

# BSA Troop 119 General Information Sheet For Summer Camp 2009

Troop 119 Summer Camp 2009 is scheduled for the weeks of August **9-15** and **16-22**. Both weeks of camp will be held at Griswold Scout Reservation (GSR). This package contains all of the forms needed to register for camp.

The following forms need to be completed and mailed to the Troop (some with payment) on or before the dates specified below:

<u>Description</u>	<u>DUE DATE</u>	<u>Sent</u>
Camp Deposit Form	3/01/2009	_____
Adult Camper and Volunteer Form	3/01/2009	_____
Final Payment Form	5/01/2009	_____
BSA Medical Form (A BSA "Class 3" Form is Enclosed)	5/31/2009	_____

The forms above need to be completed and submitted to the Troop. This year, all forms must be **MAILED** to the appropriate recipient (identified on each form). We anticipate that this will be a more efficient process, and will eliminate piecemeal collection of forms and payment at Troop meetings.

In addition to the forms listed above, this package contains several information sheets:

- Bus Information Sheet
- Medical Information Sheet
- General Information Sheet (this page)

.....PLEASE READ THE INFORMATION SHEETS!

**For those who will drive to camp to drop off or pick up their scouts:**

For drop-off, arrive at camp by 1 PM on the arrival day (Sunday August 3 or Sunday August 10). **DO NOT ARRIVE LATE**, as the Troop must be fully assembled before being admitted to camp. For pick-up (Saturday August 15 or Saturday August 22) arrive at camp at 9:00 AM; please be patient and be prepared to wait as the Scouts are released individually to their parents/guardians. Scouts must be released by the designated Troop individual (to be identified that day) before departing.

**Two-Week Campers and the "Saturday between Camps"**

For Scouts attending both weeks of camp, the Saturday between the two weeks is family visiting day. The scout **MUST** be picked up at the Camp Bell parking lot (the second camp going up the hill) and taken out of camp that day, as there will be **NO LEADERS** at camp to supervise.

This is the traditional family day when parents/guardians take their Scout out of camp to wash clothes, play a round of miniature golf, etc. Parents should arrive by 9:00 AM, and scouts may leave camp starting as soon as the campsite is cleaned up after breakfast; please be patient and be prepared to wait as the scouts are released individually to their parents/guardians. Scouts must be released by the designated Troop individual (to be identified that day) before departing. Scouts must return by 5 PM or by whatever time the Scout Leaders identify on that day. Any scout planning to leave with another family must have his parents/guardians transmit this information to the Scoutmaster, preferably with a written note, prior to the start of summer camp.

**SPOKE Program**

This year, a program is being offered to scouts age 14 and above who have previously attended at least two years of summer camp. The scout attends camp with the troop, but can opt to participate in special outings, including a Winnepesaukee Kayaking trip (2 days), a Peak bagger hike (2 days), and one day mountain biking and rock climbing programs. The actual activities offered each week will be chosen by compiling rankings given by the scouts participating that week. Please specify if your scout is choosing this option, and pay the appropriate camp fee, which differs from the 'normal' camp fee.

**Griswold Scout Reservation Camp Website:**

The Daniel Webster Council website ([www.nhscouting.org](http://www.nhscouting.org)) has information such as driving directions, mailing addresses, "what to bring" lists, etc. Click on "Camps" and follow the links.

## Summer Camp 2009 Dates, Fees, Deadlines

- Dates: Camp Bell, August 9 – 15  
Hidden Valley, August 16 – 22
- Costs: Camp Bell: \$350  
Hidden Valley: \$325  
Spoke Program (either camp) \$350  
Campership money is available if needed; contact [lsheedy516@aol.com](mailto:lsheedy516@aol.com) to discuss.
- Discounts: (1) Boys going two weeks receive a \$50 discount, making the cost of two weeks \$625.  
**Note: If a Spoke Program is selected in any of the two weeks or both, the two week discount is only \$25.**  
(2) The second (third, fourth, etc) brother in a family, attending the same week as a sibling, receives a \$25 discount per week.
- Deadlines: Deposit of \$50 per camp-week DUE March 1.  
Full balance of camp fees DUE May 1  
Bus fees due May 1  
Medical forms DUE May 31.
- Late fees: The prices quoted above reflect a deposit of \$50 per week due by March 1, and the balance paid in full by May 1. If either the initial deposit or the final payments are made late, then late fees are applied as follows:  
Late deposit, with full payment by May 1 - \$10 late fee  
Full payment made after May 1 - \$25 late fee  
These fees are charged by the camp, and do not benefit the troop at all.
- Bus fee: Last year's fee one way - \$28  
Last year's fee Round trip - at BEGINNING of Bell week, and END of Valley week, \$36
- Photos: \$9 per photo. Separate photos taken each week of camp

For older scouts: Valley Voyager, National Youth Leader Training, Counselor in Training, Provisional Camp Weeks:  
Campers who wish to sign up for any of the above named programs should go to [www.nhscouting.org](http://www.nhscouting.org) for details as to how to apply, or contact the Scoutmaster. Some of these programs require a Scoutmaster recommendation, so look into them early.

