

# Elk Lick Scout Reserve



## ***COME ON BACK TO SUMMER CAMP AT ELK LICK SCOUT RESERVE!***

Elk Lick Scout Reserve is a beautiful wooded property, where Scouts enjoy nature at its best. ELSR offers an opportunity to explore scenic backcountry trails throughout the property, which also includes a pond and swimming pool, open fields and plenty of activities for Scouts. For decades, Scouts have found memorable outpost experiences here.

The Allegheny Highlands Council, BSA, is offering a 6-day Resident Camping program at Elk Lick Scout Reserve in 2020. A BSA Nationally Accredited Camp, ELSR boasts a central dining facility; a Trading Post with BSA clothing and supplies, souvenirs and snacks; and the most scenic campsites in the Pennsylvania wilds.



## Scouts BSA Camp Fee is \$335. (Minus INCENTIVES)

- Leader Fee \$130 - One leader free per every 10 youth.
- Youth receive a \$20 discount when camp fees are paid in full by April 1<sup>st</sup>.
- Youth receive a \$10 discount when camp fees are paid in full by June 1<sup>st</sup>.
- There is an additional \$20 discount for Allegheny Highlands Council Units that recharter on time and submit completed Journey to Excellence paperwork with their charter.

## Can't Attend with your Troop? That's OK!

**Provisional camping** is a program for Scouts who would like to attend camp, even if their own Troop is not. Scouts will either form a provisional troop with a provisional Scoutmaster and assistant who will be assigned to them or be assigned to another troop that has adequate leadership. Often, it's an opportunity to see another perspective on Scouting!



## What Will Scouts Do at Camp?

In addition to working on Merit Badges, ELSR offers a wide variety of troop, patrol and individual activities to make your Scout's week an adventure he or she will not soon forget. Options include troop swims, patrol competitions, and various program features within camp and camp outposts. Your Scouts may want to take advantage of our beautiful surroundings with their buddy through activities like twilight fishing, walking our nature trails or watching the wildlife around camp. Early bird programs will be offered daily for those who like to take advantage of these early riser opportunities.

## Pre-Camp Leaders Meeting and Parent Orientation

There will be pre-camp leaders meetings on Thursday, April 30<sup>th</sup> at 7 p.m. and Saturday, May 9<sup>th</sup> at 10 a.m. at camp to give leaders a chance to get up-to-date information about camp programs, look at schedules, and review important information to make the stay at camp a comfortable and enjoyable one. Troops that do not send a representative to this meeting may miss out on important details.



## Resident Camp Leadership



The BSA prefers that Scout Troops camp under their own leadership, and BSA policy stipulates that two adults must attend every Troop activity. The Allegheny Highlands Council does not charge for the first leader, and additional free leaders are based on a 1:10 adult to youth ratio (see chart on adult leader camp application). Additional leaders are welcome to attend at a cost of \$130 for the week. (Leadership may rotate during the week.) At least one of the two adults attending with the Scouts must be a registered member of the BSA. All adults attending camp need to be registered and are required to complete the BSA's *Youth Protection Training* program, which is offered online and at camp.

## HOW TO SIGN UP FOR CAMP

### Site Reservations

Site reservations must be made by completing a hold-a-space form at [www.alleghenyhighlands.org](http://www.alleghenyhighlands.org). This form must be filled out completely and your deposit sent to the Council Service Center.

### Payment and Registration

We have made registering for camp a lot easier! Just complete a Troop registration form and a Troop roster. Send those to the Council Service Center with a single check for payment. Scouts cannot register individually unless they are camping provisionally. **Once your roster and payment are received you will receive a confirmation by email.**

### Individual Scout BSA (Provisional)

All Scouts who are not camping with their Troop must register by completing a Provisional Scout Application form and sending it with payment to the Council Service Center. Once the form and payment are received, the Scout will be emailed his or her username/password for online merit badge pre-registration.



### Older Scout Activities

Scouts participating in the Older Scout Activities at camp should place an X in the OSP box on the Troop roster. Be sure to total the form and check it over before sending.

#### Camping Contacts

Allegheny Highlands Council, BSA • PO Box 261 • Falconer, NY 14733-0261

Phone: 716.665.2697 Fax: 716.665.5212

Email: [servicecenter@alleghenyhighlands.org](mailto:servicecenter@alleghenyhighlands.org) Web: [www.alleghenyhighlands.org](http://www.alleghenyhighlands.org)

