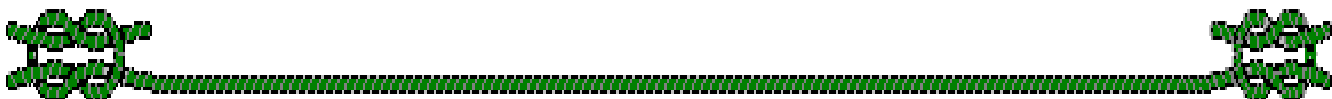




# Camp Forms

*In this section, you will find all the forms mentioned in the contents of the Leader's Guide. Feel free to copy these forms as necessary.*



**Medical and Health History Record**

(Note: This form is needed in additional 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, 2018

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.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

## Final Fees Attendance Roster-May 4, 2018

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.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				

## Final ATTENDANCE Roster-2018

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.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
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, 2018, in order to be valid for the 2018 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			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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

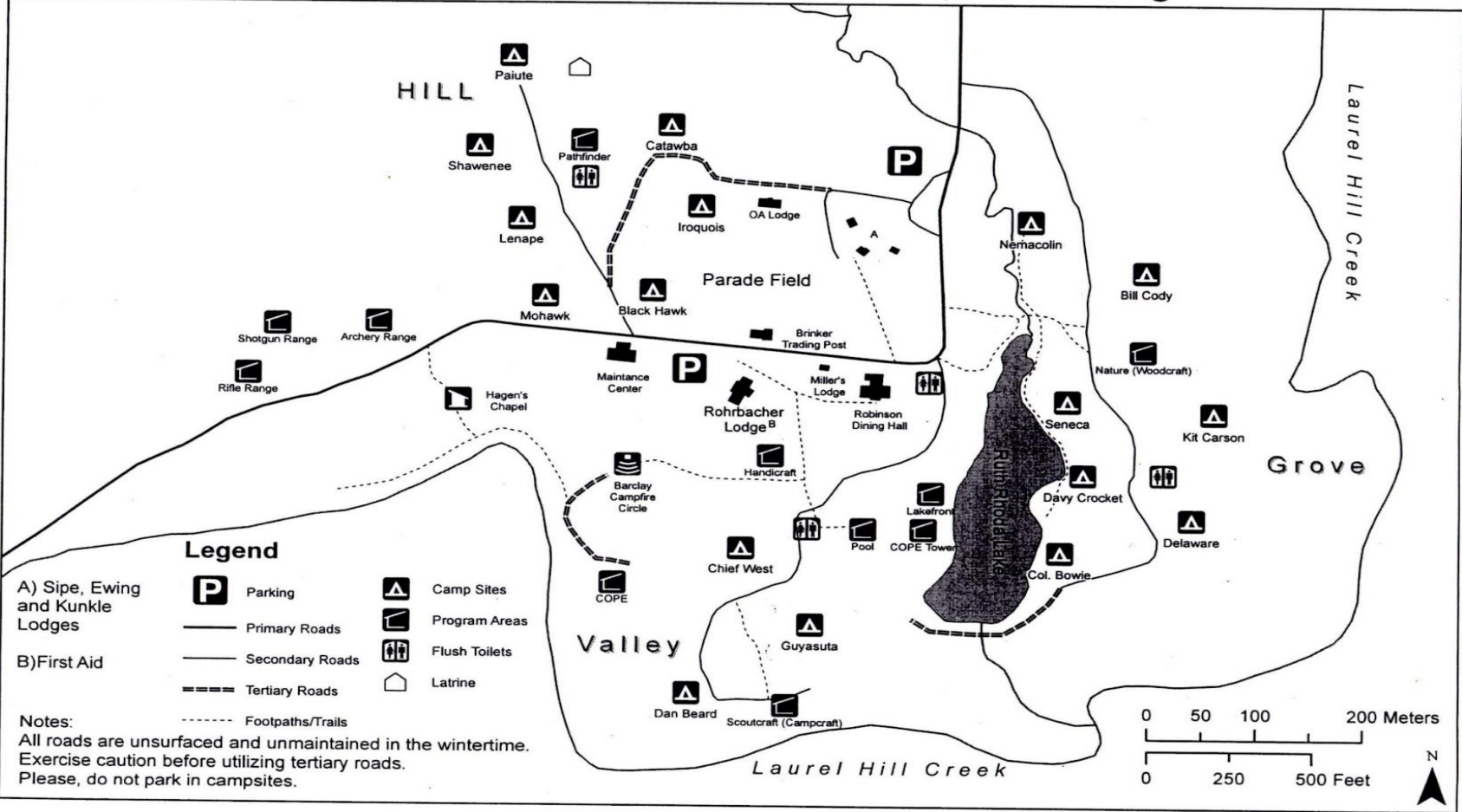
- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>✘ Fireworks</li> <li>✘ Ammunition</li> <li>✘ Pets</li> <li>✘ Sheath Knives</li> </ul> | <ul style="list-style-type: none"> <li>✘ Electronic Games</li> <li>✘ Kerosene or Gas Lanterns</li> <li>✘ Alcoholic Beverages</li> </ul> |
|--|---|



## **Sample Rollover Form**

# Camp Map

## Eberly Scout Reservation - Camp Conestoga



Special thanks to Washington College GIS, Saint Vincent College, and the Westmorland-Fayette Council for technical and logistical support for the creation of this map.

