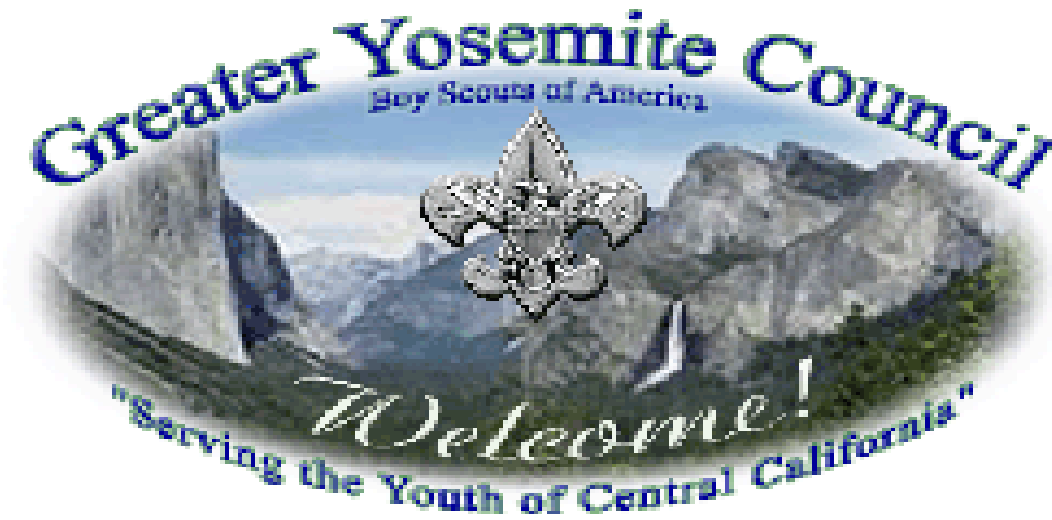




www.YosemiteScouting.org



PENDOLA SCOUT RESERVATION'S

CAMP JOHN MENSINGER

2018 CAMPER'S DOCUMENT PACKET



Camper Packet Instructions

WE ARE EXCITED THAT YOU CHOSE CAMP JOHN MENSINGER FOR YOUR SUMMER CAMP EXPERIENCE. ALL THE DOCUMENTS IN THIS PACKET ARE NEEDED AT THE ARRIVAL TO CAMP. YOU WILL FIND THERE ARE SOME DUPLICATES. THIS IS NOT A MISTAKE. THE DUPLICATES ARE NEEDED. PLEASE MAKE SURE TO FILL OUT EVERY DOCUMENT AND KEEP THIS PACKET IN ONE PIECE. THIS WILL MAKE IT EASIER FOR YOUR ADULT LEADERS TO MANAGE YOUR DOCUMENTS. THANK YOU FOR YOUR HELP AND WE LOOK FORWARD TO SEEING YOU AT CAMP!!!



PERSONAL EQUIPMENT RECOMMENDATIONS

<input checked="" type="checkbox"/>	Item	<input checked="" type="checkbox"/>	Item
	Complete Scout Uniform (recommended: shirt, neckerchief, pants/shorts, socks*, belt*, hat)		Hiking shoes
	Extra shirts*		Tennis shoes
	Extra pants and shorts		Extra underwear
	Extra socks*		Sweatshirt* & heavy jacket
	Swim trunks		Toilet kit (soap, comb, tooth brush, toothpaste, personal hygiene items)*
	Wash cloth		Towels
	Notebook & pencils*		Merit badge pamphlets*
	Pack		Water Bottle*
	Nylon cord*		Postcards with stamps*
	Small pillow*		Flashlight with extra batteries*
	Scout Handbook		Spending money
	Fishing gear		Rain gear*
	Sleeping bag*		Sleeping pad or air mattress
	Bible or prayer book		Watch
	First aid kit*		Insect repellent*
	Camera with extra film		Sunscreen*
	Sewing kit		Foot locker

*** These items available for purchase in the Camp Trading Post**

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

High-adventure base participants: Expedition/crew No.: _____ or staff position: _____
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Informed Consent, Release Agreement, and Authorization

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

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

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

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

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

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

List participant restrictions, if any: None

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

! Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above. !

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		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	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

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

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		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 INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by: _____

Parent/guardian signature

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

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

Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
			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: _____

Part C: Pre-Participation Physical

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

Full name: _____ **High-adventure base participants:**
 Expedition/crew No.: _____
DOB: _____ or staff position: _____

! You are being asked to certify that this individual has no contraindication for participation inside 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.

