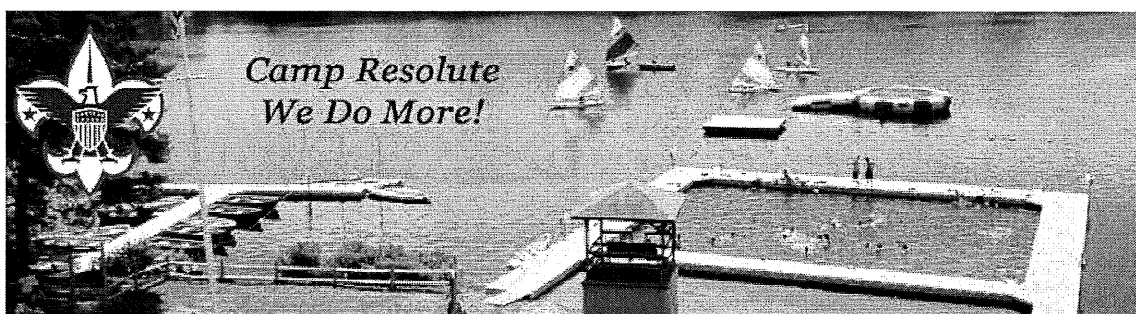


## PARENT'S GUIDEBOOK

# CAMP RESOLUTE SUMMER CAMP 2018



Visit us at <http://campresolute.org/forms/>

### Troop 61 Sudbury

# Parent's Summer Camp Checklist

Event: Troop 61 Summer Camp

Date: July 8 - 13

Location: Camp Resolute, 75 Hudson Rd, Bolton, MA 01740

Item	Date Due
<input type="checkbox"/> Register Now! Quick Email with Name of Child is fine <i>Send Scout's name to Stephanie Lewis</i>	4/25/18
<input type="checkbox"/> Physical Exam (remember: Part C completed by physician)	Schedule Now
<input type="checkbox"/> Campership Application (if requesting)	4/25/18
<input type="checkbox"/> Mandatory Parent's Meeting	TBD
<input type="checkbox"/> Early Bird Payment (Save \$40)	5/09/18
<input type="checkbox"/> Merit Badge Signup	5/09/18
<input type="checkbox"/> T Shirt Order	5/09/18
<input type="checkbox"/> Parent Chaperones Signup	5/09/18
<input type="checkbox"/> <b>Turn in Medical Form / updated &amp; signed by physician</b> <i>Hand in to Lise Singer at Troop Meetings</i>	<b>5/30/18</b>
<input type="checkbox"/> Tent Mates Request	5/30/18
<input type="checkbox"/> Parent Chaperones have completed CORI, SORI, YPT and Medical Forms Part A & B only	5/30/18
<input type="checkbox"/> Merit Badge Prereqs Completed	5/30/18
<input type="checkbox"/> Troop Photo Registration	5/30/18
<input type="checkbox"/> Regular Summer Camp Payment	5/30/18
<input type="checkbox"/> Parent Authorization form - Required to attend Camp	5/30/18
<input type="checkbox"/> PACK - See packing list on the last page. Be Prepared!	7/06/18
<input type="checkbox"/> Camp Trunk Drop-Off Atkinson Pool Parking Lot (8 AM)	7/08/18
<input type="checkbox"/> Check-In Scout at Camp Resolute and visit site (1 PM)	7/08/18
<input type="checkbox"/> Sign-up for the family BBQ on night of Closing Ceremony (7/13) <i>Tickets at the Trading Post at Camp Resolute during Check-In (\$7 Adults / \$5 Kids)</i>	7/08/18
<input type="checkbox"/> Camp BBQ and Closing Ceremony and Scouts and Family	7/13/18

For any questions or activities related to Summer Camp registration, please contact:

Stephanie Lewis

[stephdrewlewis@gmail.com](mailto:stephdrewlewis@gmail.com)

## SUMMER CAMP REGISTRATION

# TROOP 61 SUMMER CAMP

JULY 8 - 13, 2018

Sign-Up Today  
(no money needed to sign-up)

Now is the time to think about the Troop 61 Boy Scout SUMMER CAMP!!! If it's true that the best Scouting memories are made at camp, then Summer Camp is the top memory maker for sure. EVERYONE is invited, and just about everyone in the Troop typically attends. In 2016 we had 25 boys attend Camp Resolute. In 2017 we had 34 boys attend Camp Resolute! Whether your son has been in the Troop for 6 weeks, 6 months, 6 years, or somewhere in between, Summer Camp has a lot to offer.