**Cancellation Policy:** All but \$50 of an individual's fee/week is refundable, as long as the request is submitted in writing and received at the Daniel Webster Council Scout Service Center, 571 Holt Avenue, Manchester, NH 03259 and postmarked two weeks before arrival at camp. Circumstances for refunds are limited to: sickness or injury (with accompanying doctor note), family emergency, summer school or family relocation. Refunds for individuals participating in camp with a Chartered Troop will be made to the troop. Refunds for scouts participating in individual camp program will be made to the family. All space is available on a first come first served basis for those paid in full.  
**Fees are transferable to another Scout.**

# **BSA Troop 119 Bus Information Sheet For Summer Camp 2009**

If we have enough riders to cover the cost of the bus, Troop 119 together with Troop 160 will run a bus up to Hidden Valley Scout Reservation summer camp on August 9 and back from HVSR summer camp on August 22. The bus is typically a school bus rented from one of the local school bus companies, and is driven by one of the school bus company's drivers. The troop sends at least one adult on the bus along with the scouts.

**UNLESS THE TROOP INFORMS YOU THAT THERE WILL NOT BE A BUS, YOU SHOULD ASSUME THAT WE HAVE ENOUGH RIDERS AND THAT THERE WILL BE A BUS ON THE SPECIFIED DATES.**

**AVAILABILITY IS ON A FIRST COME-FIRST SERVED BASIS!**

TO RESERVE A RIDE ON THE BUS, Please indicate that you wish to ride the bus on the Final Registration form DUE 5/1/2009. Finishing up your registration earlier will help assure you a spot on the bus. Late bus registrations/payments will be accepted until the bus is full.

Payment for the bus also covers rental of the truck to move the scouts' gear. The price for 2008 was \$36 round trip OR \$28 one way.

The current plan is for the bus to depart from the St. Brigid parking lot at 10:30 A.M. on Sunday, August 9. The time may change – you will be notified by email.

- Refer to the Summer Camp section of the Troop 119 Guidebook for a list of WHAT TO PACK and Summer Camp “Frequently Asked Questions”
- Your scout’s gear might be transported in a vehicle other than the bus
- Your scout should wear his Class A Uniform and carry on the bus a day pack with the following:
  - Bag lunch
  - Filled water bottle
  - Medications (to be checked into the Health Lodge at Camp)
  - Troop 119 T-Shirt
- Be sure to label your scout's gear with his name!

**The bus will return to the St. Brigid parking lot at noon on Saturday, August 22**

- Your scout’s camp gear might return in a vehicle other than the bus
- Please wait for all of the gear to arrive before going home with your son.

# 2009

## Troop 119 Boy Scout Summer Camp Camp Deposit Form \* Form and Deposits Due by 3/1/2009 \*

TO DETERMINE THE BALANCE DUE,  
COMPLETE THE WORKSHEET BELOW, INSERTING DOLLAR AMOUNTS  
ONLY FOR THOSE ITEMS WHICH APPLY TO YOUR SCOUT.  
Choose only ONE bus option!!

**Make check payable to:** BSA Troop 119

**MAIL return slip and check to:** Sue Wong, 20 Captain Parker Arms #12, Lexington, MA 02421

**PLEASE MAIL, DO NOT HAND DELIVER**

For your records: Amount paid: \_\_\_\_\_ check #: \_\_\_\_\_ date: \_\_\_\_\_

Circle: Bell (Aug 9-15)      Valley (Aug 16-22)

SPOKE Program? (14+ yr old experienced campers only)    Yes at Bell    Yes at Valley    No

Clip here, and mail the lower portion.....

