



Allegheny Highlands Council (Scout Service Center)

50 Hough Hill Rd.
Falconer, NY 14733
ph. 716. 665.BOYS (2697)
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servicecenter@alleghenyhighlands.org



Elk Lick Scout Reserve

2420 Bordell Rd.
Smethport, PA 16749
814-465-9991



Cub Scout Summer Camp 2020

The summer camp experience for Cub Scouts is both the culmination of a year-round program, and a motivator of both the youth and parents to continue with Cub Scouting for the next year. Every pack should make plans now to deliver on our promise of a great summer outdoor program. It's important to identify and make parents aware of the person who will coordinate the pack's camping plans, so there is a comfort level for their child participation.

Scouts That Go to Summer Camp Stay Another Year

Our council offers a variety of summer camping opportunities to fulfill a parents and youth need for fun, excitement and adventure. It provides a natural setting to be a part of the magic of scouting in the great outdoors. We have outlined the different programs in this booklet. Our camp programs are rank (age) appropriate for your child.

ELK LICK SCOUT RESERVE

The Cub Scout Summer Camp Program is delivered to scouts at Elk Lick Scout Reserve (ELSR) in beautiful Smethport Pennsylvania, "off the beaten path" tucked in the hills of the Allegheny Mountains. It is truly a fun camping experience where flora and fauna opportunities abound and will be a great adventure to the imagination of a Cub Scout!

That's not to say we don't have the comfort of home including a newly renovated pool and shower house, with beautiful camping areas with brand new latrines. The trading post is open every day for your snack and souvenir needs. Our staff is trained by the BSA, and customer service is our number one priority. We are here to make sure your child has a fun and safe experience!

For More Information or to Schedule a Camp
Presentation, Contact the Scout Service Center

SUMMER CAMP DATES AND FEES

Cub Family Introduction to Summer Camp

5 Day Session - July 22 – 26

\$90 a couple / \$80 if paid by June 1st

\$40 for each additional Family Member Siblings are welcome

4 Day Cub Resident Camp Session 1 – July 9 – 12 Session 2 – July 16 – 19

\$255 for 4-day session - \$215 with all discounts.

\$25.00 deposit per Scout is REQUIRED by 5/1 to receive any of the following discounts

\$20 discount if paid in full by April 1, or \$10 discount if paid in full by June 1.

\$20 additional discount if Pack recharter on time.

(One leader free for every 10 youth – \$100 each for all extra adults)

*Provisional Scouts Allowed with Adult

Webelos Resident Camp 5 Day Session - July 22 – 26

\$285 for 5-day session - \$245 with all discounts.

\$25.00 deposit per Scout is REQUIRED by 5/1 to receive any of the following discounts

\$20 discount if paid in full by April 1, or \$10 discount if paid in full by June 1.

\$20 additional discount if Pack recharter on time.

(One leader free for every 10 youth – or \$110 each)

There are no provisions for siblings at Resident Camp Sessions. DO NOT bring them!

If a sibling wishes to come to camp, please have them register with a local pack.

Mandatory Pre-Camp Leaders Meeting

It's very important that all Packs have at least one representative attend/watch the pre-camp leader's meetings. This year we will have two dates you can pick from. One will be Thursday April 30th at the Council Service Center at 7PM. The other meeting will be on Saturday, May 9th at Elk Lick Scout Reserve at 10AM. Please make sure to send a representative to either meeting; we will be going over many changes for the upcoming year including membership standards and training opportunities at summer camp.

Refund Policy

All Camp Fees are refundable and are subject to a \$25.00 handling fee per scout. A written request providing a legitimate reason must be received by the Scout Service Center no later than September 1, 2019. Refunds will only be made to the person who paid the fees. Legitimate reasons are summer school, medical excuse, or death in the family.

For More Information or to Schedule a Camp Presentation, Contact the Scout Service Center

AGES AND RANKS AT CAMP



All registered Cub Scouts may attend any Cub Summer Camp Session. Lions and Tigers may come to any session, but because of the young age we recommend that a parent accompany Tiger Cubs, and Lion Cubs should always have their parent partner.

