appropriate crafts. Actual projects will be different each session. Typically, they are leather, wood or craft strip projects.

A Note From the Health Lodge…

Hello Friends and Families!

I hope you are all as excited for camp as we are! Camp will be here before we know it! To help the health lodge staff expedite check-in and assist us in caring for your camper for the week, we have a few tips for you. Please complete our medication form which will help with expedited check-in. This form is online, and the link will be emailed to you from our camp director.

1. Medications are given four times during the day, three times with meals and at bedtime. Please choose the best time for your camper to keep them on their schedule. Concerns can be discussed at check-in.
2. Please send original containers with your camper. We need to know what medications and doses your camper is receiving. Only send the amount needed for the camping session.
3. Any of the medications listed such as Tylenol and Benadryl will be available in the health lodge. Help us maximize our space by keeping those bottles at home unless your child needs a specific form.

Don't hesitate to reach out with any questions or concerns. Look forward to meeting all of you! It's going to be a great week at camp this year!

Health Lodge Staff

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)

INCOME ELIGIBILITY FORM

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program.

PART 1 CHILDREN ENROLLED IN THE PROGRAM

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. ***In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.***

NAME (first and last)	BIRTH DATE	FOSTER CHILD	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

INCOME BASED ON (CHECK ONE): YEARLY ☐ MONTHLY ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY ☐

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER

PART 3 PARTICIPANT's ETHNIC AND RACIAL INFORMATION (Optional)

Hispanic or Latino: ☐ YES ☐ NO

Race: AMERICAN INDIAN OR ALASKA NATIVE ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE ☐

PART 4 SIGNATURE

I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

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TOTAL HOUSEHOLD SIZE: INCOME:

INCOME BASED ON (CHECK ONE): YEAR ☐ MONTH ☐ 2 X A MONTH ☐ EVERY 2 WEEKS ☐ WEEKLY ☐ SNAP (Food Stamp) ☐ TEMPORARY ASSISTANCE ☐

Eligibility Determination: ☐ Eligible ☐ Ineligible

SIGNATURE OF CENTER REPRESENTATIVE	DATE

2025 Rotary Scout Camper Information Sheet

PLEASE PRINT

Scout's Name _____ Date of Birth _____Sex M/F T-Shirt Size _____

Parent/Guardian Name_____ Home Phone # _____

Cell # _____ Parent/Guardian Email _____

Emergency Contact (1) _____ Relation _____ Phone #_____

Emergency Contact (2) _____ Relation _____ Phone #_____

Current Scout Rank _____Date Last Rank _____District Name _____ Unit #_____

Current OA Level _____ Date of OA Level _____

Is scout eligible for OA advancement? YES NO

If a camper is a new candidate for Order of the Arrow membership, a copy of the election report must be attached to this application.

Mic-O-Say, a Bartle Scout Reservation program, will conduct ceremonies at Bartle for qualified campers, whose recommendations have been submitted by their home troop and approved by the SheSheBe Council prior to June 1, 2025. If you have any questions, contact H. Roe Bartle Reservation Director for details at 816.942.9333. Special accommodation will be made by the Bartle Reservation Staff to facilitate special needs.

Current Mic-O-Say Status Date: Brave _____ Warrior _____ Paint Level _____

(No Mic-O-Say ceremonies will be held at Rotary Camp)
Please consider this Scout for Outpost Tent Camping _____ YES _____ NO
How many years has this Scout attended Rotary Camp? _____
Has this Scout attended any summer camp prior to this year? _____ YES _____ NO

All campers must be registered in a Boy Scout Troop or Venturing Crew and **participate** in the Scouting program. Each Scout will be placed in a provisional troop with an assigned staff member.
Unit Leader's Contact Name _____ Phone #_____ Email _____

Unit Leader Approval _____ Date _____

Parent/Guardian Approval _____ Date _____

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ☐ **None**

_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

Part B1: General Information/Health History

B1

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** ☐ **No** ☐
☐	☐	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** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date:**
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

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

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature — MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations **(form required)**	

Please list any additional information about your medical history:

_____

_____

_____

_____

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

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

Prepared. For Life.®

680-001
2019 Printing

C

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 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

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in Rotary Club Youth Camp's Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in Rotary Club Youth Camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with camping participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with camping participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp facilities could increase the risk of contracting COVID-19. Rotary Club Youth Camp** in no way warrants that COVID-19 infection will not occur through participation in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp facilities.

