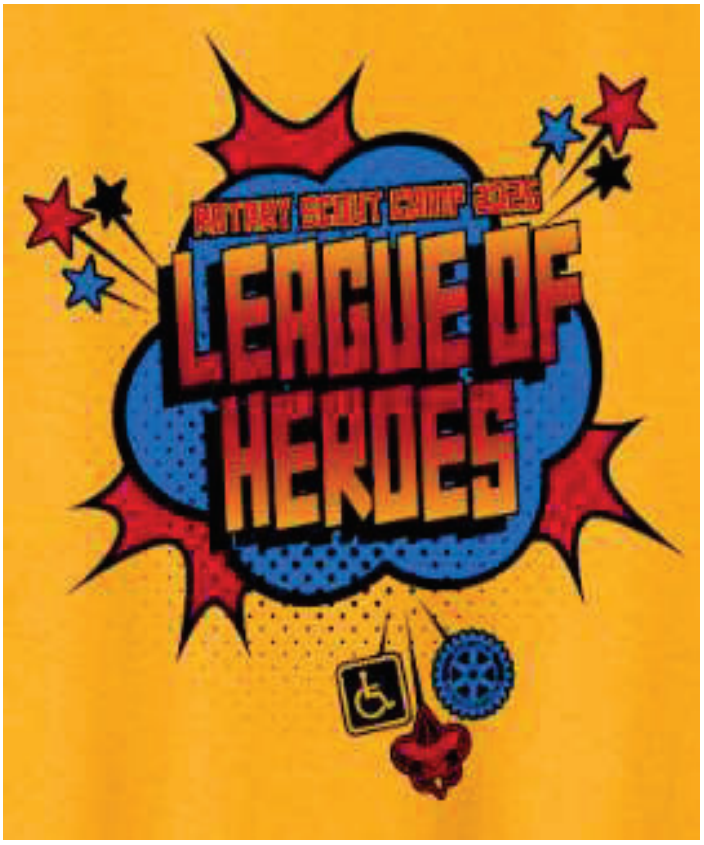
Rotary Scout Camp

Resident Camp for
Scouts with Special Needs

Staff Guide



July 5 – 12, 2025

BOY SCOUTS OF AMERICA
HEART OF AMERICA COUNCIL

ROTARY SCOUT CAMP
ROTARY INTERNATIONAL
BOY SCOUTS OF AMERICA

Dear Rotary Scout Camp Staff Member:

On behalf of all the campers that we will serve this summer, thank you for agreeing to serve on the Rotary Scout Camp Staff for 2025. If this is your first time on staff, welcome! If you're returning staff, welcome back! You have joined one of the most dedicated groups of camp staff you will find. Many of our staff return year after year, and I hope you will too! We realize you are giving up part of your summer to help those who otherwise may not have the opportunity to have a summer camp experience. I believe you will find this to be one of the most rewarding weeks you have this year.

Personally, you will have the chance to make new lifelong friends, enjoy an experience that will remain for a lifetime, and play a major role in making a difference in the life of other Scouts. We, as a staff, have the challenge to make this the greatest year ever. This is your chance to share your skills and knowledge with others in helping make this a successful and rewarding camp season!

As you know, the mission of Rotary Scout Camp is to provide an opportunity for Scouts with special needs, to have a successful and memorable residential summer camping experience. If at any time during camp you have questions, suggestions, or need additional support, please do not hesitate to let me know.

Thank you again for volunteering and I look forward to working with you this summer!