Scout BSA Den Chiefs who attend Cub Scout summer camp must also be registered in their local Troop and will be considered an adult leader.

Adults who attend summer camp must be registered with the BSA and be current in Youth Protection Training. Adults who live in Pennsylvania must have the ACT 15 Required clearances.

WHAT DO CUB SCOUTS DO AT SUMMER CAMP?



The session you select will determine how long you will be at camp. We offer handicrafts, nature, sling shots, archery, BB guns, field sports, boating, fishing, and swimming. Some of the new “Adventures” can only be done at resident camp, like BB guns and Archery.

Webeles resident camp will also offer special programs to learn team building, and scouting skills to help prepare them



earn their Arrow of Light and become part of Scouts BSA. While at camp, Webeles will also fulfill many of the Webeles outdoor requirements and electives. When

Cub Scouts participate in resident camp they will get as much program as they would get in 62 den meetings. That’s right, 62! WOW!



For More Information or to Schedule a Camp Presentation, Contact the Scout Service Center

ABOUT OUR CAMP STAFF... Our resident camp staff members go through a rigorous training program prior to the start of camp. Many of our area directors, as well as our camp administration team have attended National BSA Camp School. They are an **ENTHUSIASTIC** bunch of Scouts ready to show you and your Scouts a great time, most of whom have participated in the Cub Scout camping program themselves. Our camp management team is working hard to make 2019 our best camping season yet! There is always a trained health officer in camp to tend to any medical needs that may arise. The safety of your child is our number one priority at camp.



CAMPERS WITH SPECIAL NEEDS..... We stand ready to help you during your stay with us at camp. When you attend the pre-camp leaders meeting, let us know about your child attending and how we can best serve you. Whether it's dietary, or your unit's program time, or special needs of particular youth, we will do our best to accommodate you. Please fill out the special needs form (found on the webpage) and send it to the office by July 1.



SAMPLE CAMPER CHECKLIST

Sleeping bag and sleeping mat for each camper, Pillows, Blankets, Sleepwear, Flashlight and batteries,
Insect repellant, First-aid kit, Sunscreen, Towel, Swim suits, Rainwear, Water shoes, Hiking shoes,
Extra layers for warmth, Clothes for daytime, Soap, Toothbrush, Toothpaste, Cooler, Camera, Unit flag,
Theme decorations, Water bottle, Cup/Mugs, Portable coffee maker
Any Current Medications (with proper medical paper)

For More Information or to Schedule a Camp
Presentation, Contact the Scout Service Center

HOW TO SIGN UP FOR CAMP

Reserve your site: Go to alleghenyhighlands.org, click on the camping link of the upper tab of the page to make your site reservation. Be as accurate as you can, these numbers are used for planning the entire summer as well as planning dates and sessions for the following summer. If any changes happen, please feel free to email the updated numbers to the Council Center.



Payment and Registration: Registering your pack for camp has gotten a lot easier! Just complete a Pack registration form and a Pack roster. Send those in to the Council Service Center with a single check for payment. Cub Scouts cannot register individually unless they are attending Provisional week. Once your roster and payment are received you will receive a confirmation by email. Please remember, if you are sending in a second “batch” of payments you need to send in a new payment roster with each “batch”. We require payment with single Pack check. Have parents make their checks payable to the Pack.

All payments due by July 1st to the Service Center



MEDICAL FORMS

There is a medical form in this booklet for all scouts and adults attending summer camp. Scouts and adults attending camp MUST have forms signed by a physician each year. Please note that you MUST include date and year for all immunizations. If a Scout will be taking any over the counter or prescription medications, the Individualized Standing Orders Form must be used. You can find the BSA medical form on our webpage.

For More Information or to Schedule a Camp Presentation, Contact the Scout Service Center

RESIDENT CAMP LEADERSHIP AND PARENTS

Your parents & leaders have skills we need



Parents and leaders, you have the most important job at summer camp! You take care of all the Cubs and have a blast while doing it! We know that the program being delivered to your Scout could be 10 times better if you help in the program areas along with the staff. Help control the youth, teach the skills one on one to the Cubs, and if you have a special skill or knowledge, we need you to share, and even teach a whole class if you can. Summer camp staff work hard dawn to dusk. They set up all the camp sites, clean the facilities, entertain during meals and campfires, and run the program areas. They

really need your help to make sure the youth get the most from camp.