This year the troop will be going to Camp Resolute, Bolton, MA. There are a lot of activities: sailing, kayaking, canoeing, rowing, swimming, climbing, rifle shooting, shotgun shooting, archery, and lots of opportunities to earn merit badges. The cost of camp includes deluxe accommodations (OK, tents), all meals and snacks, campfires, and many memories.

**When:** Sunday July 8<sup>th</sup> to Friday July 13<sup>th</sup>

**Where:** Camp Resolute, 75 Hudson Road, Bolton, MA  
Camp Resolute

**Costs:** \$470  
\$430 Early Bird if paid by May 9<sup>th</sup> and all new scouts  
\$360 Brother Discount Early Bird (\$400 Regular Fee)

Checks payable to: Troop 61 Sudbury. Bring checks to Troop 61 meeting or mail to: Stephanie Lewis, 616 Peakham Road, Sudbury, MA 01776

Camperships: A limited number of financial-assistance camperships are available with funds from Knox Trail Council and Troop 61. See Attached Form for details.

## Sign Up Today!

It's easy to sign-up. Deadline for registration is April 25<sup>th</sup>! Simply send the name of your Scout to:

**Stephanie Lewis** ([stephdrewlewis@gmail.com](mailto:stephdrewlewis@gmail.com)) (508) 414-5590

*Please call Stephanie Lewis if you have any questions.*



## SUMMER CAMP MEDICAL FORM INSTRUCTIONS

Accurate medical records for campers and staff are required by BSA standards and state law. They are also critical to ensure timely, effective care should you or your Scout become sick or injured while at camp. All campers, adult leaders and staff **MUST** complete the BSA Annual Health and Medical Record form annually. Forms expire after 12 months.

**Scouts, leaders, parents, and visitors WILL NOT PARTICIPATE in many camp activities including (but not limited to) swimming, boating, climbing, COPE, and sports, and may not remain in camp longer than 72 hours without a completed medical form.**

Read the medical form carefully. The next page highlights areas that are commonly incomplete. All portions of the form must be completed for ALL summer camp programs. Please take note of the following changes:

### PART A:

This page contains an important risk advisory, informed consent, and release. Please read this advisory carefully. The participant and parents (if participant is under 18) must sign to acknowledge agreement with the information on this page.

This page also includes space to list adults who are authorized (or prohibited) to take this participant to/from events.

### PART B:

Part B contains the participant's contact and insurance information and generic health history. Page 2 of this section contains information about medication and allergies. Please complete these sections carefully and accurately. The parents and health care professional must sign to authorize all medication.

### PART C:

Part C is the annual physical. This page should be completed and signed by the health care professional conducting the physical examination. Physicals are required within 12 months of an event lasting longer than 72 hours.

### COMMON MISTAKES:

- Missing parent/guardian signature (Part A)
- Missing emergency contact information (Part B)
- Incomplete medication information (Part B)
- Missing medical insurance card (Part B)
- Missing immunization record (Part B)
- Missing physician signature (Part B & C)
- Physical exam more than 12 months ago (Part C)

**NOTE:** State regulations require that your complete immunization record be written on the medical form. Absolutely no attachments are accepted.

**MEDICAL FORMS ARE NOT RETURNED AT THE END OF CAMP.** Always submit a **COPY** of your medical form. Keep the original for use at other Scouting activities.

## Annual Health and Medical Record

## Information and FAQs

### Personal Health and the Annual Health and Medical Record



Find the current Annual Health and Medical Record by using this QR code or by visiting <http://www.scouting.org/HealthandSafety/ahmr.aspx>.

The Scouting adventure, camping trips, high-adventure excursions, and having fun are important to everyone in Scouting—and so are your safety and well-being. Completing the Annual Health and Medical Record is the first step in making sure you have a great Scouting experience. **So what do you need?**

**All Scouting Events.** All participants in all Scouting activities complete Part A and Part B. Give the completed forms to your unit leader. This applies to all activities, day camps, local tours, and weekend camping trips less than 72 hours. Update at least annually.

**Part A** is an informed consent, release agreement, and authorization that needs to be signed by every participant (or a parent and/or legal guardian for all youth under 18).

**Part B** is general information and a health history.

**Going to Camp?** A pre-participation physical is needed for resident, tour, or trek camps or for a Scouting event of more than 72 hours, such as Wood Badge and NYLT. The exam needs to be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant. If your camp has provided you with any supplemental risk information, or if your plans include attending one of the four national high-adventure bases, share the venue's risk advisory with your medical provider when you are having your physical exam.