Yours in Scouting,

Austin Shults
Camp Director

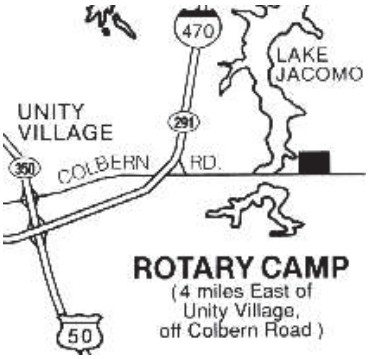
Quick Reference & Important Dates

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

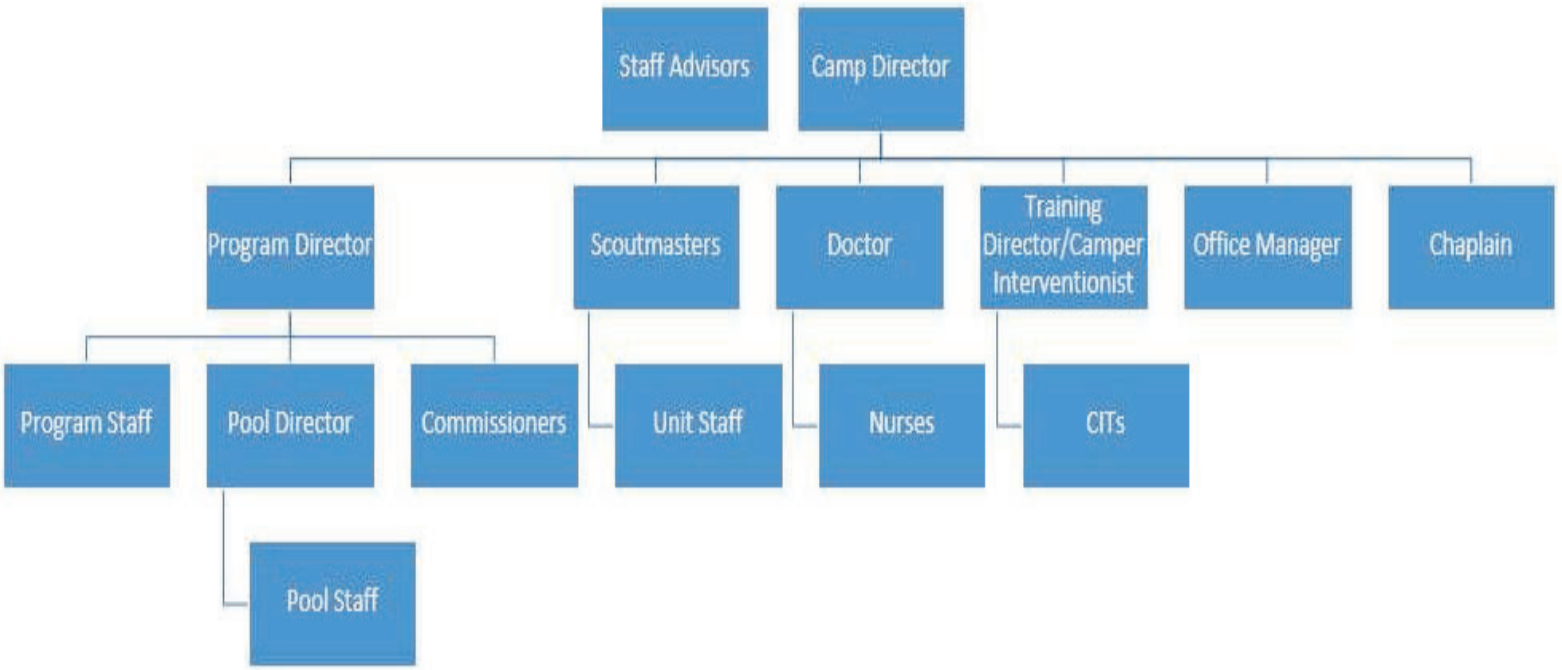
(Only for July 5-12)

816-246-6311

2025 Dates to Remember

Saturday, July 5	Camp Staff Arrives	3:00 PM
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	Campers Depart	5:00 PM
Saturday, July 12	Camp Cleanup	5:00 PM
Saturday, July 12	Staff Pizza Party	7:30 PM
Saturday, July 12	Staff Checkout & Departure	9:00 PM

Rotary Scout Camp
Organizational Chart



Rotary Scout Camp General Information

Rotary Scout Camp is put on by the Heart of America, BSA and held at the Rotary Youth Camp in Lee's Summit. The facilities are owned and maintained by Rotary Club 13 of downtown Kansas City. The Boy Scouts are grateful for this long standing partnership in which we are able to host camp at their facilities, free of charge.