NEW THIS SUMMER

\$25 Deposit by scout by May 1st to receive any discounts

Campership forms due by March 2nd

All payments must be made to Council before July 1st.

Provisionals are accepted with an adult Guardian.

NOTE: Starting in 2018 the BSA national office is requiring that all adults (leaders and parents) attending camp must be current in Youth Protection Training. But fear not, we can register you there and help you with required training at camp!

For More Information or to Schedule a Camp
Presentation, Contact the Scout Service Center

MORE STUFF YOU NEED TO KNOW

Check In / Out



Check in times will start at 10AM on opening days, Check in times will be every 20 minutes and must be scheduled in advance. A sign-up link will be on the Council webpage starting January 1, 2019. If you do not sign up for a registration time online or by phone at least one week before your arrival you will be assigned a time. Early arrival is possible if arrangements are made in advance. Check out is after the closing campfire on closing nights, we will try to end before 7pm.

Accommodations

Each campsite has tents on platforms with metal spring cots. We will do our best to provide mattresses for leaders, but we cannot guarantee that there will be enough. We DO NOT provide mattresses for Cubs; it's recommended to bring cardboard or a foam pad. Each cluster/site also has one picnic table and one pavilion or carport. Each site has a latrine building and running water. We cannot guarantee leaders will get individual tents.



Trading Post

The trading post cannot accept credit and debit cards at this time so please plan accordingly. We do make individual accounts for the Scouts/Adults and Units so you can put any money you like in the account and not carry it around all week. Scouts tend to lose things as we all know. On average Scouts spend about \$10-\$15 a day in the trading post, more if they plan on buying knives, T-shirts or other apparel.

In-site Cooking

If your Pack wants to skip a meal in the dining hall, feel free to do so. If you plan on providing your group with a meal instead of joining us in the dining hall please give our kitchen staff at least 12 hours' notice. They plan and prep for meals hours before.



For More Information or to Schedule a Camp Presentation, Contact the Scout Service Center

FORMS SECTION

PERSONAL FORMS

- ☐ BSA Personal Health and Medical Record. DO NOT MAIL TO COUNCIL SERVICE CENTER.
- ☐ 2020 Individualized Standing Orders Form – For use by all members attending summer camp with medications. Bring to camp, DO NOT MAIL TO COUNCIL SERVICE CENTER.
- ☐ 2020 Youth & Adult Resident/ Webelos Camp Application – Top half of form used by all youth campers to attend summer camp bottom half for all adult attending camp. DO NOT MAIL TO COUNCIL SERVICE CENTER. This form must be turned in to your unit leader with payment.
- ☐ Financial Need Campership Application – For use by members of the Allegheny Highlands Council who need financial assistance to attend summer camp at Elk Lick Scout Reserve. Mail to Scout Service Center by March 2nd.
- ☐ Summer Camp Special Needs Application – Please submit this form by June 1.

UNIT FORMS

Going to camp checklist (for your use)

- ☐ 2020 Pack Registration Form – MAILED IN WITH PAYMENT AND ROSTER
- ☐ 2020 Payment Pack Roster - One copy mailed in with payment and one to be turned in upon check in.



All Forms Available on Alleghenyhighlands.org or Elklick.org

For More Information or to Schedule a Camp Presentation, Contact the Scout Service Center

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	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 INDICATE 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 by the BSA. 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)
☐	☐	☐	Tetanus	
☐	☐	☐	Pertussis	
☐	☐	☐	Diphtheria	
☐	☐	☐	Measles/mumps/rubella	
☐	☐	☐	Polio	
☐	☐	☐	Chicken Pox	
☐	☐	☐	Hepatitis A	
☐	☐	☐	Hepatitis B	
☐	☐	☐	Meningitis	
☐	☐	☐	Influenza	
☐	☐	☐	Other (i.e., HIB)	
☐	☐	☐	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: _____



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Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside 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.