Scout's Name: \_\_\_\_\_

Any Food Allergies or Restrictions? Details: \_\_\_\_\_

Camp Planning Parent/Guardian Name & Phone #: \_\_\_\_\_

Camp Planning Parent/Guardian Name e-mail address(es): \_\_\_\_\_

If choosing SPOKE, rank activities (1 – first, 4 – last):    \_\_\_ Kayak    \_\_\_ Peaks    \_\_\_ Mt Bikes    \_\_\_ Rock

Description	Price	Amount Due
Deposit, Camp Bell, August 9-15 (Non-SPOKE):	\$50	\$ _____
<b>OR</b> Camp Bell, August 9-15 (SPOKE):	\$50	\$ _____
Late fee <b>\$10</b> after March 1:		\$ _____
Deposit, Hidden Valley, August 16-22 (non-SPOKE):	\$50	\$ _____
<b>OR</b> Hidden Valley, Aug 16-22 (SPOKE):	\$50	\$ _____
Late fee <b>\$10</b> after March 1:		\$ _____
TOTAL Deposits DUE BY 3/1/2009:		\$ _____

# 2009

## Troop 119 Boy Scout Summer Camp Final Registration and Bus Reservation Form

\* Due by 5/1/2009 \*

TO DETERMINE THE BALANCE DUE,  
COMPLETE THE WORKSHEET BELOW, INSERTING DOLLAR AMOUNTS  
ONLY FOR THOSE ITEMS WHICH APPLY TO YOUR SCOUT.

Choose only ONE bus option!!

**Make check payable to:** BSA Troop 119

**MAIL return slip and check to:** Sue Wong, 20 Captain Parker Arms #12, Lexington, MA 02421

**PLEASE MAIL, DO NOT HAND DELIVER**

For your records: Amount paid: \_\_\_\_\_ check #: \_\_\_\_\_ date: \_\_\_\_\_

Circle: Bell (Aug 9-15)      Valley (Aug 16-22)

SPOKE Program? (14+ yr old experienced campers only)    Yes at Bell    Yes at Valley    No

Bus option selected:    Round trip      TO Camp Bell Only      FROM Valley Only

Clip here, and mail the lower portion.....

Scout's Name: \_\_\_\_\_

Any Food Allergies or Restrictions? Details: \_\_\_\_\_

Camp Planning Parent/Guardian Name & Phone #: \_\_\_\_\_

Camp Planning Parent/Guardian Name e-mail address(es): \_\_\_\_\_

If choosing SPOKE, rank activities (1 – first, 4 – last):    \_\_\_ Kayak    \_\_\_ Peaks    \_\_\_ Mt Bikes    \_\_\_ Rock

	Description	Price	Amount Due
	Camp Bell, August 9-15 (Non-SPOKE):	\$350	\$ _____
	<b>OR</b> Camp Bell, August 9-15 (SPOKE):	\$350	\$ _____
	Late fee <b>\$10</b> after March 1; <b>\$25</b> after May 1:		\$ _____
	Hidden Valley, August 16-22 (non-SPOKE):	\$325	\$ _____
	<b>OR</b> Hidden Valley, Aug 16-22 (SPOKE):	\$350	\$ _____
	Late fee <b>\$10</b> after March 1; <b>\$25</b> after May 1:		\$ _____
	Going to both <b>Camp Bell and Hidden Valley?</b> – subtract \$50:	-\$50	\$ _____
<b>Or</b>	going to two camps including at least one Spoke Program? – subtract \$25:	-\$25	\$ _____
	“2nd brother in family” discount, per week: #weeks X	-\$25	\$ _____
	Bus, Round Trip (August 9 AND August 22):	\$36.	\$ _____
	<b>OR</b> Bus, One-Way TO Camp, August 9 ONLY:	\$28	\$ _____
	<b>OR</b> Bus, One-Way FROM Camp, August 22 ONLY:	\$28	\$ _____
	Group Picture Camp Bell:	\$9	\$ _____
	Group Picture Hidden Valley:	\$9	\$ _____
	Subtract Deposits previously paid:	\$-_____	\$ _____
	TOTAL Deposits DUE BY 3/1/2009:		\$ _____

# BSA Troop 119 Medical Information Sheet For Summer Camp 2009

**!!! APPLIES TO SCOUTS AND ADULT CAMPERS!!!**

The following information is taken from the Daniel Webster Council's camp website ([www.nhscouting.org](http://www.nhscouting.org)):

## **MEDICAL FORM**

Each person staying in camp must have a current medical form, with a doctor and parent's signature. Each youth medical form mandated by the State of New Hampshire is good for 24 months. Adults over the age of 40 must have a physical annually. All units are requested to use the class III Medical Form that can be obtained by going to the FORMS section of this web site. Anyone who stays overnight in Camp MUST have a medical form on file with the health office, adults included.

A parent or guardian's signature must also be on the section that gives the camp the ability to hospitalize and treat a boy in case of an emergency when the parents cannot be reached.

The following sections of the medical form MUST be filled out completely.

Section I--- Identification; Section II-- Emergency Medical Info.; Section III- Parent Statement; Section IV -Immunization History; Section VI- Medical History; Section V & VII MUST be completed by a doctor.

