

Camp Forms

Camp Conestoga

Medical and Health History Record

(Note: This form is needed in addition to the Medical Examination Form that was prepared by your doctor)

Scout _____ Scout-Leader _____

Campsite _____ Troop # _____

Previous Health Problems

Medications to Be Taken at Camp

Type _____ Time _____

Emergency Phone Numbers of Parent / Guardian

Doctor's Name _____

Doctors Phone (_____) _____

Is your Health Insurance listed as an HMO Plan?

If so, what procedures must be followed before care is given? (phone calls, referrals, etc.?)

Other information?

To help check in on Sunday flow smoothly, we are asking each Troop Leader to complete this health review sheets for each boy. Please have the Scouts' health forms together with this form. We will need to see the forms and go over the Scouts' health with each of them. It is important to include the information for each Scouts' parents' medical plan, especially those insured by any type of HMO.

Deposit Attendance Roster-March 2, 2019

Troop _____ Campsite _____ Camp Dates _____

Leader Name	Position	Phone Number	S	M	T	W	Th	F	S
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Camper Name	Address	Phone	Year in Camp	Notes
1.				
2.				
3.				
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6.				
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20.				
21.				
22.				

Final Fees Attendance Roster-May 4, 2019

Troop _____ Campsite _____ Camp Dates _____

Leader Name	Position	Phone Number	S	M	T	W	Th	F	S
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Camper Name	Address	Phone	Year in Camp	Notes
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Final ATTENDANCE Roster-2019

Troop _____ Campsite _____ Camp Dates _____

Leader Name	Position	Phone Number	S	M	T	W	Th	F	S
1.									
2.									
3.									
4.									
5.									
6.									
7.									

Camper Name	Address	Phone	Year in Camp	Notes
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22.				

Pick-Up Authorization / Permission Slip

Scout's Name _____ D.O.B. _____

Address _____

Council _____ District _____ Troop _____

The following individuals have authorization to pick up my child

Please include your own name

Positive I.D. will be required

1. _____ Relationship _____

2. _____ Relationship _____

3. _____ Relationship _____

4. _____ Relationship _____

5. _____ Relationship _____

Parent/ Guardian Signature & Date

Pre-Camp Swim Check

This form is to be completed by the Scoutmaster and the Lifeguard or Area Aquatic Supervisor from the place in which the tests were administered. This form will be accepted by the Camp Conestoga Aquatics Staff, in place of taking the Sunday swim test. All Troops submitting this form must still report to the pool on Sunday during check-in to receive their buddy tags. **ALL SCOUTS PARTICIPATING IN THE TREK PROGRAM MUST TAKE THEIR TESTS AT CAMP.** The Camp Conestoga Aquatics Staff reserves the right to re-test any Scout in which they deem necessary. All tests must be completed after January 1, 2017, in order to be valid for the 2017 Camp Season. All swim tests must be administered by the guidelines set forth by the BSA as listed below.

- SWIMMER (RED, WHITE & BLUE)
Jump into the water over your head. Level off and swim 100 yards, ¼ of this using the elementary back stroke. Stay in the water and float on back in a resting position with as little motion as possible for one minute.
- BEGINNER (RED & WHITE)
Some swimming ability, able to jump into the water over his head and swim 30 feet with a turn midway.
- LEARNER (WHITE)
Cannot meet the above requirements

Troop _____

Campsite _____

First Name	Last Name	Youth/ Adult	Swim Classification W, RW, RWB
1			
2			
3			
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15			

Scoutmaster:

Lifeguard or Area Aquatics Supervisor: _____

Location of test _____

Date of test _____

Suggested Equipment List

Please mark ALL equipment and clothing with your name and unit number!

Clothing	Bedding
Scout Uniform Extra T-Shirts Extra Shorts/Pants Extra Socks Extra Underwear Boots/Sturdy Shoes Jacket/Sweatshirt Raincoat/Poncho Swim Trunks Scout Hat	Sleeping Bag/Blankets Pillow Ground Cloth Large Sheet of Cardboard to Cushion Springs
Supplies	Personal
Pocket Knife Flashlight Extra Batteries/Bulb Canteen Footlocker Eating Utensils Insect Repellent Compass	Shower/Personal Toiletries Toothbrush/Toothpaste Shower Shoes Towel for Pool/Towel for Shower
Miscellaneous	
Paper & Pencils Rope Matches Hiking Stave	Fire Starters Scout Handbook Survival Kit Camera

DO NOT BRING TO CAMP

- | | |
|--|---|
| <ul style="list-style-type: none"> ✘ Fireworks ✘ Ammunition ✘ Pets ✘ Sheath Knives | <ul style="list-style-type: none"> ✘ Electronic Games ✘ Kerosene or Gas Lanterns ✘ Alcoholic Beverages |
|--|---|

Specialty Camp Registration Form

Provisional Camp/ Eagle Camp Registration Form

_____ I would like to register for **EAGLE CAMP- July 21-July 27, 2019**

_____ I would like to register for **PROVISIONAL CAMP** during these dates:

_____ June 16 - 22 _____ June 23 - 29 _____ July 7 - 13

_____ July 14 - 20 _____ July 21 - 27

Scout Name _____

Address _____

Phone _____ **Unit** _____ **District** _____

Parent/Guardian Signature _____

Scoutmaster Approval (Eagle Camp only) _____

Registration fee (\$50.00) enclosed. Balance must be paid before May 3, 2019.

**Mail to:
Westmoreland-Fayette Council
2 Garden Center Drive
Greensburg, Pa 15601**

Zip Line at Camp Conestoga Waiver

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organization associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I 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 claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

In addition, I understand that the maximum allowable weight on the Zip Line is 250 pounds.

Participants Signature _____ Date _____

*If the participant is under age 18, his or her parent or guardian must also sign below

Parent or Guardian Signature _____ Date _____

CAMP SCOUT COWBOY ACTION SHOOTING PROGRAM PARTICIPATION AND HOLD HARMLESS AGREEMENT

Camp Conestoga / ESR (Westmoreland Fayette Council) will be conducting a Scout cowboy action shooting program. In this program, Scouts will shoot a rifle, pistol, and shotgun under the supervision of an NRA Range Safety Officer and NRA certified instructors. Scouts will be required to wear eye protection and hearing protection at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).

I, the undersigned, give my child, _____, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I 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 claims or liability arising out of this participation.

For safety, my child and I agree that he/she will do the following or he/she will be removed from the program. I understand that any additional cost associated with participation in this program will not be refunded if my child is removed for not following the rules below.

1. Complete a range safety briefing.
2. Wear all safety gear at all times while on the range.
3. Follow all the safety rules provided in the briefing.
4. Follow the instructions of the Range Safety Officer(s) and rifle, pistol, and shotgun instructor(s).
5. Do not handle the firearms until instructed to do so by the instructor(s).
6. Is 14 years of age, or 13 and has completed the eighth grade, as of the start of the class and will be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

Participant signature _____ Date: _____

Parent/guardian signature _____ Date: _____

Parent/guardian printed name _____ Date: _____

Home phone _____ Cell phone _____

Email address _____