Examiner: Please fill in the following information:

		Yes	No	Explain
Medical restrictions to participate		☐	☐	
Yes	No	Allergies or Reactions		Explain
☐	☐	Medication		
☐	☐	Food		
Yes	No	Allergies or Reactions		Explain
☐	☐	Plants		
☐	☐	Insect bites/stings		

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

	Normal	Abnormal	Explain Abnormalities
Eyes	☐	☐	
Ears/nose/throat	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Genitalia/hernia	☐	☐	
Musculoskeletal	☐	☐	
Neurological	☐	☐	
Other	☐	☐	

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
☐	☐	Meets height/weight requirements.
☐	☐	Does not have uncontrolled heart disease, asthma, or hypertension.
☐	☐	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.
☐	☐	Has no uncontrolled psychiatric disorders.
☐	☐	Has had no seizures in the last year.
☐	☐	Does not have poorly controlled diabetes.
☐	☐	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
☐	☐	For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider 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	196	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	296



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2020 PACK REGISTRATION FORM

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

Leader Name _____ Pack # _____ Council _____

First

Address _____

State/Zip

Phone: _____ Email: _____

Discounts \$20 discount if paid in full by May 1. * \$10 discount if paid by June 1. * \$20 additional discount Pack recharter on time & camp promotion.

Discounts DO NOT apply to Intro to Camping Weekend.

Please check which camp session you will be attending in the box below.

ONLY ONE PER FORM

- ☐ **Cub Session 1 - July 13 - 16 (Thurs - Sun) \$255 less discounts**
Adult Fee \$100
 - ☐ **Cub Session 2 – July 19 – 22 (Wed - Sat) \$255 less discounts**
Adult Fee \$100
 - ☐ **Webelos 5 Day - July 23 – 27 (Sun - Thurs) \$285 less discounts**
Adult Fee \$110
 - ☐ **Intro to Camping Weekend – July 29 – 30 (Sat – Sun) \$90 less discounts**
Extra Attendee \$40

Number of Scouts: _____ Amount Due: _____ (Total from roster)

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

Number of Free Adults: _____

Payment Method:

- ☐
- Check or Money Order
- ☐
- Visa
- ☐
- MasterCard
- ☐
- Amex

Exp. Date

[illegible]

Authorized

Signature_____

Date

Total Due: _____

Payment: _____

Campership: _____

Discounts: _____

Balance: _____

Please submit only ONE (1) payment per pack. DO NOT SUBMIT MULTIPLE CHECKS

INCOMPLETE FORMS WILL NOT BE PROCESSED AND RETURNED!!

THIS FORM MUST BE ACCOMPANIED BY A PACK ROSTER

Your confirmation email & pre-registration info will be emailed to the address above



For More Information or to Schedule a Camp Presentation, Contact the Scout Service Center

ALLEGHENY HIGHLANDS COUNCIL

2020 SUMMER CAMP PACK PAYMENT ROSTER
All adults **MUST** be registered leaders

BOY SCOUTS OF AMERICA

PACK	WEEK	CAMP	SITE

PLEASE PRINT CLEARLY OR TYPE

THIS FORM MUST BE ACCOMPANIED BY A PACK REGISTRATION FORM

2 COPIES NEEDED AT CHECK-IN

	ADULT LEADERS (OVER 18) NAME	EMAIL ADDRESS	CONTACT PHONE NUMBER	BIRTH DATE	AMOUNT DUE	AMOUNT PAID
IN CHARGE						
2						
3						
4						
5						
6						

	NAME	HOME PHONE NUMBER	AGE	RANK	HOME UNIT	AMOUNT DUE	CAMPERSHIP	DISCOUNT	PAYMENT	BALANCE DUE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
TOTAL (LAST PAGE ONLY)										

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 THE PACK SUMMER CAMP REGISTRATION FORM

UNIT LEADER SIGNATURE _____

DATE _____

PAGE _____ of _____

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BOY SCOUTS
OF AMERICA®

ALLEGHENY HIGHLANDS COUNCIL

2020 CAMPERSHIP PROCESS & APPLICATION

DUE MONDAY March 2, 2020

For More Information or to Schedule a Camp
Presentation, Contact the Scout Service Center