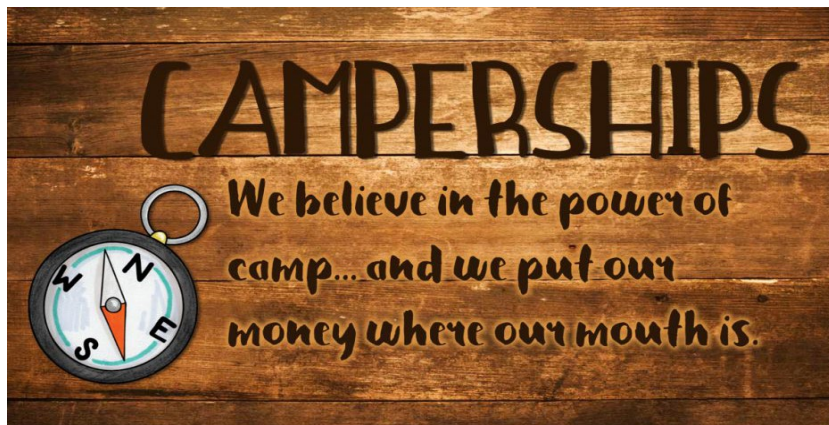
**Refund Policy:** All Camp Fees are refundable and are subject to a \$25 handling fee per Scout. A written request providing a legitimate reason must be received by the Council Service Center no later than September 1, 2020. Refunds will be made to the person who paid the fees. Legitimate reasons for refunds include summer school, medical excuse or death in the family.

## Financial Assistance/Camperships

The Allegheny Highlands Council, BSA, raises funds annually to help Scouts attend summer camp. A limited amount of financial assistance is available for all Scouts registered in the Allegheny Highlands Council, based on financial need. It is expected that both the Scout's family and his or her Troop will contribute toward the camp fee. The Council grants partial camperships in order to help as many Scouts as possible. If applying for campership assistance, please send your Campership Application (form enclosed) by March 2 to the Council Service Center:

**Allegheny Highlands Council • 50 Hough Hill Rd. • PO Box 0261 • Falconer, NY 14733-0261**

Applications will be reviewed promptly, and recipients will be notified prior to April 1. Balance of payment can be made with cash, Visa, MasterCard, or American Express.

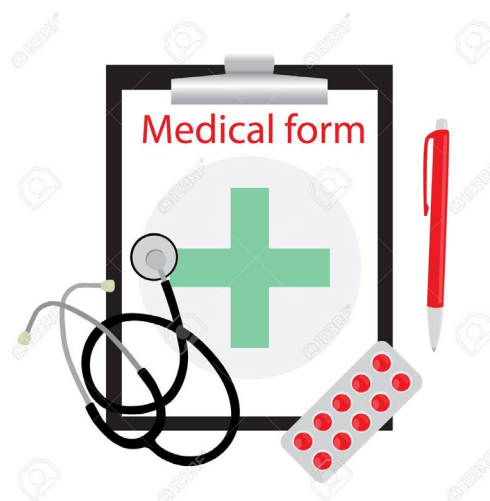


## Medical Forms

The BSA has changed the personal health record for 2020.

**Personal Health and Medical Record** must be turned in at camp. Sections A, B and C must be completed by all Scouts and adults attending camp. This form must be signed by a parent and a physician annually. The new BSA policy requires an annual physical for all Scouts and adults attending camp.

**Medication Permission Form** must be completed for all Scouts attending camp and signed by the parent and physician. This includes all prescription and over-the-counter medications to be used while at camp.



**DO NOT MAIL MEDICAL FORMS!** Medical Forms must be turned in upon arrival at camp directly to the Health Officer.



## Special Dietary and Medical Needs

Our goal is to accommodate everyone's special needs. If you have special dietary or medical needs, please complete a Special Needs Form and return it to the Council office no later than June 1. If the form is not received on a timely basis, the ability to accommodate your request may be compromised.

All Special Needs Forms **must be signed by a parent and a physician**. Certain extreme dietary needs may require Scouts to provide food to supplement the menu.

# THINGS TO KNOW ABOUT ELK LICK SCOUT RESERVE

**Accommodations:** Units can bring their own tents and camping equipment, with advance notice. Each campsite has tents on platforms with metal spring cots, a latrine building and running water. Troops will be assigned one



picnic table and one dining fly. Central shower facilities are located at the center of camp and at the pool house.

**Additional Fees:** Some programs require Scouts to purchase additional materials from the ELSR trading post. Shotgun, Rifle and Woodcarving Merit Badges, and the Older Scout Program, are among the classes that require additional materials. Details will be given at the pre-camp meetings.

**Age and Rank Restrictions:** Age and rank limitations are established for various classes and programs. These are based on state regulations, the Scout's safety, and size restrictions. No exceptions to these standards can be made.

**Leader Involvement & Programs:** Elk Lick provides a variety of leader activities during the week such as training, the Scoutmaster Merit Badge, and Staff vs. Leader events. Leaders are encouraged to help teach classes and lead camp service projects. If you would like to work on a camp service project—we love when that happens—please contact us in advance so any necessary materials you may need will be available.



## **Tuesday In-site Cooking Night:**

Each Troop will prepare dinner at their campsite. Please be prepared with the proper

cooking utensils, etc. Staff members will join you at these meals to assist.