**Part C** is your pre-participation physical certification.

**Planning a High-Adventure Trip?** Each of the four national high-adventure bases has provided a supplemental risk advisory that explains in greater detail some of the risks inherent in that program. All high-adventure participants **must** read and share this information with their medical providers during their pre-participation physicals. Additional information regarding high-adventure activities may be obtained directly from the venue or your local council.

**Prescription Medication.** Taking 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 the BSA does not mandate or necessarily encourage the leader to do so. Standards and policies regarding administration of medication may be in place at BSA camps. If state laws are more limiting than camp policies, they must be followed. The AHMR also allows for a parent or guardian to authorize the administration of nonprescription medication to a youth by a camp health officer or unit leader, including any noted exceptions.

**Risk Factors.** Scouting activities can be physically and mentally demanding. Listed below are some of the risk factors that have been known to become issues during outdoor adventures.

- Excessive body weight (obesity)
- Cardiac or cardiovascular disease
- Hypertension (high blood pressure)
- Diabetes mellitus
- Seizures
- Asthma
- Sleep apnea
- Allergies or anaphylaxis
- Musculoskeletal injuries
- Psychological and emotional difficulties



More in-depth information about risk factors can be found by using this QR code or by visiting [http://www.scouting.org/HealthandSafety/risk\\_factors.aspx](http://www.scouting.org/HealthandSafety/risk_factors.aspx)

### Questions?

**Q. Why does the BSA require all participants to have an Annual Health and Medical Record?**

A. The AHMR serves many purposes. Completing a health history promotes health awareness, collects necessary data, and provides medical professionals critical information needed to treat a patient in the event of an illness or injury. It also provides emergency contact information.

Poor health and/or lack of awareness of risk factors have led to disabling injuries, illnesses, and even fatalities. Because we care about our participants' health and safety, the Boy Scouts of America has produced and required the use of standardized health and medical information since at least the 1930s.

The medical record is used to prepare for high-adventure activities and increased physical activity. In some cases, it is used to review participants' readiness for gatherings like the national Scout jamboree and other specialized activities.

Because many states regulate the camping industry, this Annual Health and Medical Record also serves as a tool that enables councils to operate day and resident camps and adhere to state and BSA requirements. The Boy Scouts of America Annual Health and Medical Record provides a standardized mechanism that can be used by members in all 50 states.



For answers to more questions, use this QR code or visit the FAQ page at [www.scouting.org/HealthandSafety/Resources/MedicalFormFAQs.aspx](http://www.scouting.org/HealthandSafety/Resources/MedicalFormFAQs.aspx).

**Download a free QR reader for your smartphone at [scan.mobi](http://scan.mobi).**



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## PART A - Page 1

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

**Full Name:** \_\_\_\_\_ **High-Adventure Learning Partners:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Participant and parents (if participant is under 18) must sign to acknowledge the informed consent and release on this page.**

**Adults authorized to, or prohibited from, taking a participant to or from an event.**

**Complete this section for youth participants only. Adults authorized to take to and from events:**

**Adults NOT authorized to take youth to and from events:**

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## PART B - Page 1

### Part B: General Information/Health History

**Full Name:** \_\_\_\_\_ **High-Adventure Learning Partners:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Include insurance information and attach a copy the participant's insurance card.**

**Health History**

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## PART B - Page 2

### Part B: General Information/Health History

**Full Name:** \_\_\_\_\_ **High-Adventure Learning Partners:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**List all allergies, and medications taken here.**

**Allergies/Medications**

**Immunization**

**Parent and physician must sign to authorize medication.**

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## PART C - Page 1

### Part C: Pre-Participation Physical

**Full Name:** \_\_\_\_\_ **High-Adventure Learning Partners:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_

**Health care professional completes this page.**

**Examiner's Certification**

**Health care professional must sign here.**

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## 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: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

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

Telephone: \_\_\_\_\_



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## Part B: General Information/Health History

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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____
<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	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	
<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"/>	Behavioral/neurological 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	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"/>	Excessive fatigue	
<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	



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## Part B: General Information/Health History

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
<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 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)
<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: \_\_\_\_\_



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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		<input type="checkbox"/>	<input type="checkbox"/>	

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	

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"/>	
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"/>	Does not have uncontrolled heart disease, asthma, 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 less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	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	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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# T SHIRT ORDERS

Troop 61 T Shirts



**Class B Shirts** are short-sleeved and made of stay cool and dry polyester. The shirts are worn by the scouts at Summer Camp and are used at other Troop 61 functions. *It is not necessary to order a shirt for summer camp if your scout already has a shirt that fits!*

The Troop will provide one T shirt free of charge to each Scout attending Summer Camp for the first time.

