

# Troop 212's Summer Camp at Camp Wilkes

## SUMMER CAMP 2012 BULLETIN

Troop 212 invites you to attend one week of camping at Camp Wilkes on the Back Bay of Biloxi, Sunday, June 3rd through Saturday June 9th, 2012. This is an opportunity to have a real scouting experience under a staff of experienced adult Scout Leaders. Check-in starts at 2:00 PM on Sunday, June 3rd 2012 and check-out will be June 9th, 2012 at 10:00 AM after the Awards Program and Closing Ceremony.

Highlights of the week include Indian Campfire, aquatic meet, swimming in a large pool, boating, archery, rowing, canoeing, lifesaving, first aid, handicraft, camping, pioneering and conservation. An embroidered emblem will be awarded to each Scout who participates for the **FULL WEEK**. Merit Badges and advancement in rank will be stressed.

**RESERVATIONS:** The total fee for the week will be \$80.00. Every Scout or Explorer desiring to attend must fill out the attached application (Page 4) and class schedule (Page 3) and send them with a \$80.00 registration fee to CAMP DIRECTOR, A. J. STANOVICH, 381 REYNOIR STREET, BILOXI, MS 39530, (TELEPHONE (228) 374-4343). **The total registration fee of \$80.00 must be paid prior to APRIL 1<sup>st</sup>, 2012.**

**HEALTH AND SAFETY:** Each scout attending **MUST** have a medical examination by a medical doctor within 6 months prior to the week of the camp. This must be on a proper Scout Medical Examination form and must be filled in by the doctor and parents and **signed** by both. Any required medication provided by parents will be stored in the First Aid Building and administered by the Camp Nurse. (See Page 6) **SHOES MUST BE WORN AT ALL TIMES AT CAMP WILKES.**

**SCOUTS SHOULD BRING:** Complete uniform, t-shirts, shorts or dungarees, extra clothing including enough underwear, swim trunks, toilet articles, towels, sturdy shoes, Scout handbook, two blankets, Pages, or sleeping bag. Bring with you equipment needed to pass Merit Badges you plan to work on. Equipment checklist enclosed (See Page 7). Craft supplies will be available at most reasonable prices at the craft shop. **DO NOT BRING PETS, GUNS, FIREWORKS, OR ELECTRONICS OF ANY KIND (radios, electronic games, cell phones, etc.) TO CAMP! NO YOUTH CELL PHONES ALLOWED! Any cell phone will be confiscated and will be returned to the Scout after the closing ceremony on Saturday.**

**VISITORS:** Family and friends are invited to attend Indian Campfire on Friday night, June 8th, 2012, at 8:00 PM. All are invited to attend closing and awards ceremony on Saturday, June 9th, 2012, at 10:00 AM. Families are invited to bring lunch and spend Saturday afternoon at camp closing ceremony. (Water Show Wednesday night, 7:00 PM) Nighttime program attached. (See Page 10.)

**MEALS:** Meals will be furnished and prepared by experienced cooks. Guests and non-registered adult leaders will be required to pay for their meals at the rate of **\$2.00 per meal** for adults, **\$1.00 per meal** for children

**BANK ACCOUNT AND CANTEEN:** There will be a bank set up for Scouts and Leaders. At check-in, a Scout or Registered Leader may deposit money in the bank, and draw it out as necessary during the week. At the end of the week, any funds not used will be returned. (This is done to eliminate the possibility of a Scout losing or misplacing spending money, and to have funds available for fees such as craft supplies, etc.) There will be a Canteen set up for the week of camp.

**KEEP THIS PAGE FOR INSTRUCTIONS:** Register as soon as possible, (**CAMP QUOTA IS 200 BOYS**) by turning in **SCOUT APPLICATION** (Page 4) with \$80.00 registration fee. Signatures required by Scout, parent, and Scoutmaster. **DEADLINE FOR CLASS SCHEDULE (Page 3) and RANK REQUIREMENT ACTIVITY SCHEDULE (Page 8) is APRIL 1<sup>st</sup> 2012.** Health form (Page 6) is due before, or on arrival, June 6th 2010.