## **Wednesday OA and Family Chicken BBQ**



Scouts and their families are invited to a chicken BBQ and an introduction to the Order of the Arrow, Scouting's national honor society. Troops should contact the OA and hold elections before coming to camp so that Scouts can be "Tapped Out" for membership on this evening. Scouts and families will learn about the OA's current efforts to support Scouting in our communities. Cost for campers is included in the camp fee. Guests are asked to register in advance, for an additional fee.

## **Friday Closing Banquet and Campfire:**

Scouts will be treated to a special closing meal, and at 7:30 p.m., the Campers run the program for the closing campfire, featuring Songs and Skits by each Troop. Practice up during the week for your Unit's presentation. As with dinner on Wednesday, families are invited to join. Cost for campers is included in the camp fee and meal costs vary for guests; details available at pre-camp leaders and parents meetings. Reservations are requested by noon on Thursday.

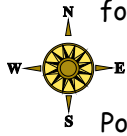






## FEATURES OF ELK LICK SCOUT RESERVE

**Polaris Program: (First Year Camper Program)** Especially designed for the first-year camper. During the course of the week, the Scout will have the opportunity to complete nearly all of the outdoor requirements for Tenderfoot, Second Class and First Class. The Polaris program is scheduled to allow Scouts to work on one or two merit badges. Scouts should have records of previous requirements accomplished before coming to camp.



**Older Scout Adventure:** This program starts the week with High Adventure at Holiday Valley's Aerial Adventure Park, then Canoeing Merit Badge. On Thursday we break out the Special Outdoor Excursion, and then we enjoy a special feast only for our older Scouts with time to reflect upon our adventures. This adventure will lead to both on and off camp experiences. There will be an additional fee of **\$75.00** for this program. **Limited 8 spaces are available for the week,**

**Outposts** allow Scouts to take an overnight or daylong excursion to remote areas of the camp property or even off camp property. Some are required for merit badges. Outposts are open to every Scout. These outposts are the highlight of the week at camp, providing some of the most exciting experiences that a Scout could envision. Outposts will be on Thursday night for 1) Wilderness Survival, 2) Backpacking & Hiking 3) Canoeing merit badges, and 4) Polaris 5) Archery outpost where Scouts will get a chance to shoot on a 3D Field Course. Scouts taking these merit badges will get preference, but any Scout or Scouter is welcome to participate.



**Shotgun Shooting at Elk Lick Scout Reserve** is an exciting experience. A puff of smoke and the loud crack of a black powder rifle stir thoughts of adventure in the outdoors of days gone by. There will be an additional fee of **\$10 per 25 shots** for shotgun shooting.

## WARSEM, Spirit of The Elk Award

The scholarship program will be awarded to one Scout who has demonstrated proper Scouting and camp spirit during his or her stay. One award is presented, per week, during the summer camp season.

# Merit Badges Offered

## Aquatics

Life Saving\*  
 Mile Swim  
 Swimming\*  
 Polaris Swim  
 Rowing  
 Canoeing  
 Kayaking

## Handicraft

Leather Working  
 Art  
 Graphic Art  
 Basketry  
 Woodcarving  
 Indian Lore

## Nature

Energy  
 Fishing  
 Environmental Science\*  
 Fish & Wildlife  
 Forestry  
 Geology  
 Soil & Water  
 Nature  
 Weather

## Outdoor Skills

Hiking\*  
 Camping\*  
 Orienteering  
 Pioneering  
 Wilderness Survival  
 Geocaching

## Shooting Sports

Rifle  
 Shotgun  
 Archery



## Trail To Eagle

First Aid\*  
 Physical Fitness\*  
 Personal Management\*  
 Emergency Prep.\*  
 Communications\*  
 Citizenship in the Community\*  
 Citizenship in the World\*

## Technology/Other

Electricity  
 Engineering  
 Nuclear  
 Surveying  
 Public Speaking  
 Music  
 Theater  
 Law  
 Woodworking  
 Plumbing  
 Painting  
 Home Repair  
 Fingerprinting  
 Crime Prevention

### \*Indicates Eagle Required

 Camping	 Citizenship in the Community	 Citizenship in the Nation	 Citizenship in the World
 Communications	 Cooking	 Family Life	 First Aid
 Environmental Science or Sustainability	 Personal Fitness	 Personal Management	
	 Emergency Preparedness or Lifesaving		
 Cycling	 Hiking	 Swimming	

