

CAMP



# 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)  
**(UNIT LEADERS, Place this on top of the medical form.)**

Scout \_\_\_\_\_ Scout-Leader \_\_\_\_\_

Campsite \_\_\_\_\_ Troop # \_\_\_\_\_

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#### Food Allergies

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Previous Health Problems

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Medications to Be Taken at Camp

Type

Time

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Emergency Phone Numbers of Parent / Guardian

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Doctor's Name \_\_\_\_\_

Doctors Phone (\_\_\_\_\_) \_\_\_\_\_

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Is your Health Insurance listed as an HMO Plan?

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

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Other information?

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To help check in on Sunday flow smoothly, we are asking each Troop Leader to complete this health review sheet for each scout. 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 8<sup>th</sup>, 2025

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	Rank as of the first day at camp!	Phone	Years in Camp	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
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16.				
17.				
18.				
19.				
20.				
21.				
22.				

## Final Fees Attendance Roster-May 3<sup>rd</sup>, 2025

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	Rank as of the first day at camp!	Phone	Years in Camp	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
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18.				
19.				
20.				
21.				
22.				
23.				

**Final ATTENDANCE Roster-2025**  
*(Turn in at SUNDAY Check-in)*

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	Rank as of the first day at camp!	Phone	Years in Camp	Notes
1.				
2.				
3.				
4.				
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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

***(NOTE: This FORM Stay in the hands of the Scoutmasters!)***

## 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 which they deem necessary. All tests must be completed after January 1, 2025, in order to be valid for the 2025 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 your 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 their 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 First Aid Kit
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> |
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# Specialty Camp Registration Form

## Provisional Camp/ Eagle Camp Registration Form

\_\_\_\_\_ I would like to register for **EAGLE CAMP- July 27-August 2, 2025**

OR

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

\_\_\_\_\_ June 22 - 28      \_\_\_\_\_ July 6 – July 12      \_\_\_\_\_ July 13 - 19

\_\_\_\_\_ July 20 - 26      \_\_\_\_\_ July 27 – August 2

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 2<sup>th</sup>, 2025, unless approved by the Camp Director.**

**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 Scouting 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 Scouting 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 Scouting 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, their parent or guardian must also sign below

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# CAMP SCOUT COWBOY ACTION COMPETITION PROGRAM PARTICIPATION AND HOLD HARMLESS AGREEMENT

Camp Conestoga / ESR (Westmoreland Fayette Council) will be conducting a Scout cowboy action competition program. In this program, Scouts will fire 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 Scouting 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 \_\_\_\_\_

# Refund Policy

This policy is applicable to all camp activities where Westmoreland Fayette Council collects a fee or a deposit for Summer Camp at Camp Conestoga and Camp Buck Run.

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1. Refund requests will only be considered if submitted by regular mail sent to:  
Camp Staff Advisor/Camp Director  
Westmoreland Fayette Council  
2 Garden Center Drive  
Greensburg, PA 15601
2. For Resident Camps:
  - a. Any required deposits shall be NON-REFUNDABLE.
  - b. Refund of fees, outside of a deposit, will be processed on a sliding scale according to the following guidelines:
    - i. Request received 30 or more days before the event – you will receive 100% of the total event fee, less the NON-REFUNDABLE deposit.
    - ii. Request received 14 – 29 days before the event – you will receive 50% of the total event fee, less the NON-REFUNDABLE deposit.
    - iii. Request received less than 14 days before the day of the event – you will receive 25% of the total event fee, less the NON-REFUNDABLE deposit.
    - iv. In the event of a documented medical reason (doctor's note required), a death in the family, a natural disaster, or a declared emergency – refund request must be submitted within fourteen (14) days following the end of the applicable activity.
  - c. For events where you register as a unit, registrations are transferrable within the same unit to a Scout or adult leader not currently registered for the activity.
3. Approved refunds will be processed within thirty (30) days of their receipt and all deposit will be made to the Unit. The unit will be responsible for the disbursement of those fees to the correct family. In Council Units, fees will be deposited into the Units account at the Council Service Center.
4. If an activity is cancelled or postponed by our council and the participant cannot attend on the alternate date, a refund request of the full fee will need to be submitted to process the refund.
5. Recognizing that we are here to “help other people at all times,” regardless of the policies set out above, full or partial refunds may be granted for special hardship cases. Special hardship cases may include personal illness or family emergencies. Special hardship case refunds will be promptly considered and granted or denied by the Camp's Staff Advisor or Camp Director.

*Policy effective 01/01/2021*

### Summer Camp Refund Request Form

Unit # \_\_\_\_\_ Unit Type:  PACK  TROOP  CREW District: \_\_\_\_\_

Council: \_\_\_\_\_ Camp Arrival Date: \_\_\_\_\_

Camp Attending:  Camp Buck Run  Camp Conestoga

*(Any required deposits shall be non-refundable)*

Please Complete one form per camper requesting a refund:

Camper Name: \_\_\_\_\_ Unit Name: \_\_\_\_\_  
*(example: Troop 1234)*

UNIT CONTACT PERSON: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Campership Awarded: \$ \_\_\_\_\_

Signature (Unit Leader): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

SEND FORMS TO:

Camp Staff Advisor/Camp Director  
Westmoreland Fayette Council  
2 Garden Center Drive  
Greensburg, PA 15601

For Office Use Only:

Request Received: \_\_\_\_\_ Request Processed: \_\_\_\_\_

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

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_