Examiner: Please fill in the following information:

	Yes	No	Explain						
Medical restrictions to participate									
Yes	No	Allergies or Reactions	Explain		Yes	No	Allergies or Reactions	Explain	
		Medication					Plants		
		Food					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			
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.
		Does not have uncontrolled heart disease, asthma, 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 less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____
 Provider 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

Policy for Bikes in Camp

- 1. Qualified Supervision:** Scouts must be supervised by an adult at least age 21 or a staff member who is approved by the Camp Director, who understands and knowingly accepts responsibility with the skills and equipment involved in the activity, and who is committed to compliance with these safety guidelines.
- 2. Medical Form on File:** Anyone who participates in bike riding in camp must have a health form on file. It is important that all bike riders are physically fit.
- 3. Helmets:** All cyclists must wear a properly sized and fitted helmet, approved by with the Snell Memorial Foundation or the ANSI Standard.
- 4. Buddy-Up:** The buddy system must be used by all Scouts.
- 5. Right Bike:** Ride only a bike that fits you. Select a bike that permits you to put both feet on the ground while sitting on the seat. The handgrips should be no higher than your shoulders or lower than your seat.
- 6. Where to Ride/Park:** While on camp property, cyclists must stay on roads and out of restricted areas such as trails, campsites and grassy areas. Bikes must be parked in specified places only, out of the way of foot or vehicle traffic.
- 7. Off Camp Trips:** Any trip off camp property must first be approved by the camp director. All camp cycling standards as well as national guidelines must be followed while on the trek.
- 8. Maintenance:** Bikes must be kept clean and well maintained, especially the brakes and drive chains.
- 9. Speed and Racing:** A cyclist's speed should never threaten loss of control. Cyclists must never reach speeds that threaten the safety of themselves or others. The racing of bicycles is prohibited.
- 10. When to Bike:** No bikes are permitted outside of their owner's campsite between 7:00 pm and 8:30 am.
Cycling is restricted Sunday until after a bike safety check, and from 4:00 pm on Friday into Saturday.
- 11. Responsibility for the Bike:** Bikes are expensive pieces of equipment. Neither the Boy Scouts of America nor Greater Yosemite Council or any of its employees are responsible for lost, damaged, or stolen bikes. The owner assumes full responsibility for his or her bike's care.
- 12. Discipline:** All participants should know, understand and follow the rules and procedures for safe biking, and all participants should conscientiously and carefully follow all directions from the adult supervisor. Failure to follow these rules could result in losing the privilege to ride a bike in camp.



Bicycle Usage Agreement

(A signed usage agreement is required for all campers who bring a bike to camp)

Camper Name: _____

Troop _____

To ensure that Camp John Mensinger is a safe place for all to enjoy, the following terms must be agreed to for a Scout or adult leader to be permitted to use a bicycle while at camp. Once the needed signatures are acquired, the agreement form must be with the bicyclist always while riding a bicycle.

- I understand that bicycles at camp are a privilege and not a right I agree only to ride my bicycle on camp roads.
- I agree not to ride my bicycle in unapproved areas such as campsites, program areas and on trails I agree to wear a buckled bicycle helmet at all times while riding a bicycle.
- I agree not to ride my bicycle at night.
- I agree to ride my bicycle at a safe speed appropriate for the terrain.
- I agree to give camp vehicles and walkers the right-of-way and warn them when approaching them.
- I understand it is my responsibility to keep my bicycle in a safe place.

I understand that if I violate any of these terms, my riding privileges will be revoked for the remainder of the camping season.

Camper Signature

Unit Leader Signature

Parent Signature

Authorization and Consent for Minor
Pursuant to California Civil Code Section 25.8
Pursuant to California Penal Code Section 12552

I, the undersigned or legal guardian of, _____ do hereby authorize the Camp Director of Camp John Mensinger, Greater Yosemite Council, Boy Scouts of America or such substitute as he may designate as agent for the undersigned, to administer any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, or of any dentist, licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout camp or elsewhere.

This authorization will remain effective while the above minor is enroute to or from or involved or participating in any Boy Scout program or activity of the Greater Yosemite Council, Boy Scouts of America, unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

_____ _____ YES NO
SIGNATURE OF PARENT OR GUARDIAN DATE

Further, the undersigned consent that the Climbing and Rappelling instructors of the above named Boy Scout Council may instruct my child in the safe procedures of Climbing and Rappelling and related activities.

_____ _____ YES NO
SIGNATURE OF PARENT OR GUARDIAN DATE

Home Phone (____) _____ Work Phone (____) _____

To be on File in the Camp Medical Office at check in.



Parent or Legal Guardian
Permission and Release Form for Minor to Use Firearms
and Ammunition in California

I, _____, parent or legal guardian of _____
(Print name of Parent or Legal Guardian) (Print Name of Scout)

hereby give my child express permission and consent to be lent and possess firearms (handguns and long guns) and ammunition to engage in lawful, recreational sport. (Cal. Penal Code 27945, 29610, 29615, 29650, 29655, 18 U.S. C. 922(x)). As used in this form, “firearms” include any handguns, long guns, or shotguns that may lawfully be loaned to and possessed by a minor under state and federal law. I also give my child express permission and consent to possess, and for a person to loan to my child, a “BB device” as defined in Cal. Penal Code 16250. (Cal. Penal Code 19915).

This consent is valid, absent my express revocation thereof, for fourteen days from the date of my signature. A photocopy or facsimile of this written consent will serve as an original. This written consent form must remain in my child’s possession at all times while he or she possesses any firearms or ammunition and a copy of it must be kept at the shooting range as well.

Signature of Parent or Legal Guardian

Date



Parent or Legal Guardian
Permission and Release Form for Minor to Use Firearms
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Signature of Parent or Legal Guardian

Date