## 2020 Elk Lick Scout Reserve Merit Badge Schedule

HANDICRAFT									
9:00-9:45 AM	10:00-10:45AM	11:00-11:45AM	2:00 -2:45PM	3:00-3:45PM	4:00-4:45PM	5:00-5:45PM	7:00PM - 8:30PM		
LEATHER	ART	GRAPH ART	INDIAN LORE	THEATER	LEATHER ART	OPEN	Woodcarving *		
							BASKETRY		
			NATURE						
ENERGY	ENVIRO. SCI	FISH\WILDLIFE	FORESTRY	GEOLOGY	SOIL\WATER	OPEN	NATURE		
FISHING			ENVIRO. SCI.				WEATHER		
			POLARIS						
OPEN	POLARIS PROGRAM		POLARIS SWIM	POLARIS PROGRAM	OPEN		OPEN		
			SCOUTCRAFT (OUTDOOR SKILLS)						
HIKING	CAMPING	ORIENTEERING	PIONEERING	WILD. SURV.	Backpacking	OPEN	ORIENTEERING		
							GEOCASHING		
			SHOOTING SPORTS						
	RIFLE 1 AND 2	ARCHERY	RIFLE 1 AND 2		Shotgun	OPEN	ARCHERY		
			TECHNOLOGY						
ELECTRICITY	ENGINEERING	MUSIC	NUCLEAR	SURVEYING	HOME REPAIR	OPEN	PUBLIC SPEAK *		
PUB. SPEAK*		plumbing	WOODWORKING	PAINTING	Landscape Arch		LAW		
			AQUATICS						
LIFE SAVING	SWIMMING	MILE SWIM		SWIMMING	LIFESAVING	OPEN	ROWING		
	ROWING	CANOEING	POLARIS SWIM	CANOEING	KAYAKING		KAYAKING		
			TRAIL TO EAGLE						
FIRST AID		PERS. MGMT.	EMER. PREP.	COMMUNICA.	FIRST AID	OPEN	CIT. WORLD		
					CIT. Community				
			OTHER						
					FINGER PRINT		CRIME PREV.		
REGULAR--STANDARD MERIT BADGE			RED-BOLD--EAGLE REQUIRED				SALESMANSHIP		
* COUNSELOR REQUEST TIME							WELDING		



## Merit Badge Prerequisites

These are a combined list of the Merit Badges, Awards, and Programs that are being offered at Elk Lick Scout Reserve and will need to be worked on before camp. The following is a list of the MB's and Awards that are required to be worked on before coming to camp; or a MB or Award that has a restriction of age or rank set on it. A Scout must complete the following requirements before they come to camp. The Scout must bring with them either a note from his or her home counselor, Scoutmaster, or the project itself along with the Blue Card to camp to be signed off. Be sure to help your Scouts take badges that are ability appropriate.



**Prerequisites must be signed off by the Scoutmaster and written documentation provided or a partial will be given.**

MERIT BADGE	PRE-REQUISITES to be brought to camp	OUTPOST	
		MAN.	Rank/age
<b>EAGLE REQUIRED</b>			
ARCHERY	workbook 1,2 a-c,3 a-b, & 4 \$10 for arrow kit		
ART	BC: Req. #6- bring note from scoutmaster or parent		
BACKPACKING	10 & 11	X	
BSA LIFE GUARD	must be a SWIMMER 6 (evidence of Red Cross 1st Aid/CPR BEFORE taking the class) BY APPOINT. ONLY		2nd Class ^
CAMPING	4, 5e (must bring all items to camp for outpost), 8c-d, 9a-b	X	
CANOEING	must pass swimmer test to take badge	X	
CIT. COMMUNITY	3a, 4a-b,7a-c		2nd Class ^
CIT. WORLD	none		2nd Class ^
COMMUNICATIONS	5, 8		2nd Class ^
CRIME PREVENTION	BC: Req. #4		
ELECTRICITY	9a (bring evidence of energy cost to camp)		
EMERGENCY PREP.	MUST HAVE #1 (1st aid MB) BEFORE CAMP, 2b-c, 8		2nd Class ^
ENERGY	1a, 4 (bring journal to camp)		
ENGINEERING	BC: req. #4		
ENVIRO. SCIENCE	none		
FINGER PRINTING	none		
FIRST AID	1, 5 (bring a picture of or kit and explain contents)		
FISH/WILDLIFE	5 (do one project-bring written records and photo evidence to camp)		
FISHING	7 (bring to camp)		
FORESTRY	1 (bring to camp)		
GEOCACHING	7 (bring note from home stating that you have created an account with geocaching.com )		
GEOLOGY	none		
GRAPHIC ART	none		
HIKING	#4, #5, #6		
HOME REPAIR	\$10 Ticket		
INDIAN LORE	\$3-15 Kit		
KAYAKING	2 must pass swimmer test before starting class		
LAW			
Landscape Architecture			
LEATHER WORKING	Up to \$25 for kit		
LIFE SAVING	1a Complete Second Class rank requirements 5a through 5d and First Class rank requirements 6a, 6b, and 6e.		2nd Class ^
MUSIC	Bring an instrument		
NATURE			
NUCLIER SCIENCE			
ORIENTEERING	7 (coursing can be part of a scouting event or camping trip, bring Scoutmaster's signature)		
PAINTING			
PER. MANAGEMENT	AC: req. #1(b)(2), BC: req. #2		
PIONEERING	2a Successfully complete Tenderfoot requirements 4a and 4b and First Class requirements 7a, 7b, and 8a.		
PLUMBING	\$10 Ticket		
PUBLIC SPEAKING	4 (Written out and brought with you to camp)		
RIFLE	workbook 1, 2a-i (meritbadge.org) bring to camp \$10 Ticket		
ROWING	2 must pass swimmer test before starting class		
SALESMANSHIP			
SHOTGUN	workbook 1, 2a-h (meritbadge.org) bring to camp \$10 Ticket		
SOIL/WATER	none		
SURVEYING			
SWIMMING	2 must pass swimmer test before starting class		
THEATER	1 (bring written reviews to camp)		
WELDING	\$15 Ticket		
WILDERNESS SURVIVAL	5 (must bring to camp, should fit in your pocket)	X	
WOODCARVING	2a (must earn Totin' Chip before camp & bring with you) \$15 Ticket		
WOODWORKING	\$10 Ticket		