**Price:** \$15/Short Sleeve when you order in advance. First year Scouts who are attending Summer Camp will get a FREE short sleeve shirt.

Please submit T shirt orders and any questions to Seamus McNulty/John McNulty ([jmcnulty152@gmail.com](mailto:jmcnulty152@gmail.com)) and state the T shirt size.

Please make checks payable to: Troop 61 Sudbury

Bring Forms and check to Troop 61 meeting or mail to:

John McNulty  
152 Barton Drive  
Sudbury, MA 01776

## Troop 61 Photo Form

Every year, photographs of each Troop are taken in their Class A uniform. Troop photographs will be taken on Sunday before the evening meal. Each 8" x 10" color photo is \$10.00.

Last Date for Payment 7/8/18  
First Day of Summer Camp

Scout's name \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Date \_\_\_\_\_

Please make checks payable to: TOP Photography

Bring Forms and check for \$10.00 to Camp Resolute during drop-off. Leave the form and the check with one of the parent chaperones staying over Sunday when you drop off your son at camp.



## Camp Resolute Parental Authorization Form

**Compliance with Massachusetts State Law regarding Authorized Use of Firearms by a Minor**  
The Knox Trail Council adheres to all applicable laws and operates under the governance of BSA National Standards as well as MA State Health Code. As a part of the Boy Scout Program the council operates several safe shooting sports ranges for Scouts to participate in rifle shooting, shotgun, and archery. In order to satisfy Mass General Law Chapter 140 section 130 the council requires parental permission to participate in such activities. Mass General Law Chapter 140, Section 130 stipulates the following:

Furnishing Child 15 or older with Rifle, Shotgun and Ammunition

"Nothing in this section shall be construed to prohibit an instructor from furnishing rifles or shotguns or ammunition to pupils; provided however that said instructor has the **consent of a parent or guardian of a pupil under the age of 18.**"

The pupil must be under the direct supervision of a person (the range instructor) holding a valid Firearms Identification Card or a License to Carry Firearms.

### Photo Release Statement

I hereby assign and grant to the Knox Trail Council the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made during my son's visit to Camp Resolute by the Knox Trail Council, and I hereby release the Knox Trail Council, Boy Scouts of America from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Knox Trail Council and I specifically waive any right to any compensation I may have for any of the foregoing.

---

\_\_\_\_\_ I hereby authorize my child to participate in all events during summer camp including (if age appropriate) use of the shooting sports program areas (for rifle and shotgun under supervision of a FID instructor) and I agree to the Photo Release Statement outlined above.

\_\_\_\_\_ I do not authorize my child to participate in shooting sports activities. However, my child is authorized to participate in all other events and activities of the camp and I agree to the Photo Release Statement outlined above.

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

Troop Number \_\_\_\_\_ Town \_\_\_\_\_

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

Date: \_\_\_\_\_

*This form is required for every Scout and must be turned in along with the camp medical form.*

## Camperships (Financial Assistance)

Knox Trail Council (KTC) and Troop 61 have set aside funds to help Scouts attend Summer Camp this year. ***Please note that the application deadline is April 25, 2017.***

The KTC runs Camp Resolute and offers camperships every year. Please let John McNulty know you are preparing an application, and submit the completed form to him by April 13<sup>th</sup>. Form is attached, or link: Campership Application. The applications and awards are held in strictest confidence.

*"The purpose of the campership program is to provide financial assistance to deserving Scouts who would otherwise not be able to afford the camp attendance fees. The Knox Trail Council, in administering funds provided by concerned individuals, foundations, and others will act as good stewards by offering careful judgment in providing camperships and will act in complete confidence. Recognizing the ninth point of the Scout Law "A Scout is Thrifty," every Scout who receives a campership will be asked to earn part of the camp fee. It is also expected that the parent/guardian will share the financial responsibility."*

For more information, please contact -

Scoutmaster      Kim Darcy [hexgirl699@aol.com](mailto:hexgirl699@aol.com) (508) 397-5449

Chairman          John McNulty [jmcnulty152@gmail.com](mailto:jmcnulty152@gmail.com) (617) 803-3196

We want to find a way to make sure every Scout who wants to attend Summer Camp is able to do so.