Each year our camp will host around 20-75 campers who may otherwise not have the opportunity to participate in a long-term camping experience. It takes about 80 staff members to make the camp successful. Some of the positions include:

Camp Admin Staff: (Office, Commissioners, Medical Staff, Chaplain)
Program Staff: (Program Director, Program Staff, Pool Staff)
Troop Staff: (Scoutmasters, Unit Staff, Counselors in Training "CIT")

The majority of our camp staff include "Unit Staff" which are paired mostly 1:1 with campers. Unit staff is that camper's buddy for the session and helps make sure their experience is successful. Unit staff may need to help campers with:

- Getting dressed
- Showering
- Using restroom
- Eating
- Merit badge/program

Unit staff are broken into 3-5 different troops around camp. Each troop travels together and has the support of each other and other camp staff in assisting when help is needed!

Adventure

Our efforts need to assure that all campers have the maximum opportunity for physical, mental and spiritual growth. Many campers are able to do many things but may need a little help or extra time to be successful. Our camp allows the grounds, staff, and programming for this. During training, we will discuss camper ability in detail and how to help them be successful.

Problem Solving

Your job at camp will be hard and tiring. Whenever many people live and work together, misunderstanding and problems may arise. You are encouraged to share your concerns so that conflicts may be resolved. If a problem is staff related, feel free to discuss with Camp Scoutmaster or Camp Director. Remember, we are all working towards the same goal, providing a memorable camping experience for our campers!

Scout Spirit

Staff members are there to serve campers – to make sure that the camping experience provided is memorable and high quality. Being on staff means being ready to assist willingly, whenever and wherever needed. Our campers deserve your best! Each staff member should constantly strive for excellence.

The ideals of Scouting come to life at Rotary Scout Camp. Exemplifying those ideals in your deals with campers and staff members is one of the best things you can do this summer. Your scouting spirit will rub off on others. **Your example will make the difference!**

In addition, you will be required to participate or lead in campfire program, mealtime songs, and evening program events.

Camp Suggestions

If you see ways that camp operations can be improved or more efficient, please make a suggestion. In addition, camp staff surveys will be provided at the last staff meeting.

Staff Uniform

The Boy Scouts of America is a uniformed organization and wearing the uniform properly is a job-related responsibility. The example that the staff displays by their

appearance sets the tone for camp, as well as being a standard for camp accreditation. Each staff member will be provided with two staff shirts. You will need to borrow or buy enough uniform parts to be in the appropriate uniform each day.

- Official Field Uniform: Official Boy Scout uniform shirt, official BSA pants or shorts, scout belt and scout socks. Shirt tucked in. We will wear this uniform for ceremonies and religious services.
- Camp Staff Uniform: Camp t-shirt (or other BSA t-shirt including previous years) official BSA pants or shorts, scout belt and scout socks. Shirt tucked in.
- Sandals and flip flops are not worn except to shower or pool.
- Hats that are worn must be official BSA hats or any non-logoed/printed hat.
- Camp staff members will receive a letter permitting a one-time purchase of uniform parts at a discounted rate from the Scout Shop.
- Shirts with sleeves are required in the dining hall, even during staff meetings/cracker barrel.

Telephone Calls

The Rotary Camp phone number is 816-246-6311. This phone is answered during camp only (July 5-12) and is answered 24 hours per day. For all non-emergency calls, messages will be taken and callers told that you will return the call as the schedule permits.

Staff Arrival/Departure

Staff will arrive to camp on July 5 at 3:00pm. Camp staff will be dismissed after camp cleanup on July 12 between 7:00 pm- 9:00 pm. Staff must check out from the program director, scoutmaster, and camp office. It is the expectation that all staff remain at camp until July 12th and help with packing up unless otherwise approved by the Camp Director. Anytime staff members leave camp, they must check out. Staff under 18 must have parent permission. All staff must have the permission of the camp director or staff advisor before leaving.

Cell Phones

Cell phones have become part of the society we live in. Cell phones should not be used while working with campers as it could have an impact on program and/or safety of campers. They can however, be a great asset in camp communication or

for emergencies. If using them for personal reasons, do so when not working with campers. The best time for this is during staff time at the end of day. If you have an urgent call that needs to be addressed, please have someone watch your camper and step away. In addition, do not leave cell phones unattended including while charging in the dining hall. Use of cellphone and/or social media not consistent with Scout Oath or Law will result in discipline.