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, speak to your Unit Commissioner, or District Executive

Submit completed applications for consideration to:

Email: Richelle.Payne@scouting.org

Allegheny Highlands Council, BSA

P.O. Box 261

50 Hough Hill Road

Falconer, NY 14733

FAX: (716) 665-5212

For More Information or to Schedule a Camp Presentation, Contact the Scout Service Center



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

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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)

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

Cubmaster/Scoutmaster Signature

Committee Chair Signature

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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	☐	☐	Fever > ____ °F
Advil/Motrin (Ibuprofen)	PO – tablet	☐	☐	Fever > ____ °F
Benadryl (Diphenhydramine Hydrochloride)	PO	☐	☐	
Bacitracin or Neosporin Ointment	Topical ointment	☐	☐	
Calamine or Campho-phenique	Lotion	☐	☐	
Solarcaine or Nupercaine burn spray	Liquid spray	☐	☐	
Dimetapp	PO - elixir	☐	☐	
Pepto Bismol	PO	☐	☐	
Sucrets or Chloraseptic Lozenges	PO – lozenge	☐	☐	
Tylenol Cold	PO – tablet	☐	☐	
Milk of Magnesia	PO	☐	☐	
Robitussin DM Cough Syrup	PO – syrup	☐	☐	
Dacriose	Rinse – eye	☐	☐	
Tums	Tablets	☐	☐	
Murin or Visine eye drops	Eye drop	☐	☐	
Rhuli Gel or Hydrocortisone Ointment	Topical ointment	☐	☐	
Kaopectate	PO	☐	☐	

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

Attach Prescription Medication Form for all prescriptions medications.

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

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Camp Merz Prescription Medication Form

Scout:

Troop: Site:

Camp Use Only

Medication:

Dosage Instructions:

Route:

Schedule:

Prescribing Physician:

Time	Mon	Tue	Wed	Thu	Fri

Medication:

Dosage Instructions:

Route:

Schedule:

Prescribing Physician:

Time	Mon	Tue	Wed	Thu	Fri

Medication:

Dosage Instructions:

Route:

Schedule:

Prescribing Physician:

Time	Mon	Tue	Wed	Thu	Fri

Physician Signature _____ Date _____ Page __ of __

Parent Signature _____ Date _____

Summer Camp Special Needs Application

A separate form needs to be submitted for Individual.

This form is to be used to notify the Allegheny Highlands Council of any special dietary, health, mobility or disability needs your unit will have at summer camp. The Allegheny Highlands Council will make every reasonable effort to accommodate your special needs. It is the responsibility of parents and/or adults attending to make sure the person has everything the person needs for the time of the activity. This form will be submitted to the camp or activity personnel. Please be specific in explaining the needs and attach additional sheets if necessary. The contact person you list below may be contacted if camp staff has any questions. Please use a separate sheet for each individual requiring accommodation. **Please submit this form by July 1.**

Camp Name _____ Week Attending _____

Leader Name _____ Unit # _____ Council _____

Last

First

Address _____

Street

City

State/Zip

Day Phone: _____ Evening Phone: _____ Email: _____

Name of person requiring accommodation: _____ Youth / Adult
Full Name Circle one above

Parent / Guardian Name _____ Date: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Please check those that apply.

☐ CPAP Machine ☐ Mobility ☐ Dietary ☐ Allergies ☐ Asthma ☐ Other

Camp menus will be published at www.alleghenyhighlands.org in May. **If our menu doesn't meet this person's dietary needs then accommodations must be met from home.** See the reverse side for common special needs and assistance.

List any additional information:

Parent / Guardian Signature: _____ Date: _____

Physician Signature: _____ Date: _____

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Common Requests and Solutions for Special Consideration

This form MUST be signed by a physician.

Allegheny Highlands Council camps make every reasonable effort to meet the needs of campers, and have developed standard solutions for common requests:

Sugar-free menu (diabetic)

Camp menus are posted online (www.alleghenyhighlands.org) a few months before camp. Although menus are subject to change, they give a good idea of the menu items planned. Camps can substitute sugar-free alternatives such as pancake syrup and jelly to allow campers to enjoy the same menu as other campers. If major departures from the menu are required, it is suggested that campers bring substitute ingredients and speak with the camp cook on arrival day. Campers are not permitted in the kitchen per state health department regulations, but the cook may be able to assist with minor menu substitutions. Please submit a Special Needs Form to enable the camp to anticipate the need.