**MAIL:** Address mail to Scouts or Leaders: c/o Camp Wilkes, 2109 Camp Wilkes Road, Biloxi, MS 39532.

Camp Wilkes Website: <http://www.campwilkes.org>

REV. SEPTEMBER 15, 2011



## NOTES:

1. Long pants, long sleeve shirt, and shoes required for waterfront activities and swimming merit badge.
2. 1<sup>st</sup> and 2<sup>nd</sup> Class swimming requirements are required to be complete prior to taking merit badge.
3. Long pants, long sleeve button up shirt, belt, socks, and shoes are required for Lifesaving Merit Badge.
4. Scoutmasters, **No Non Swimmers!**
5. Basketry Kit required. Can be purchased in craft shelter. **\$1.75**
6. Motor Boating Fee: **\$8.00** (fee may be required of those in General Boating who are not in the merit badge due to increasing fuel prices.)
7. Scout Book, Pencil, and Paper required for Rank Classes.
8. Mask, Snorkel, and Fins required.
9. Leatherwork kit required. Can be purchased in craft shelter. **\$4.00**
10. Must have Toten Chip card and a pocket knife.
11. CPR Certification is required.
12. Scouts must have a knife for woodcarving.
13. Scouts must have a bugle to attend the bugling class.

## General Notes

- **SCOUTMASTERS**, Make sure you review your scouts' selection of classes.
  - All ***Bold & Italicized*** merit badges are Eagle Required
  - Bring all things you need to pass your merit badges. **Read all requirements before choosing a merit badge.** Make sure you have the basic requirements completed before coming to camp.
  - No Merit badge may be taken twice without permission from your Scoutmaster.

(Reverse Side Page 3)

**PLEASE PRINT ALL INFORMATION**

FEE REG NO.#

**SCOUT APPLICATION FOR SUMMER CAMP  
SUNDAY JUNE 3<sup>RD</sup> THROUGH SATURDAY JUNE 9<sup>TH</sup> 2012**

(PLEASE PRINT ALL INFORMATION)			
NAME: _____	AGE: _____	RANK: _____	TROOP#: _____
ADDRESS: _____		PHONE: ( ) _____	
CITY: _____	STATE: _____	ZIP: _____	
FAMILY DOCTOR: _____		DOCTOR'S PHONE: ( ) _____	
BIRTHDATE: ____ / ____ / ____	EMAIL ADDRESS: _____		
**PLEASE NOTE: FILL IN ALL BLANKS AND <b><u>PRINT CLEARLY</u></b> **			

DO NOT WAIT FOR PHYSICAL EXAMINATION BEFORE RETURNING THIS APPLICATION, AS LONG AS YOU GET IT IN BEFORE MAY 1<sup>ST</sup> OR OUR CAMP QUOTA IS FILLED (CAMP QUOTA IS FIRST 200 BOYS TO RETURN THIS APPLIACTION). ALSO, GET ANY REQUIRED SHOTS EARLY. IT'S FOR YOUR OWN PROTECTION.

**To the Scout:** You will be given every opportunity to advance in rank during camp. Please read the attached sheets carefully and select the classes that will benefit you the most. Check over your class schedule selection with your Scoutmaster and turn it in with this application and the **registration fee of \$80.00.**

**NO REFUND AFTER APRIL 1<sup>ST</sup>.**

*I agree to abide by all camp rules and to live by the Scout Oath and Law. I will obey all adults and junior staff members appointed over me.*

**Scout Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Swimming and Boating Permit:**

My son has permission to take part in swimming and boating, under supervision, as well as other camp activities at Camp Wilkes.