Mail

Rotary Camp
Your Name
22310 E. Colbern Rd
Lee's Summit, Mo 64086

Visitors

Scout leaders and home troops are encouraged to visit camp to see the program provided. Families are also encouraged to visit to see the work you are doing but should be done in a way that does not disrupt camp program and your job responsibilities. Campfire and other evening programing is a great time for visitors to attend. No visitors after 8:00 pm unless approved by camp director. This is due to getting campers showered and staff meeting.

Pets

No pets are allowed at the Rotary Youth Camp. Please remind visitors of this policy.

Religious Services

"The 12th point of the Scout Law" – All staff members will set the example for campers and attend the non-denominational worship service.

Dining Hall

All staff members must attend all meals unless working with a camper that prevents them from being at the meal. As always, staff members should be in uniform, on time, and show table manners. Hats are not to be worn in the dining hall.

Punctuality
A good staff member is in attendance and on time to all activities. It is the nature of our camp and those we serve to take often take longer in completing and transitioning to the next activity. We plan for the extended time in scheduling and expect all staff and campers to be on time. With our campers, we understand that this is not always going to happen but please make it a top priority as when we are late, it creates a snowball effect with our camp schedule. In addition, if you need assistance with a camper, do not hesitate to ask.

Reveille
While campers are in camp reveille will sound at 7:00 am which is 45 minutes before flag. This gives ample time to get yourself and assist the campers in getting ready for flag/breakfast.

Bed Time
Campers begin showers at 9:00 pm and are to be in bed by 10:00 pm. Staff meeting & cracker barrel will occur after 10:00 pm and will often include staff swim. Staff must be mindful that campers are trying to sleep and should be quiet during these times. All staff members must be in bed with lights out by midnight.

Laundry Service
Laundry service is provided to staff and campers as needed. All clothing items should be labeled with the camper's full name for proper identification.

Camp Facilities
The camp is provided free of charge to the Boy Scouts by the Rotary Club 13 of Downtown Kansas City. Please help us leave it better than we found it as we are guests at the facility.

Scout Advancement by Staff
Staff will have the opportunity to earn "Disability Awareness" merit badge. Staff are not eligible to earn other merit badges as our first priority is working with campers in making sure they are successful.

Staff Use of Program Area
Our first priority is our campers. We will have staff time available to use of program such as staff training and staff swims. Enjoy program areas with your campers but remember this their summer camping experience so make sure they are utilizing and these areas are not being overtaken by staff.

Trading Post
A camp trading post is open for selected times while campers are in camp. This trading post is designated for them, but staff are welcome to buy items as well. $10 should be plenty to get you through the week. Keep in mind that staff cracker barrel, at staff meeting, is provided and includes drinks/food.

Firearms
Firearms and other equipment are used for program areas only. For safety reasons, personal firearms, archery equipment, airsoft guns, paintball, sling shots, air soft guns and other weapons are not permitted at camp.

Fireworks
Fireworks, of any kind, are strictly forbidden and will result in termination.

Controlled Substance/Alcohol
Possession of either is prohibited and will result in termination and could result in reporting to local law enforcement.

Informing Parents of Minors
In the event of discipline or termination of a staff person under the age of 18 will result in parents/guardians being notified promptly.

Training
Having a trained camp staff is part of our obligation to our campers as well as a camp standard.

A. Pre-camp Preparation
   Some training occurs before arriving to camp. Bring to camp evidence of completion of the following on-line courses available at www.my.scouting.org (BSA membership # is required) Some training is

required to be updated every two years and must be completed prior to camp. Print out your certification and bring to camp.

Valid 2 years

1. Youth Protection Training (all camp staff, even if under 18)
2. Hazardous Weather Training

Valid 1 year

3. Unlawful Harassment Prevention Training (council website) http://el.lawroom.com/bsaregistration.aspx (link can also be found on hoac-bsa.org under camp staff resources
4. Any staff who have CPR/First aid certification, please bring a copy of certification.
5. All Workbrite trainings
6. Physical Examination dated after July 13, 2024. Parts A-C

B. Staff Camp Training

Camp training for staff is held July 5 – 7. Staff will arrive July 5 at 3:00pm. It is important that all staff are in attendance for the entire duration of training. Experienced staff is needed to help new staff, but also be aware of new changes for the current camping season. It is the expectation of all staff to be at training the entire time. Camp director approval must be granted prior to camp for any exceptions to this.