**Campership Purpose**

The purpose of the campership program is to provide financial assistance to deserving Scouts who would otherwise not be able to afford the camp attendance fees. The Knox Trail Council, in administering funds provided by concerned individuals, foundations, and others will act as good stewards by offering careful judgment in providing camperships and will act in complete confidence. Recognizing the ninth point of the Scout Law "A Scout is Thrifty," every Scout who receives a campership will be asked to earn part of the camp fee. It is also expected that the parent/guardian will share the financial responsibility.

**ALL SECTIONS of this form MUST BE COMPLETED or the form will be returned.**

## Scout Information (One Form Per Scout – Please see instructions on back of form)

Scout's Name: _____		Birth date: _____	
Address: _____		City: _____	State: _____ Zip: _____
Pack/Troop #: _____	Town: _____	Rank: _____	

## Parent Information

Parents Name: _____		Home Telephone: (____) _____	
Address: _____		City: _____	State: _____ Zip: _____
Contact E-Mail Address (Please PRINT): _____			
Number of Children in family _____		Number of parents living at home : _____	
Number of Children in college _____		Number of parents Working : _____	
Our FAMILY Income from ALL sources, including public assistance, food stamps is:			
<input type="checkbox"/> \$0 - \$5,000	<input type="checkbox"/> \$5,000 - \$14,999	<input type="checkbox"/> \$15,000 - \$24,999	<input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$35,000 - \$44,999
<input type="checkbox"/> \$45,000 - \$54,999	<input type="checkbox"/> \$55,000 - \$64,999	<input type="checkbox"/> \$65,000 - \$74,999	<input type="checkbox"/> \$75,000 - \$84,999 <input type="checkbox"/> \$85,000 - \$94,999
<input type="checkbox"/> \$95,000 or More – Please enter Income : _____			
Explanation of need: _____			
_____			
_____			
_____			
<b>The following plan has been established after a DISCUSSION with the LEADER of our Unit.</b>			
<b>Total Camp Fee</b>	<b>Amount Scout to Pay</b>	<b>Amount Parent to Pay</b>	<b>Amount Unit to Pay</b>
_____	_____	_____	<b>Campership Requested</b>
_____	_____	_____	_____

## Campership Information

Scout will be attending with: <input type="checkbox"/> His own unit <input type="checkbox"/> Individually	
Your Scout will be attending:	
<input type="checkbox"/> Cub Adventure Day Camp	<input type="checkbox"/> Boy Scout Camp <input type="checkbox"/> BSA Lifeguard Camp
<input type="checkbox"/> Webelos Overnight Week <input type="checkbox"/> WOW +	<input type="checkbox"/> Trail to Eagle Camp <input type="checkbox"/> Other Summer Program: _____
<input type="checkbox"/> Family Camp Weekend	<input type="checkbox"/> Frontier Camp

## Unit Leader Approval

**This section to be completed by unit leader after discussion with parent or guardian.**

Scout: \_\_\_\_\_ has participated in Pack \_\_\_\_\_ Troop \_\_\_\_\_ and has exhibited a willingness to "Do His Best" and live up to the Scout Oath and Law or Cub Promise and Law of the Pack. Knowing this Scout is deserving and that the best of Scouting is an experience at summer camp, I recommend that this Scout be considered for a campership because of need.

Signature of unit leader \_\_\_\_\_ Date \_\_\_\_\_

## Summer Camp Payment Form

Early Bird Deadline 5/9/18  
Last Date for Payment 5/30/18

Scout's name \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

Date \_\_\_\_\_

Please make checks payable to: Troop 61 Sudbury

Bring checks to Troop 61 meeting or mail to:

Stephanie Lewis  
616 Peakham Road  
Sudbury, MA 01776



**MERIT BADGE SIGNUP**  
**DEADLINE 5/9/2018**

Merit Badge sign up will start once Camp Resolute releases the finalized 2018 Merit Badge Schedule (not available at the time of this Parent Guidebook)

I will email the finalized schedule to all parents of registered scouts. Please review with your son and have him choose the classes he would like to take. Please email me ([stephdrewlewis@gmail.com](mailto:stephdrewlewis@gmail.com)) your son's list of Merit Badge Classes. Please list Merit Badge Class and Time Block for Class.  
(example: Wilderness Survival 9:10-10:00, Cooking 10:10-12:00, Kayaking 2:00-3:00)

Scouts are responsible for completing all prerequisites for Merit Badge prior to arriving at camp.