# How to Sign up for Camp

## Site Reservations

Site reservations must be made by completing a Hold-a-Space Form. This form must be filled out completely and sent to the Scout Service Center or turned in while you are at camp for the following year.

## Payment and Registration

Registering your troop for camp has gotten a lot easier! Just complete a Troop registration form and a Troop roster. Send those in at the Scout Service Center with a single check for payment. Scouts cannot register individually unless they are camping provisionally or Twice is Nice..

**Once your roster and payment is received you will receive a confirmation by email.**



## Scouts BSA

All Scouts should sign up as a troop. Scouts who are not camping with their unit must register by completing a Provisional Scout Application form and send it along with payment to the council office.

**Once your roster and payment are received you will receive your username/password for online merit badge pre-registration by email.**



## Older Scout Adventure

If any of your Scouts are participating in the Older Scout Adventure at camp, please place an **X** in the OSP box on the troop roster. Also adjust the amount due to reflect the additional cost. Be sure to total the form and check it over before sending.



**Forms received with incomplete information will be returned, possibly causing your unit to miss out on valuable discounts or losing your preferred site.**



# **Forms Section**

## **BSA Personal Health and Medical Record**

- ☐ **Parts A, B and C MUST be completed by anyone attending summer camp.**
- ☐ **Bring it to camp with you.**
- ☐ **DO NOT MAIL TO COUNCIL SERVICE CENTER.**

## **Medication Permission Form**

- ☐ **For use by all members who are attending summer camp with prescription or over the counter medication.**
- ☐ **Bring to camp with you.**
- ☐ **DO NOT MAIL TO COUNCIL SERVICE CENTER.**

## **Financial Need Campership Application (AHC Units Only)**

- ☐ **For use by Allegheny Highlands Council Scouts who need financial assistance to attend camp at Elk Lick. Mail to Council Service Center by March 2.**

## **Summer Camp Special Needs Application Form**

- ☐ **Form to be used for Individuals who have special dietary, health, mobility, or disability needs. Must be received no later than June 1, signed by a parent and a physician.**

## **Troop Registration Form**

- ☐ **Form used by all Troops to attend summer camp. Must be sent to the Council Service Center for registration and payment.**

## **Troop Payment Roster**

- ☐ **Must be sent to the Council Service Center for registration.**

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### 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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a)) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE  
INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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 list 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. 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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		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: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in 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. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

### 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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's 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



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## INDIVIDUALIZED STANDING ORDERS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Camp Session: \_\_\_\_\_

### A: TO BE COMPLETED BY THE LICENSED HEALTH CARE PROVIDER:

**Standard Over-the-Counter/PRN Medications** – The following medications are available in the Camp Health Office and will be administered at the discretion of an EMT, if approval is indicated by the camper's health care provider.

*Dosage and schedule will be per label by age/weight.*

Drug Name	Route	Doctor's Order Check one		Comment
		YES	NO	
Tylenol (Acetaminophen)	PO – tablet	<input type="checkbox"/>	<input type="checkbox"/>	Fever > _____ °F
Advil/Motrin (Ibuprofen)	PO – tablet	<input type="checkbox"/>	<input type="checkbox"/>	Fever > _____ °F
Benadryl (Diphenhydramine Hydrochloride)	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Bacitracin or Neosporin Ointment	Topical ointment	<input type="checkbox"/>	<input type="checkbox"/>	
Calamine or Campho-phenique	Lotion	<input type="checkbox"/>	<input type="checkbox"/>	
Solarcaine or Nupercaine burn spray	Liquid spray	<input type="checkbox"/>	<input type="checkbox"/>	
Dimetapp	PO - elixir	<input type="checkbox"/>	<input type="checkbox"/>	
Pepto Bismol	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Sucrets or Chloraseptic Lozenges	PO – lozenge	<input type="checkbox"/>	<input type="checkbox"/>	
Tylenol Cold	PO – tablet	<input type="checkbox"/>	<input type="checkbox"/>	
Milk of Magnesia	PO	<input type="checkbox"/>	<input type="checkbox"/>	
Robitussin DM Cough Syrup	PO – syrup	<input type="checkbox"/>	<input type="checkbox"/>	
Dacriose	Rinse – eye	<input type="checkbox"/>	<input type="checkbox"/>	
Tums	Tablets	<input type="checkbox"/>	<input type="checkbox"/>	
Murin or Visine eye drops	Eye drop	<input type="checkbox"/>	<input type="checkbox"/>	
Rhuli Gel or Hydrocortisone Ointment	Topical ointment	<input type="checkbox"/>	<input type="checkbox"/>	
Kaopectate	PO	<input type="checkbox"/>	<input type="checkbox"/>	

