

Webelos Woods 2005



Join us for *Back to Baden Powell* @ Camp Marin-Sierra
Friday, July 8 – Sunday, July 10, 2005

Marin Council, BSA
225 West End Avenue
San Rafael, CA 94901
(415) 454 – 1081
FAX (415) 454 – 5511
cubcamping@boyscouts-marin.org

INFORMATION

What is Webelos Woods?

Webelos Woods is a weekend program for Webelos Scouts and an adult partner who is a family member. The purpose of this camp is to introduce them to the exciting activities of the Boy Scout Program and the beauty of Camp Marin-Sierra. Any team of a first or second year Webelos Scout and his adult partner can participate. (If your son is entering 4th or 5th grade in the Fall of 2005, he is eligible to attend.) An adult partner can be any family member or guardian over 18 years old.

Theme and Activities

This year's theme is *Back to Baden Powell*. Webelos will learn fun games, build unique camp gadgets, and participate in many new activities. Each team participates in a variety of activities as part of a patrol made up of six to eight teams. Here are some of the activities: Camping, Cooking, Hiking, BB Gun, Swimming, Archery, Handicraft, Fishing, Campfires, Scoutskills, Nature, Fun!

Camping at Marin-Sierra

All participants camp in a campsite. Tents and tent platforms are provided. Cots are provided by request for adults only. Each person brings their own sleeping bag and sleeping pad if desired.

Meals

Friday Dinner:	Eat before you arrive
Saturday Breakfast:	At the commissary
Saturday Lunch:	At the commissary
Saturday Dinner:	Prepared in your campsite
Sunday Breakfast:	At the commissary

Fees and Reservations

The fee for the camp is \$65 per team. Additional siblings who are Webelos or adults are \$33 each. Reservation with payment must be received no later than Friday, June 24.

Medical Forms Required

A Class 1 medical form (#34414) is required from every participant. This form must be brought to camp with you. The Class 1 form does not require a physician exam or signature. It is only a health history and contact form.

Check-in and Check-out

Arrival at Camp Marin-Sierra should be by 6:00 p.m., Friday, July 8. Please do not arrive earlier than 5:30 p.m. Each team will be greeted at Ibach Lodge (next to the parking lot) by their Troop Guide. Check-out will be on Sunday, July 11, after Scout's Own. All personal gear will be packed and your campsite inspected as part of the check-out process.

What to Bring

Medical form	Webelos handbook	Backpack
Swim suit	Sleeping bag and pad	Flashlight
Uniform	Shorts and long pants	Underwear
Extra batteries	Towel and wash cloth	T-shirts
Toilet articles	Poncho or rain coat	3 pr. socks
Insect spray	Hiking shoes	Canteen
Warm jacket	Day or hip pack	Sun Glasses
Sun protection	Medications (labeled)	Hat
Plate / bowl / cup / utensils		

Where is Camp Marin-Sierra?

Travel east on Interstate 80 toward Reno. Take Hwy 20 to Nevada City. The camp is about 1/2 mile down Hwy 20 on the right. The emergency camp telephone number is (530) 389 – 9981.

Refund Policy

No refunds after Tuesday, July 5. Refunds may be requested in writing from the Marin Council Office.

Registrations accepted on a first come, first served basis.
Attendance at Webelos Woods will be limited to the first 48 registered boys.

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REGISTRATION

Webelos Scout Name: _____ **Pack Number:** _____

Adult Partner: _____
Additional Adult or Sibling Who is a Webelos: _____

Address: _____

City / Zip: _____

Home Phone: _____ **Work Phone:** _____

Cost Summary / Number Attending

<u>Cost Each</u>		<u>Number</u>	=	<u>Total Fee</u>
\$65	Team (Webelos Scout and One Adult Partner)	_____	=	_____
\$33	Additional Adult / Webelos Scout	_____	=	_____
	Totals	<input type="text"/>		<input type="text"/>

Credit Card Information _____ **MC** _____ **VISA**

Name on Card _____ Signature _____

Card # _____ Expiration Date _____

I agree to pay for the above total fee in accordance to my credit card agreement.

Registration Deadline:

Friday, June 24

Mail to:

Marin Council, BSA / Webelos Woods
225 West End Avenue, San Rafael, CA 94901

Payment Options:

Send Check Payable to Marin Council, BSA
Complete and Sign Credit Card Information Above

Need More Info?

Call the Council Office at (415) 454 – 1081
Send Email to cubcamping@boyscouts-marin.org
Visit the Council Website www.boyscouts-marin.org

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PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Class 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

Note: Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a *licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-01).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME

TROOP

CAMP SITE

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit)								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

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

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name _____ Age _____

NOTE TO LICENSED HEALTH-CARE PRACTITIONERS*: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

PHYSICAL EXAMINATION (To be filled out by a licensed health-care practitioner*)

Height _____ Weight _____ BP _____ / _____ Pulse _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

Check box:	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Limitations

Activity restrictions _____

Diet restrictions _____

Signature _____ Date _____

Licensed health-care practitioner*

Address _____ Phone _____

City, State, Zip _____

***Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.**

INTERVAL RECORD	SCREENING EXAMINATION	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
#34414A		
	PHOTOCOPYING THIS FORM IS PERMITTED.	