_____ Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in Rotary Youth Camp's camping program, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Rotary Club Youth Camp and Rotary Youth Camp Association, their respective officers, directors, employees, volunteers, agents, representatives, affiliated non-profit entities, and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Rotary Club Youth Camp on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Rotary Club Youth Camp facilities/equipment or participation in Rotary Club Youth Camp programs whether that participation is supervised

_____ Initial

or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in Rotary Club Youth Camp's camping program, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's camping participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in camping participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in camping and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in camping.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

_____	_____
Participant Name (Print Clearly)	Date
_____	_____
Parent/Guardian Signature	Parent/Guardian Name (Print Clearly)

Adult Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Rotary Club Youth Camp Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in Rotary Club Youth Camp activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with camping participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with camping participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

_____ Initial

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp's facilities could increase the risk of contracting COVID-19.** Rotary Club Youth Camp in no way warrants that COVID-19 infection will not occur through participation in Rotary Club Youth Camp programs or accessing Rotary Club Youth Camp facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in Rotary Club Youth Camp camping, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE Rotary Club Youth Camp Association, its officers, directors, employees, volunteers, agents, representatives, affiliated non-profit entities and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Rotary Club Youth Camp on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Rotary Club Youth Camp's facilities/equipment or participation in Rotary Youth Camp programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

_____ Initial

In consideration of my participation in Rotary Club Youth Camp camping, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my camping participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in camping participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in camping and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in camping.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, and that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

_____ _____

Participant Signature Participant Name (Print Clearly)

MEDIA RELEASE

I _____(“Employee/Volunteer/Camper”), hereby irrevocably assign to Rotary Club 13 and its Website Development (“Media”) the right to record my voice and likeness for use in media production (the “Production”).

In assigning these rights, Employee/Volunteer/Camper grants to Media and its successors, assigns, and licensees the full and irrevocable right to produce, copy distribute, exhibit, and transmit Employee/Volunteer/Camper’s voice and likeness in connection with the Production by means of broadcast or cablecast, videotape, film, website, or any other electronic or mechanical method now known or hereinafter invented.

Employee/Volunteer/Camper acknowledges that any picture or recording taken of Employee/Volunteer/Camper under the terms of this license will become the sole and exclusive property of Media in perpetuity. Employee/Volunteer/Camper and Employee/Volunteer/Camper’s heirs and assignees shall have no right to bring legal action against Media for any use of the pictures or recordings, regardless of whether such use is claimed to be defamatory or censorable in nature.

Employee/Volunteer/Camper further acknowledges that Media shall have the right to use Employee/ Volunteer/Camper’s name, portrait, picture, voice and biographical information to promote or publicize the Production and to authorize others to do the same. However, nothing shall require Media to use Employee/Volunteer/Camper’s name, voice, or likeness in any of the manners described in this license or to exercise any of the rights set forth herein.

Employee/Volunteer/Camper warrants and represents that he or she is free to enter into this license and that this agreement does not conflict with any existing contracts or agreements to which the Employee/ Volunteer/Camper is a party. Employee/Volunteer/Camper agrees to hold Media and any third parties harmless from and against any and all claims, liabilities, losses or damages that may arise from the use of Employee/Volunteer/Camper’s voice or image in the Production. Employee/Volunteer/Camper understands that in proceeding with the Production, Media will be relying upon the foregoing consent, permission, and indemnity.

It is agreed that the foregoing grant of rights is made for promotional consideration only, and Media’s exercise of the grant of rights shall be deemed full and complete consideration for such grant.

I acknowledge that I am the legal guardian of the Employee/Volunteer/Camper described above. Acting as the Employee/Volunteer/Camper’s legal guardian, I consent to the terms of this license and to the granting of the rights described herein. I also consent to indemnify and to hold harmless Media and all third parties against claims that may arise from the use of the minor’s name, image or likeness in the Production.

_____
Employee/Volunteer/Camper (Print)

_____ _____
Employee/Volunteer/Camper (Signature) Date

_____ _____
Legal Guardian of Employee/Volunteer/Camper (Signature) Date

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
Reverent