Camp Resolute 2018 Merit Badge Schedule - Draft								
TIME	SCOUTCRAFT	STEM	RISK (Ecology)	ARTS CENTER	WATERFRONT	RANGES	Trading Post	FIELD SPORTS
9:10 to 10:00	Camping First Aid	Chemistry	Forestry	Leatherwork Public Speaking	Swimming Rowing Canoeing Stand Up Paddleboarding*	Archery		
10:10 to 11:00	Wilderness Survival	Robotics	Environmental Science	Art				
9:10 to 11:00	Pioneering				Lifesaving	Rifle Shooting		Cycling#
10:10 to 11:00	Camping Orienteering	Chess Electricity	Reptile and Amphibian Study/ Insect Study Sustainability#	Movie making Woodworking Painting^	Stand Up Paddleboarding* Canoeing	Archery	Entrepreneurship	Climbing
10:10 to 12:00	Cooking				Small Boat Sailing			
11:10 to 12:00	Wilderness Survival E Prep. First Aid	Engineering Inventing	Fishing/ Fly Fishing Environmental Science	Music Woodcarving Photography	Kayaking Swimming Stand Up Paddleboarding*	Archery Shotgun Shooting		Climbing Sports/ Athletics^ (Rugoletti Pavilion)
1:30 to 3:00	Resolute Recruits			Metalwork	Small Boat Sailing	Rifle Shooting		
2:00 to 3:00	Geocaching First Aid E. Prep	Drone Program* Signs, Signals, and Codes	Mammal Study Environmental Science	Indian Lore	Kayaking Swimming Snorkling*	Archery		Personal Fitness COPE (runs to 4PM)

\*This is an award not a merit badge ^Reintroduced #New



## Pre-Camp Merit Badge Requirements

Merit Badge	Prerequisite	Recommended For	Pre-Camp Requirements	Cost
Archeology	None	2 <sup>nd</sup> Year Camper	None	None
Archery	None	2 <sup>nd</sup> Year Camper	Read pamphlet before 1 <sup>st</sup> class	None
Art	None	Any Scout	6	None
Camping	Equipment for 7b	Any Scout	8d, 9a, 9b	None
Canoeing	Swimmer classification	Must be able to carry canoe alone	None	None
Chemistry	None	2 <sup>nd</sup> Year Camper	None	None
Chess	None	Any Scout	None	None
Climbing	Review MB pamphlet	2 <sup>nd</sup> Year Camper	None	None
Cooking	None	2 <sup>nd</sup> Year Camper	5c, 5d, 5e, 5f, 7c, 7d, 7e	None
Emergency Preparedness	First Aid Merit Badge	2 <sup>nd</sup> Year Camper	2c, 8b	None
Engineering	None	2 <sup>nd</sup> Year Camper	4	
Environmental Science	None	2 <sup>nd</sup> Year Camper	None	None
First Aid	None	2 <sup>nd</sup> Year Camper	1, 2d	None
Fishing	May bring equipment	Any Scout	None	None
Fly Fishing	May bring equipment	Any Scout	None	None
Forestry	None	Any Scout	1, 7	None
Geocaching	None	2 <sup>nd</sup> Year Camper	7	None
Geology	None	2 <sup>nd</sup> Year Camper	None	None
Indian Lore	None	Any Scout	Prepare for 1	None
Inventing	None	Any Scout	None	None
Kayaking	Swimmer classification	2 <sup>nd</sup> Year Camper	None	None
Leatherwork	None	Any Scout	None	None
Lifesaving	Swimmer classification	2 <sup>nd</sup> Year Camper	1a and Swimming Merit Badge	None
Mammal Study	None	Any Scout	None	None
Metalwork	Jeans & closed toe shoes	2 <sup>nd</sup> Year Camper	None	\$8 material fee
Moviemaking	None	2 <sup>nd</sup> Year Camper	None	None