**ANY CAMPERS WHO DO NOT HAVE A PROPERLY COMPLETED MEDICAL FORM OR ARE MISSING A PARENT'S OR DOCTOR'S SIGNATURE MAY NOT STAY OVERNIGHT IN CAMP!! NO EXCEPTIONS!!** Insurance information must be up to date and legible.

## **MEDICATIONS**

State law mandates that all medication must be secured in the Health Lodge. All medications will be turned in to the camp nurse upon arrival. Only legal medications will be given to scouts. Legal medications are medications in their original containers with a doctor name, patient name, administration instructions and date on the label. If for some reason the dosage changes, you will need a doctor's note.

Although nothing is said about doctors' computer printouts in the text above, a signed doctors' computer printout and physical statement stapled to the medical form has been accepted by the Camp in previous years.

**DO NOT SEND** over the counter drugs (Tylenol, ibuprofen, etc), UNLESS there is an accompanying Prescription for that drug included with it.

**MEDICAL FORMS ARE DUE TO THE TROOP BY 5/31/2009. PLEASE MAKE APPROPRIATE ARRANGEMENTS (i.e., early appointments) FOR ANNUAL PHYSICALS.**

**MAIL** completed medical forms (KEEP A COPY FOR YOURSELF) to:

Troop 119, c/o Rick Melnick  
252 E. Emerson Rd.  
Lexington, MA 02420

**MAIL COMPLETED FORMS  
DO NOT HAND DELIVER**

A **BSA Class 3** medical form is enclosed in this package. A form is also included in the Troop 119 Guidebook.

**PERSONAL HEALTH AND MEDICAL RECORD FORM—Class 3**

**I. IDENTIFICATION** Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth\*  
 Name \_\_\_\_\_  
 Last name First name Initial Mo. Day Year  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Health/Accident insurance \_\_\_\_\_ Policy no. \_\_\_\_\_

**IN AN EMERGENCY NOTIFY:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home phone \_\_\_\_\_  
 City & State \_\_\_\_\_ Business phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

**III. PARENTAL STATEMENT**  
 Has it ever been necessary to restrict applicant's activities for medical reasons?  No  Yes Does applicant take medicine regularly or have special care?  No  Yes If yes, explain.  
 \_\_\_\_\_  
 To the best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.  
 Parent or guardian \_\_\_\_\_  
 (Must sign if applicant is 18 or younger)  
 Applicant's signature \_\_\_\_\_  
 Date signed \_\_\_\_\_  
 Updated \_\_\_\_\_ Signed \_\_\_\_\_ Parent or guardian  
 Updated \_\_\_\_\_ Signed \_\_\_\_\_ Parent or guardian

**IV. IMMUNIZATIONS**  
 If disease, put "D" and year. Last year given  
 Tetanus \_\_\_\_\_  
 Diphtheria \_\_\_\_\_  
 Pertussis \_\_\_\_\_  
 Measles \_\_\_\_\_  
 Mumps \_\_\_\_\_  
 Rubella \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_

Religious preference \_\_\_\_\_

**BOY SCOUTS OF AMERICA**  
 All Class 3 activities require a health examination within the past 12 months by a licensed health-care practitioner.\* This includes youth and adult members participating in high-adventure activities, athletic competition, and world jamborees. Annually, this form is to be used by adults 40 years of age or older for all activities requiring a physical examination and applies to *all* Wood Badge participants/staff regardless of age.

**II. EMERGENCY MEDICAL INFORMATION**  
 Has or is subject to (check and give details):  
 Allergy to a medicine, food†, plant, animal, or insect toxin  
 Any condition that may require special care, medication, or diet  
 ADHD (Attention Deficit Hyperactive Disorder)  
 Asthma  Convulsions  Heart trouble  Contact lenses  
 Diabetes†  Fainting spells  Bleeding disorders  Dentures  
 EXPLAIN \_\_\_\_\_

**V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE**  
 Approved for participation in:  
 Hiking and camping  Water activities  
 Competitive sports  All activities  
 Specify exceptions \_\_\_\_\_  
 Recommendations (explain any restrictions OR limitations): \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signed \_\_\_\_\_  
 \*Licensed health-care practitioner  
 \*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**PLEASE TYPE OR PRINT.**  
 NAME \_\_\_\_\_  
 UNIT \_\_\_\_\_  
**NOTE:** Keep original form for your personal record. Make reproductions for agency use. Be sure information and signatures are legible on reproduced copies. This upper section may be reproduced and carried with you for emergency identification and care.