Living Quarters

Staff will either be assigned to cabins or tent camping. Cabins have 5 bunk beds with a mattress. Staff will sleep on top bunk with camper on bottom bunk. Tents are on platforms and with cots provided. Cabins/Tents do not have electricity and running an extension cord to either is strictly prohibited. The camp office must know where everyone is sleeping. In the event that sleeping assignments (including bed) changes, please notify your camp scout master who will notify the office. Campers share your living quarters with you. Make sure to keep it clean. Make sure to be able to lock up any personal items.

Medicine/Medical

All staff must complete a current Annual Health and Medical Record.
Camp has a medical doctor as well as nurses on site. All medicine needs to go through the health lodge including over the counter medicine. This is for the safety

of our campers. Please make sure prescriptions are in the original container. All injuries, minor or major, staff or campers need to be reported to the health lodge.

Emergency Procedures

Emergency procedures and plans will be covered in detail during camp training. In the event of any type of emergency, each staff member will be expected to follow the orders immediately. Staff should follow the written procedures unless directed otherwise by key staff members.

Youth Protection

Every camp staff member is a state mandated reported or suspected abuse, whether or not the abuse occurs at camp. Under state law, it must be reported in the manner prescribed. Under camp policy, the report is to be made to the camp director or staff advisor. Once the report has been made the staff person should avoid any further dealing with the situation unless requested to do so by the director or staff advisor. Under no circumstances should you attempt to investigate any alleged incident.

It is extremely important that you do not discuss any suspected or known abuse that you have reported with any camper, staff or adult.

Abuse can be physical, emotional, or sexual. If you have a question as to whether or not abuse has occurred, you should make the report. Under the law, it is not the duty of the staff member to determine whether or not abuse has occurred or investigate any suspected abuse. Your only duty is to make a report of known or suspected abuse.

Use of Tobacco

The Rotary Youth Camp is a tobacco free camp. This includes the use of electronic cigarettes, cigarettes, and/or chewing tobacco. Staff members 21 and over may walk to the gate where the designated area of tobacco use may occur. It should not interrupt program or staff responsibilities.

Order of the Arrow

The Order of the Arrow is Scouting's National Honor Society. Those staff who have been honored by selection to the Order of the Arrow are expected to set the

example. Many campers are proud members of Order of the Arrow. It is the expectation that all OA members attend the OA ceremony during camp. In addition, all staff, members of OA or not, who have campers that will be attending the OA ceremony, will attend to help with supervision.

Program Time

Staff members are on duty during all program time. This includes merit badges, troop swim, evening program and meals. Staff should be assisting campers during program time and merit badges. Program staff can not work with all campers 1:1 so please make sure you are working with program staff to implement the intended program. Staff should make sure they are present at all flag ceremonies and campfire programs.

Camp Vehicles

The Rotary Youth Camp owns camp vehicles such as trucks, gators, and golf carts. These vehicles may not be operated by those under 21 and must have permission to operate. Permission will only be granted by the camp director and the director of the Rotary Youth Camp. In the event that permission is granted, passengers must be seated in a seat and may not ride in the back of a truck, gator, or on the back of a golf cart. Speed limit is 5 MPH on camp property.

Automobiles

The completed automobile regulation form, signed by your parents (if required), must be on file with the camp director. This form is for both drivers and passengers. Specific statements have been indicated on this form. The camp director, or his/her designee, will check you in and out of camp, and will check the automobile regulation form for the usage of your vehicle. Automobiles are not needed at camp. Loaning vehicles to other staff members is not permitted.

All automobiles are to be parked in the main designated parking lot. Automobiles are not to be driven through camp or off the designated area. Vehicles are not to be parked in the circle drive, in front of the camp house, or behind the camp kitchen. Please park all vehicles in the main lot to the right when pulling into camp.

Kitchen Area

Camp kitchen is off limits to all staff. The exception to this is those who wish to drink coffee may enter the kitchen to get coffee. The other expectation is those

working with kitchen employees in special dietary requests for staff/campers. All requests should be directed to the large serving window first.