**Prescription Medications** – Please complete the patient's current regimen for both scheduled and PRN medications.

Drug	Route	Dosage	Schedule and Indications	Comments

Health Care Provider's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### B: TO BE COMPLETED BY PARENT OR GUARDIAN:

I request that my child \_\_\_\_\_ receive the medication as prescribed by our licensed health care provider. Prescription medications and any over-the-counter medications not made available by the camp are to be furnished by me in the properly labeled container from the pharmacy. I understand that the camp medical officer will supervise the administration of the medication.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

COPY AS NEEDED

## Important Updates for 2020

- Please be aware if your Scouts are taking classes with pre-reqs they must turn them in on the first day of class or turn in a note from the scoutmaster taking responsibility for the pre-reqs. If they do not they will be dropped from the class. Scout may NOT take classes without turning in the pre-reqs prior to starting. NO EXCEPTIONS!! NO PARTIALS WILL BE ISSUED.
- Special diets such as Vegetarian and Gluten Free will have an additional fee of \$25.00 and MUST be ordered no later than **June 1<sup>st</sup>**
- T-Shirts are only available by pre-order Online. You must place your order BEFORE 6/1.
- A new Prescription Medication form is required for all prescription medications to be taken in camp by youth.

Several new requirements have come out from BSA National and the Health Department. Here are some reminders to make your check in process at camp a smooth one.

- Adults in camp are now required to use the buddy system to conform to new BSA Youth Protection policies.
- BSA national now requires all adults staying in camp more than 72 hours to have the NEW Youth Protection training **and be a registered leader**. If they are staying less than 72 hours, they still need the new Youth Protection training. Proof must be turned in at check in or the adult will not be able to stay.



## Summer Camp Special Dietary Needs Form

The Allegheny Highlands Council, Boy Scouts of America, strives to serve its campers nutritious meals which meet or exceed all applicable requirements and standards. The variety of foods available at meals is usually adequate to suit the nutritional needs of most campers. In order to meet the needs of participants who have special dietary requirements due to allergies, food intolerances, or other health issues, as well as those who follow alternate diets for ethical or religious reasons, it is necessary to obtain as much information as possible prior to arrival at camp. Please be as specific as possible regarding exact nature and severity of any allergy or intolerance. This information is necessary to determine whether the individual can simply avoid eating certain foods, whether we need to assess all ingredients in every food, or whether offending foods can or cannot be stored or served where they may contact the individual or things he or she may eat. Additionally, extra time may be required to obtain special foods such as gluten-free bread or vegan entrees. While the Pennsylvania Dutch Council attempts to provide meals which meet these special needs as much as possible, it is still the responsibility of the individual to avoid those foods which he or she is unable to eat. In some rare cases, it may be necessary for the camper to bring some food items, which can then be prepared by the camp staff.

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Dates of attendance at camp: \_\_\_\_\_

Contact Name for Further Information if Needed: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

What are they: \_\_\_\_\_

How severe is the Allergy? \_\_\_\_\_ **MODERATE** \_\_\_\_\_ **STRONG** \_\_\_\_\_ **SEVERE**

Other information we may need to know about these allergies? \_\_\_\_\_

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

Other Special Diet? \_\_\_\_\_ **Vegetarian** \_\_\_\_\_ **Vegan** \_\_\_\_\_ **Diabetic** Other: \_\_\_\_\_

Signature (Parent/Guardian if form for Scout): \_\_\_\_\_ Date: \_\_\_\_\_

# This form needs to be turned in by June 1st



## Campership Process & Application

Camperships are granted based on financial need and availability of funds. It is expected that the Scout's unit and family will also contribute to the cost, to go to camp, as well as the Scout earns part of the fee through Council and Unit Fundraisers. Notification of campership monies awarded will be sent to the Scout's family and unit leader. Camperships awarded will not exceed 50% of total fee.