Merit Badge	Prerequisite	Recommended For	Pre-Camp Requirements	Cost
Nature	None	Any Scout	None	None
Orienteering	None	2 <sup>nd</sup> year Camper	None	None
Personal Fitness	None	2 <sup>nd</sup> year Camper	1a, 1b, 8	None
Photography	Must bring camera	2 <sup>nd</sup> Year Camper	None	None
Pioneering	None	Knowledge of knots	None	None
Public Speaking	Prepare for 2, 4	Any Scout	None	None
Radio	None	Any Scout	7	None
Reptile & Amphibian Study	None	Any Scout	None	None
Rifle Shooting	None	2 <sup>nd</sup> Year Camper	None	None
Robotics	None	3 <sup>rd</sup> Year Camper	None	Robot Kit (Approximately \$100)
Rowing	Swimmer, Experience Rowing	Any Scout	None	None
Salesmanship	None	Any Scout	None	None
Scouting Heritage	Prepare for 6	Any Scout	None	None
Shotgun Shooting	14 years old	3 <sup>rd</sup> Year Camper	1f	None
Signs, Signals & Codes	None	2 <sup>nd</sup> year Camper	None	None
Small Boat Sailing	Swimmer classification	Prior knowledge of sailing	None	None
Space Exploration	None	2 <sup>nd</sup> Year Camper	None	Rocket Kit
Sports	None	2 <sup>nd</sup> Year Camper	4, 5	None
SUP	Swimmer classification	Any Scout	None	None
Swimming	Swimmer classification	Any Scout	None	None
Textiles	None	2 <sup>nd</sup> Year Camper	None	None
Weather	None	Any Scout	None	None
Wilderness Survival	None	Any Scout	5	None
Wood Carving	None	2 <sup>nd</sup> Year Camper	None	None
Woodwork	None	2 <sup>nd</sup> Year Camper	None	\$8 material fee

## Parent Chaperone Sign-Up

Parents can stay for one night or for five. You can stay two consecutive days, or two other days. We need chaperones, and you're welcome whenever you can make it. Each chaperone day runs from 6:00 pm one day until 6:00 pm the following day. Please indicate which days you would like to chaperone.

There is no fee for attending camp as a chaperone. Chaperones will eat in the dining hall with the troop. Parents may bring their own tents or use one of the troop's tents-- and some trusty scouts will even help with set-up! Chaperones are just there to provide extra adult assistance. No experience necessary!!

Name \_\_\_\_\_

Scout's name \_\_\_\_\_

Please check all days that you would like to chaperone:

6 pm Sun 7/8- 6pm Mon7/9	6 pm Mon 7/9- 6pm Tues 7/10	6 pm Tues 7/10- 6pm Weds7/11	6 pm Weds7/11- 6pm Thur 7/12	6 pm Thur 7/12- 6pm Fri 7/13

Bring to Troop 61 meeting, mail or email:

Stephanie Lewis  
616 Peakham Road  
Sudbury, MA 01776  
[stephdrewlewis@gmail.com](mailto:stephdrewlewis@gmail.com)

## Tent Mate Request

Each tent has two cots, so each scout will have one tent-mate. Please indicate your first and second choice for tent mates.

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

Bring to Troop 61 meeting, mail or email:

Stephanie Lewis  
616 Peakham Road  
Sudbury, MA 01776  
[stephdrewlewis@gmail.com](mailto:stephdrewlewis@gmail.com)

## CORI AND SORI FORMS

If you plan to volunteer as a Parent Chaperone for Summer Camp (and we hope you do!), the BSA requires that you have completed:

- Background check for Criminal Offender Record Information (CORI)
- Background check for Sexual Offender Record Information (SORI)
- Up to date Youth Protection Training (YPT)

**CORI/SORI:** You need only complete CORI and SORI one time. If you have previously completed CORI and SORI checks for the BSA, you do not need to complete these forms. If you have not had a CORI or SORI background check, please complete the forms found in this Guidebook and send to:

Knox Trail Council, BSA  
Attn: Camp Director  
490 Union Street  
Framingham, MA 01702

For more information see: <http://www.campresolute.org/leaderrequirements/leaderrequirements.htm>.

**YPT: Youth Protection Training must be taken every two years by all volunteers.** [www.myscouting.org](http://www.myscouting.org)

Follow the instructions on the YPT page in this Guide for your initial training or to update your training; Only BSA-registered adults have a member ID number –other parents please just create a MyScouting.org account (if you don't already have one) and remember to either print or make a PDF of the certificate that will be displayed when you complete YPT.

Please update Troop Information Coordinator Carole Pendleton ([cdpendelton@comcast.net](mailto:cdpendelton@comcast.net)) with your certificate details when you've completed YPT.