**VI. MEDICAL HISTORY**  
**Parent (or applicant if 18 or older):** Fill in sections I, II, III, IV, and VI *before seeing a licensed health-care practitioner.* Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.

- Date of most recent complete physical examination (month and year) \_\_\_\_\_ 20\_\_\_\_
- Are you aware of any current health problems?  No  Yes
- Now under medical care or taking medicines?  No  Yes
- Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination?  No  Yes

Give dates and full details below for any "yes" answers.

IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):	No	Yes	Year	Details/Medicines
Serious illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Skin, glands	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ears, eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nose, sinus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Teeth, tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chest, lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stomach, bowels	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidneys or urine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Albumin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Back, limbs, joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nervous condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used:  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. HEALTH EXAMINATION**  
**Licensed Health-Care Practitioner:**

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (afloat or onfoot) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations; for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and trivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
- After completing section VII, summarize any restrictions and/or recommendations in sections II and V, above, and sign.

VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_  
 Date \_\_\_\_\_ Normal \_\_\_\_\_  
 Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Glasses \_\_\_\_\_ Abnormal \_\_\_\_\_  
 B.P. \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Contacts \_\_\_\_\_

- Check box if normal; circle if abnormal and give details below:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Growth, development | <input type="checkbox"/> Teeth, tonsils         | <input type="checkbox"/> Genitourinary    |
| <input type="checkbox"/> Skin, glands, hair  | <input type="checkbox"/> Respiratory            | <input type="checkbox"/> Skeletomuscular  |
| <input type="checkbox"/> Head, neck, thyroid | <input type="checkbox"/> Cardiovascular         | <input type="checkbox"/> Neuropsychiatric |
| <input type="checkbox"/> Eyes, ears, nose    | <input type="checkbox"/> Abdomen, hernia, rings | <input type="checkbox"/> Other (specify)  |

**COMMENTS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR THOSE ATTENDING PHILMONT OR NATIONAL HIGH-ADVENTURE BASES:**  
 \* The minimum age for all participants is 13 by January 1 of the year of participation, or have completed the seventh grade. No exceptions.  
 † Trail food is by necessity a high-carbohydrate, high-calorie diet. It is high in wheat, milk products, sugar, corn syrup, and artificial coloring/flavoring. Dinner meals contain meat. If these food products cause a problem in your diet, you need to bring appropriate substitutions with you and so advise base personnel.  
**Note:** Licensed health-care practitioners representing high-adventure bases reserve the right to deny access to the trails or other program activity on the basis of a medical evaluation performed at the base after arrival.

**REVIEW FOR CAMP OR SPECIAL ACTIVITY**

DATE	AGENCY AND ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

**INTERVAL RECORD**

(CAMP, CAMPOREE, TOURNAMENT, TRAVEL, ETC.)

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENT, INSTRUCTIONS, DISPOSITION, ETC.	BY:

#34412B



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2009

Troop 119 Boy Scout Summer Camp  
Adult Camper and Volunteer Form

\* Due by 3/1/2009 \*

**Dates:** Week 1, August 9-15 (Camp Bell)  
Week 2, August 16-22 (Hidden Valley)

**Location:** Gilmanton Iron Works, NH; directions can be found at the Daniel Webster  
Council website www.nhscouting.org

We need adult campers so that we maintain appropriate adult supervision at camp, and we need  
volunteers to drive the rental truck on August 9 and 22.

Minimum stay for camping is three days. A physical within 1 year of the end of camp is **REQUIRED**  
for all adults.

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**PLEASE COMPLETE THE ITEMS BELOW AND RETURN THE BOTTOM  
PORTION OF THE FORM  
BY MAIL BY 3/1/2009**

**Mail to:** Troop 119, c/o Sue Wong, 20 Captain Parker Arms #12, Lexington, MA 02421

If you do volunteer, make a note here of what you volunteered for:  
Clip here, and mail the lower portion.....

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**TROOP 119 SUMMER CAMP 2009**  
Adult Volunteer Form

Scout's Name: \_\_\_\_\_

Volunteering Parent/Guardian name: \_\_\_\_\_

Volunteering Parent/Guardian phone number(s): \_\_\_\_\_

Volunteering Parent/Guardian e-mail address(es): \_\_\_\_\_

I would like to camp with Troop 119 and am available on the following dates (3-day minimum stay):

\_\_\_\_\_

I would like to drive the rental truck on one of the round trips. I prefer to drive on (circle one):

August 9

August 22

Either date is fine

I would like to help with one of the Camp Bell "outback" hike/overnights: yes no (circle one and give

dates available) \_\_\_\_\_

(We may not be doing the overnight hikes this year, we will let you know)

All volunteers will be contacted as the schedule firms up