**\*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED\***

**\*NO APPLICATIONS WILL BE ACCEPTED AFTER March 2, 2020\***

The Campership fund of the Allegheny Highlands Council is supported by local organizations, foundations, and personal donations to assist AHC Scouts attending AHC camps.

To be eligible for a campership the following guidelines must be met by the youth applicant:

- Registered within the Allegheny Highlands Council.
- Attending an Allegheny Highlands Council RESIDENT summer camp.
- Recommended by his/her unit committee and Parent/Guardian.

The more information the campership committee has about a Scout's particular needs the better. The Allegheny Highlands Council also reserves the right to consider the units participation in Council administered fundraisers (Popcorn, Candles, Camp Cards, and Friends of Scouting) as demonstrating a concerted effort to raise these funds. If awarded a campership, the monies awarded will be credited to the specific individual. Camperships awarded based on financial need are not transferable to other youth.

- Apply separately for each Scout needing assistance. All information requested on the application is **REQUIRED**. Incomplete applications will not be considered.
- Assistance will be considered based on need, availability of funds, and the youth's unit support of the mission of the Allegheny Highlands Council including participation in Council administered fundraisers (Popcorn, Candles, BBQ Sauce, and Friends of Scouting)
- Campership awards and information is confidential and will not be shared outside of the Council Campership Committee.

**THRIFTY**: Scouts work to pay their own way and help others. They save for the future. They protect and conserve natural resources. They carefully use time and property.

**For questions Please email [Richelle.Payne@scouting.org](mailto:Richelle.Payne@scouting.org), speak to your Unit Commissioner, or District Executive**

Submit completed applications for consideration to:

Email: [Richelle.Payne@scouting.org](mailto:Richelle.Payne@scouting.org)

Allegheny Highlands Council, BSA  
P.O. Box 261  
50 Hough Hill Road  
Falconer, NY 14733  
FAX: (716) 665-5212



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BOY SCOUTS OF AMERICA  
ALLEGHENY HIGHLANDS COUNCIL

DUE MONDAY March 2, 2020

Part 1 - Applicant Information  
To be completed by Applicant or Parent/Guardian

Youth Applicants Name \_\_\_\_\_ Pack/Troop # (Circle one) \_\_\_\_\_

Parent/Guardian Phone number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Is applicant new to Scouting? (Please Circle): Yes/ No If no, years they have been involved? \_\_\_\_\_

Is applicant eligible for free or reduced lunches through their school program? (Please Circle): Yes/ No

Resident Camp Fees (before discounts): Scouts BSA: \$335, Cub Resident: \$255, WEBELOS Resident: \$285

Camp Attending	Please List Fee	\$
Scout's Contribution from fundraising		\$
Family Contribution		\$
Unit Contribution		\$
Charter or Private Contribution		\$
Other Contributions		\$
Amount of campership request (no more than 50% of total fee)		\$

Part 2 - Parent/Guardian Information  
To be completed by Parent/Guardian

Parent/Guardian Name \_\_\_\_\_ Unit Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Planning to attend camp with Scout? (Please Circle): Yes/ No

Does this applicant have a sibling(s) attending camp? (Please Circle): Yes/ No If yes, How many? \_\_\_\_\_

Number of persons in applicant's immediate household? \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Adjusted Gross Family Income from IRS form 1040 \_\_\_\_\_

Parent/Guardian Statement (be descriptive and complete, explain any special circumstances)

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

Campership recommended by Parent/Guardian (please Circle): Yes / No

\_\_\_\_\_  
Parent/Guardian Signature







Part 3 – Unit Information

To be completed by a member of the Applicant's Unit Leadership

Members of the Unit's Leadership need not see completed parts 1&2 of this form

Youth Applicant's Name \_\_\_\_\_ Pack/Troop # (Circle one) \_\_\_\_\_

Name of person filling out form \_\_\_\_\_ Unit Position: \_\_\_\_\_

Circle all Council Fundraisers in which applicant participated (or plans to) during the last year

2019 Fall Popcorn

2019 Spring Candle

2019 Spring BBQ Sause

2020 Spring Candle

2020 Winter-Spring Camp Cards

Unit Fundraisers Applicant participated in \_\_\_\_\_

Did your unit hold (or plan to) a Friends of Scouting Presentation in 2020? (please circle): Yes / No

Did your unit hold (or plan to) a Camp Promotion Presentation in 2020? (please circle): Yes / No

Does your unit have a unit administered campership program (please circle): Yes / No

How much money is in Applicants Scout account at time of filling this out? \$ \_\_\_\_\_

Unit Leader Statement (be descriptive and complete, explain any special circumstances)

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Campership recommended by Unit Committee (please Circle): Yes / No

\_\_\_\_\_  
Cubmaster/Scoutmaster Signature

\_\_\_\_\_  
Committee Chair Signature



**A separate form needs to be submitted for each session attending.**

Last

First

Street

City

State/Zip

**Discounts** \$20 discount if paid in full by April 1. \* \$10 discount if paid by June 1. \* \$10 additional discount if AHC Troop recharter on time.