Vegetarian menu

The camp menu is posted online (www.alleghenyhighlands.org) a few months before camp. Although it is subject to change, it gives a good idea of the menu items planned. Camps can substitute some items such as vegetarian hamburger patties to allow campers to enjoy the same menu as other campers. If major departures from the menu are required, it is suggested that campers bring substitute ingredients and speak with the camp cook on arrival day. Campers are not permitted in the kitchen per state health department regulations, but the cook may be able to assist with minor menu substitutions. Please submit a Special Needs Form prior to July 1 to enable the camp to anticipate the need.

Food Allergies

The camp menu is posted online (www.alleghenyhighlands.org) a few months before camp. Although it is subject to change, it gives a good idea of the menu items planned. If major departures from the menu are required, it is suggested that campers bring substitute ingredients and speak with the camp cook on arrival day. Campers are not permitted in the kitchen per state health department regulations, but the cook may be able to assist with minor menu substitutions. Please submit a Special Needs Form prior to July 1 to enable the camp to anticipate the need.

Wheelchair access

Each camp has at least one campsite which provides easier wheelchair access to tents, outhouses, and other campsite features. Submit a Special Needs Form to enable the camp to place the troop in an appropriate campsite. Be sure to submit the form several weeks prior to camp.

Limited-mobility access

Submit a Special Needs Form to enable the camp to place the troop in an appropriate campsite. Camp managers will make every effort to place those with mobility challenges in campsites close to the center of camp. Submit a Special Needs Form to enable the camp to place the troop in an appropriate campsite. Be sure to submit the form several weeks prior to camp.

Vehicles in Camp

Private vehicles are NOT PERMITTED in camp. The ONLY exception made is for persons with severe mobility limitations. A state-issued disabled parking permit is required, and approval from the camp director MUST be granted in the form of a vehicle pass displayed at all times on the vehicle dashboard. As vehicles present a safety hazard for pedestrians on camp roads, this rule is strictly enforced; only extreme circumstances warrant a vehicle pass.

CPAP machine (night-time breathing machine)

For campers with CPAP machines, please plan for unit campsites that do not have electricity. Sleeping areas are not available in buildings at camp. To prepare for camp, two options are suggested:

- Avid campers may consider purchasing a battery-operated CPAP machine. A good source for battery-powered CPAP machines is www.cpap.com. If charging a battery-operated CPAP is required during daytime hours, the camp will provide an outlet.
- Those who use a machine that requires 120v AC power (household current) can bring an inverter and an automobile battery. Camps will provide an outlet where automobile batteries can be recharged during daytime hours. Vehicles cannot be parked in or near campsites for the purpose of powering CPAP machines.

Injections

Camp personnel are not authorized to administer injections. Campers who require injections need to administer their own injections or be accompanied by an adult trained and authorized (by parent/guardian in case of a minor) to administer injections for that camper.

Mail or fax this form to:

Allegheny Highlands Council
50 Hough Hill Rd.
Falconer, NY 14733

Phone: 716-665-2697
Fax: 716-665-5212

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Mark your calendars with the following dates:

March 2nd -- Campership Application deadline. Applies to youth members of the Allegheny Highlands Council only.



April 1st -- Early Bird – have all fees paid in full and receive a \$20 discount on your summer camp fee.

May 1st -- \$25 Deposit Due per Scout to receive any discounts

May Pre-Camp Meeting --The Pre-camp Leaders Meetings are scheduled for **Thursday, April 30th at 7Pm at the Elk Lick Scout Reserve and Saturday, May 9th at 10AM At Elk Lick Scout Reserve.**

June 1st -- Early Bird – have all fees paid in full and receive a \$10 discount on your summer camp fee.

June 1st – Special Needs Forms submitted with parent and physician signature

July 1st – ALL PAYMENTS DUE TO SERVICE CENTER

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