Drawn by: Thomas Fish  
 June 2015 Revision of the 2014 Map  
 Summer Camp Version

# Specialty Camp Registration Form

## Provisional Camp/ Eagle Camp Registration Form

\_\_\_\_\_ I would like to register for EAGLE CAMP- June 25-June 30, 2018

\_\_\_\_\_ I would like to register for PROVISIONAL CAMP during these dates:

\_\_\_\_\_ June 17 - 23      \_\_\_\_\_ June 24 - 30      \_\_\_\_\_ July 8 - 14

\_\_\_\_\_ July 15 - 21      \_\_\_\_\_ July 22 - 28

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 4, 2018.**

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 \_\_\_\_\_

## Campership Guidelines

### **EBERLY SCOUT RESERVATION CAMP CONESTOGA CAMP BUCK RUN**

The Campership Program is designed to aid, but not support, Scouts who would not be able to attend camp without financial assistance – remembering that A SCOUT IS THRIFTY and WORKS to pay his own way and helps others.

In this day and age of unstable economic conditions it is crucial that units be active in a fundraising program and that all Scouts participate to earn money for camp and other activities.

We will make every attempt to assist in your request, but cannot guarantee financial aid. The awards will be dependent upon the total amount of funding available, the income guidelines for eligibility, and the Scout's, Parent's, and the Unit's contribution toward the total camp fee.

The Council Campership Committee will be considering your request on an individual basis. We ask that you fill out the form in full and return it to the Council Service Center by April 9, 2018. Notification will be sent to you. Money will be applied to the balance of your camp fees

Yours in Scouting,

### **Council Campership Committee**

**All parts of the application must be completed and turned in by April 9, 2018 in order to be eligible for a Campership. Incomplete applications will not be processed.**

**DUE APRIL 9**  
CAMPERSHIP APPLICATION

The purpose of the Charlie Yarris campership is to assist Scouts with a financial need to attend Camp. Completion of this form DOES NOT automatically guarantee a campership. Camperships are made on the basis of need and available funds. This campership fund is only for Scouts attending Camp Buck Run or Camp Conestoga of the Eberly Scout Reservation. **This application must be received by 5 PM on April 9 at the Council Service Center.** Incomplete, unsigned, or applications received after this date will not be considered. Notification of campership awarded will go to the Unit Leader and to the parent / guardians.

**All information must be complete. Camperships are not transferable to another Scout or another year.**

Scout's Name: \_\_\_\_\_ Unit Type: \_\_\_\_\_ Unit #: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Scout's age: \_\_\_\_\_

Parent / Guardian 1 \_\_\_\_\_

Registered Scout Leader?  Yes  No      Planning to attend Camp with Scout?  Yes  No

Parent / Guardian 2 \_\_\_\_\_

Registered Scout Leader?  Yes  No      Planning to attend Camp with Scout?  Yes  No

Single adult household?  Yes  No      Number of dependents in household: \_\_\_\_\_

Number of other household youth attending a WFC summer camp: \_\_\_\_\_

**The most recent available income tax form MUST be attached (SS# can be blackened out).**

Scout will attend:     Camp Buck Run                       Camp Conestoga

Cost of Camp: \_\_\_\_\_ Total youth Camp fee: \$ \_\_\_\_\_

Amount earned from Council popcorn sale                      Less \$ \_\_\_\_\_

Amount Scout will contribute from projects or fundraisers                      Less \$ \_\_\_\_\_

Amount Family will contribute                      Less \$ \_\_\_\_\_

Amount Unit / Charter Partner will contribute                      Less \$ \_\_\_\_\_

Total funds contributed (total of four lines above): \_\_\_\_\_ \$ \_\_\_\_\_

Amount of campership requested (cannot be more than half of total youth camp fee): \_\_\_\_\_ \$ \_\_\_\_\_

*continued on reverse*

Short statement on why a campership is requested. (To be completed by youth / family. Attach another sheet if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information on this form is accurate:

I certify that to the best of my knowledge, the information on this form is accurate:

Parent/Guardian name (print): \_\_\_\_\_

Unit leader name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Unit leader signature: \_\_\_\_\_

Scout's signature: \_\_\_\_\_

Unit leader comments: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applications must be received at the Council Service Center by April 9 at 5:00 PM. Incomplete, unsigned, or applications received after this date will not be considered. Notification of campership awarded will go to the Unit Leader and to the parent / guardian. All information must be complete and will be held in the strictest confidence.

Send complete applications to:  
Westmoreland-Fayette Council  
2 Garden Center Drive  
Greensburg PA 15601 – 1393  
Fax: (724) 832-8780

For Office Use Only

Date Request Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_