### Camp Merz Sessions

Scouts BSA 1 – July 5 – 10, Camp Merz

☐ BS 1 – June 28-July 3, Elk Lick Scout Res.

☐ Scouts BSA 2 - July 12 – 17, Camp Merz☐ Scouts BSA 3 - July 19 - 24, Camp Merz☐ Scouts BSA 4 - July 26 – July 31, Camp Merz☐ Scouts BSA 5 - August 2 - 7, Camp Merz

**Adult Fee is \$130**

Your user name and password for Merit Badge pre-registration will be emailed to the address above for each boy paid in full on a complete roster.

Please mail this form with payment to:  
Allegheny Highlands Council  
50 Hough Hill Rd.  
PO Box 261  
Falconer, NY 14733

Number of Scouts: \_\_\_\_\_ Amount Due: \_\_\_\_\_ (Total from roster)

Number of Adults:                      Amount Due:                      (Total from roster)

Number of Free Adults:

☐ Check or Money Order   ☐ Visa   ☐ MasterCard   ☐ Amex

Account #

Exp. Date

[illegible]

Authorized

**Signature**

Date \_\_\_\_\_

Total Due:

Payment:

Campership:

Discounts:

Balance:

Please submit only ONE (1) payment per troop. DO NOT SUBMIT MULTIPLE CHECKS  
INCOMPLETE FORMS WILL NOT BE PROCESSED AND RETURNED!!  
THIS FORM MUST BE ACCOMPANIED BY A TROOP ROSTER



**SCOUTS PAID IN  
FULL ONLY!!**

TROOP	WEEK	CAMP	SITE

**Scout fee \$335  
Adult fee \$130**

PLEASE PRINT CLEARLY OR TYPE

THIS FORM MUST BE ACCOMPANIED BY A TROOP REGISTRATION FORM

	ADULT LEADERS (OVER 18) NAME	EMAIL ADDRESS	CONTACT PHONE NUMBER	BIRTH DATE	ADULT FEE	AMOUNT PAID
IN CHARGE						
2						
3						
4						

	SCOUTS (UNDER 18 YRS OF AGE) NAME	HOME PHONE NUMBER	AGE	RANK	HOME UNIT	OSP	SCOUT FEE	CAMPERSHIP	DISCOUNT	PAYMENT	BALANCE DUE
1				None		<input type="checkbox"/>					\$ 0
2				None		<input type="checkbox"/>					\$ 0
3				None		<input type="checkbox"/>					\$ 0
4				None		<input type="checkbox"/>					\$ 0
5				None		<input type="checkbox"/>					\$ 0
6				None		<input type="checkbox"/>					\$ 0
7				None		<input type="checkbox"/>					\$ 0
8				None		<input type="checkbox"/>					\$ 0
9				None		<input type="checkbox"/>					\$ 0
10				None		<input type="checkbox"/>					\$ 0
11				None		<input type="checkbox"/>					\$ 0
12				None		<input type="checkbox"/>					\$ 0
13				None		<input type="checkbox"/>					\$ 0
14				None		<input type="checkbox"/>					\$ 0
15				None		<input type="checkbox"/>					\$ 0
	<b>TOTAL (LAST PAGE ONLY)</b>						\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

PLEASE COMPLETE A DIFFERENT FORM FOR EACH SESSION - USE ADDITIONAL SHEETS AS NEEDED INCOMPLETE FORMS WILL NOT BE PROCESSED!

**This form MUST be accompanied by a check or credit card information for payment**

THIS FORM MUST BE ACCOMPANIED BY THE TROOP SUMMER CAMP REGISTRATION FORM

UNIT LEADER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PAGE \_\_\_\_\_ of \_\_\_\_\_



DUTY  
TO SELF

DUTY TO GOD  
AND COUNTRY

DUTY  
TO OTHERS

## Elk Lick Scout Reserve Dates

Mark your calendars with the following dates:

HELPFUL • FRIENDLY

TRUSTWORTHY • LOYAL

- ✓ March 2 – Campership Application deadline. Applies to youth members of the Allegheny Highlands Council only.
- ✓ June 1 – Special Needs Forms submitted with parent and physician signature.
- ✓ The Pre-Camp Leaders Meetings are scheduled at ELSR Dining Hall for:
  - Thursday, April 30<sup>th</sup> @ 7 p.m. and
  - Saturday, May 9<sup>th</sup> @ 10 a.m.
- ✓ April 1 – Early Bird – If all fees paid in full, receive a \$20 discount on your summer camp fee  
or  
June 1 – If all fees are paid in full on your summer camp fee, receive a \$10 discount.

COURTEOUS • KIND

OBEDIENT • CHEERFUL



THRIFTY • BRAVE

CLEAN • REVERENT