Lakefront

No staff or campers are permitted anywhere near the lake at any time. There is not a path that leads to the lake, but it can be seen through the woods from camp. Do NOT attempt to hike to it.

Lost and Found

Lost and found is located on the porch of the office. Each year many items are left behind. Please make sure your name is on all items. Please make sure your camper's name is on all their items. Make it a habit of stopping by lost and found to see your or your camper are missing anything.

Staff Scholarships

All staff members who will be entering post-secondary education in the fall may apply for a scholarship. The form is included in staff paperwork and should be turned in during staff check-in.

Harassment/Bullying

Harassment and bullying have no place at camp and will not be tolerated. If you feel you are being harassed or bullied, notify that camp director or staff advisor immediately so they can assist. Staff who are in violation of this policy will be dismissed.

What to Bring to Camp

Staff will need the same basic camp items that you would normally take to a resident camp. Staff sleeping in Main Camp will be sleeping in cabins which will have a camp mattress provided. Staff sleeping in an outpost area will have cots. In addition, make sure to bring your Scout uniform and OA/Mic-o-say attire. Please bring anything theme related that would help enhance the camp. Do not bring anything that is of extreme value that could be lost, stolen or damaged. Staff may also bring a camp box that locks to put belongings in as campers will share your cabin/tent.

Unit Staff Job Overview

Reports to: Scoutmaster

Responsibilities

1. Attend all scheduled staff training dates/times beginning on July 5th
2. Demonstrate positive scout/camp spirit
3. Work with program staff/director in putting on program events so that camp is successful
4. Work with the program staff/director in implementing the program so that campers are successful
5. Participate in songs/skits as needed
6. Assist camper with check in
7. Assist campers, as needed, with getting dressed, using the restroom, showering, and eating.
8. Assist camper in being on time to scheduled activities
9. Work with camper to make sure they are having a positive and fun camp experience
10. Make sure camper reports to health lodge as needed for medication
11. Help campers complete daily duty assigned to your troop.
12. Attend the nightly staff meeting.
13. Assist with camp cleanup until dismissed on July 12.

APPENDIX

Complete and return forms to Scout office within 14 days.

Please bring health form to camp

BOY SCOUTS OF AMERICA
HEART OF AMERICA COUNCIL

To: **All Rotary Scout Camp Staff Employees**

From: Austin Shults, Camp Director

Subject: Rotary Scout Camp Staff Manual

Letter of Agreement

I acknowledge receipt of the 2025 Rotary Scout Camp Staff Manual. I have read and understand it. I further understand that this manual is not intended to create any contractual rights in favor of myself or the Heart of America Council. I understand that the Heart of America Council reserves the right to change any of the provisions at any time and in any manner it believes to be in the best interest of the Boy Scouts of America. I agree to abide by the Staff Understandings stated in this manual. I understand that these guidelines are set to make Rotary Scout Camp enjoyable for everyone, and I am expected to follow them during my tenure at the Rotary Youth Camp Reservation. Any violation may result in expulsion from the camp at my expense. I understand that all such decisions will be final. Staff volunteer dates, July 5 – 12, 2025

_____ _____/ /2025
Name (Print) Date

_____ _____/ /2025
Signature (Signed) Date

_____ _____/ /2025
Parent's Signature (if under 18) Date

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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: _____

Prepared. For Life.®

680-001
2019 Printing

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? ☐ YES ☐ NO Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE INHALER? ☐ YES ☐ NO 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
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	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: _____

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Part C: Pre-Participation Physical

C

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

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

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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

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

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.**

_____
Initial

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)

ROTARY SCOUT CAMP

STAFF HONOR CAMPING HISTORY

Name _____

ORDER OF THE ARROW – Year Received:

Ordeal _____

Brotherhood _____

Vigil _____

MIC-O-SAY – Year Received, Session & Camp

Brave _____

Warrior _____

Firebuilder _____

Tom-Tom Beater _____

Runner _____

Keeper of the Sacred Bundle _____

Shaman _____

Sachem _____

Tribal Name:

_____

Age: _____ Years on Rotary Staff: _____

Do you have staff coups: Mic-O-Say Yes No

Yes No Order of the Arrow Yes No

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