**PARENT SIGNATURE:** \_\_\_\_\_

Please note any **EXCEPTIONS** to **FULL PARTICIPATION** in camp activities. (NONE), or **LIST THE EXCEPTIONS:** \_\_\_\_\_

I certify that this Scout is registered in the Troop, is in good standing, and is eligible to attend camp. I will provide adult supervision while this Scout and his Troop attend camp. (Minimum 2 adults 24hrs. a day per Troop)	
Scoutmaster Signature: _____	Troop: _____

# 2012 T-SHIRT ORDER FORM

## SCOUTS

Do you want a T-Shirt? Fill out and turn in with money to Scoutmaster.

NAME: \_\_\_\_\_  
(PLEASE PRINT)

TELEPHONE NUMBER: \_\_\_\_\_

TROOP NUMBER: \_\_\_\_\_

SIZE	QUANTITY	COST	TOTAL
<i>SMALL</i>		<i>x \$ 8.00 EACH</i>	
<i>MEDIUM</i>		<i>x \$ 8.00 EACH</i>	
<i>LARGE</i>		<i>x \$ 8.00 EACH</i>	
<i>X-LARGE</i>		<i>x \$ 8.00 EACH</i>	
<i>XX-LARGE</i>		<i>x \$ 9.00 EACH</i>	
<i>XXX-LARGE</i>		<i>x \$10.00 EACH</i>	
<b><u>TOTAL NUMBER OF SHIRTS</u></b>			
<i>HAT</i>		<i>x \$ 4.00 EACH</i>	
<i>EXTRA PATCHES</i>		<i>x \$ 3.00 EACH</i>	
<b><u>GRAND TOTAL</u></b>			

RETURN THIS FORM TO A.J. STANOVICH.  
MUST HAVE MONEY ATTACHED TO ORDER FORM.

## SCOUTS

**ALL ORDERS AT TO BE TURNED IN BY APRIL 1<sup>ST</sup>, 2012  
IF YOU WANT YOUR SHIRT(S) FOR OPENING DAY OF  
CAMP.**

# Annual Health and Medical Record

## (Valid for 12 calendar months)

### Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

### Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

### Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

**\*\*PLEASE NOTE:** Pages 6b, 6c, and 6d are needed by June 3, 2012. Also, DOCTOR MUST SIGN ON PAGE 6c!! NO EXCEPTIONS!! This is for all Leaders and Scouts. Do not forget to attach copies of insurance cards as



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required on page 6d.

**Annual BSA Health and Medical Record****Part A****GENERAL INFORMATION**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

**In case of emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

**MEDICAL HISTORY**

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	Troop # _____
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

**Allergies or Reaction to:**

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

**Immunizations:**

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

**MEDICATIONS**

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)**

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B****PHYSICAL EXAMINATION**Height \_\_\_\_\_ Weight \_\_\_\_\_ % body fat \_\_\_\_\_ Meets height/weight limits  Yes  No

Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

**Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://www.cdc.gov).)**

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Allergies (to what agent, type of reaction, treatment): \_\_\_\_\_

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping     Competitive activities     Backpacking     Swimming/water activities     Climbing/rappelling  
 Sports     Horseback riding     Scuba diving     Mountain biking     Challenge ("ropes") course  
 Cold-weather activity (<10°F)     Wilderness/backcountry treks

Specify restrictions (if none, so state) \_\_\_\_\_

**Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.**

**To Health Care Provider:** Restricted approval includes:

- Uncontrolled heart disease, asthma, or hypertension.
- Uncontrolled psychiatric disorders.
- Poorly controlled diabetes.
- Orthopedic injuries not cleared by a physician.
- Newly diagnosed seizure events (within 6 months).
- For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Office phone \_\_\_\_\_

Date \_\_\_\_\_

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health &amp; Human Services.

**Part B** Last name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Part C****Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

Without restrictions.

With special considerations or restrictions (list) \_\_\_\_\_

**Talent Release Form**

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

In addition, I grant Camp Wilkes, Inc. (CWI) the same rights and permissions as listed above.

I hereby 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 Boy Scouts of America, and CWI and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_

(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



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**Part C** Last name: \_\_\_\_\_ DOB: \_\_\_\_\_