BOY SCOUTS OF AMERICA®  
KNOX TRAIL COUNCIL

## CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,  
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES

Knox Trail Council is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to Knox Trail Council to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing Knox Trail Council with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: The Knox Trail Council may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that Knox Trail Council must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*This is a two-sided form, please complete both sides*

490 Union Avenue  
Framingham, MA 01702  
508-872-6551 voice  
508-872-9092 fax  
[www.ktc-bsa.org](http://www.ktc-bsa.org)

Prepared. For Life.™



**CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT  
FORM**

*This is a two-sided form, please complete both sides*

SUBJECT INFORMATION (Please Print):

\_\_\_\_\_  
Last Name                      First Name                      Middle Name                      Suffix

\_\_\_\_\_  
Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
Date of Birth                      Place of Birth

Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

\_\_\_\_\_  
Mother's Full Maiden Name                      Father's Full Name

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
Street Number & Name City/Town State Zip

***A copy of a government issued ID must be attached to this form***

The above information was verified by reviewing the following form(s) of government issued identification:

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

VERIFIED BY:

\_\_\_\_\_  
Name of Verifying Employee (Please Print)                      Signature of Verifying Employee





BOY SCOUTS OF AMERICA®  
KNOX TRAIL COUNCIL

Commonwealth of Massachusetts Sex Offender Registry Board  
M.G.L. c. 6, § 178I REQUEST FOR SEX OFFENDER REGISTRY INFORMATION

All requests for sex offender information must be made on this form and mailed to the Sex Offender Registry Board, Attn: SORI Coordinator, P.O. Box 4547, Salem, MA 01970, along with a self-addressed stamped envelope. The Board will provide a report that includes the following information: whether the person identified is a sex offender with an obligation to register, the offense(s) for which the offender was convicted or adjudicated, and the date(s) of the conviction(s) or adjudication(s). *Please be advised that the law only permits the public to receive information on sex offenders required to register and finally classified by the Board as a level 2 (moderate risk) or level 3 (high risk) offender. Therefore, information is not available to the public if the identified individual is a level 1 (low risk) offender or if he/she has not yet been finally classified by the Board.*

All requests shall be recorded and kept confidential, except to assist or defend in a criminal prosecution.

Requestor's name: Rick Riopelle, Program Director

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

Organization name: Knox Trail Council, Boy Scouts of America

Address: 490 Union Avenue, Framingham, MA 01702

Telephone number: 508-872-6551

I swear under the pains and penalties of perjury that I am the above-named person, at least 18 years of age, and I am requesting information for my own protection, the protection of a child under 18 years of age, or for the protection of another person for whom I have responsibility, care or custody.

Requestor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Massachusetts.

Volunteer/Prospective Employee – Fill-in the Following Information

Subject's LAST NAME: \_\_\_\_\_

Subject's FIRST NAME: \_\_\_\_\_

Subject's MIDDLE INITIAL: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Or approximate age: \_\_\_\_\_

Address (PRINT): \_\_\_\_\_

Personal identifying characteristics:

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Other information (e.g. license plate number, parents' names, etc.): \_\_\_\_\_

If additional information is needed, please contact the Requestor at the telephone number above.

Return this to: Knox Trail Council, BSA, Attn: Camp Director, 490 Union Avenue, Framingham, MA 01702

\*\*\*\*\*WARNING\*\*\*\*\*

SEX OFFENDER REGISTRY INFORMATION SHALL NOT BE USED TO COMMIT A CRIME OR TO ENGAGE IN ILLEGAL DISCRIMINATION OR HARASSMENT OF AN OFFENDER. ANY PERSON WHO USES INFORMATION DISCLOSED PURSUANT TO M.G.L. C. 6, §§ 178C – 178Q FOR SUCH PURPOSES SHALL BE PUNISHED BY NOT MORE THAN TWO AND ONE HALF (2 1/2) YEARS IN A HOUSE OF CORRECTION OR BY A FINE OF NOT MORE THAN ONE THOUSAND DOLLARS (\$1000.00) OR BOTH (M.G.L. C. 6, § 178N). IN ADDITION, ANY PERSON WHO USES REGISTRY INFORMATION TO THREATEN TO COMMIT A CRIME MAY BE PUNISHED BY A FINE OF NOT MORE THAN ONE HUNDRED DOLLARS (\$100.00) OR BY IMPRISONMENT FOR NOT MORE THAN SIX (6) MONTHS (M.G.L. C. 275, § 4).

SOR Form 4 (05/11)

490 Union Avenue  
Framingham, MA 01702  
508-872-6551 voice  
508-872-9092 fax  
www.ktc-bsa.org

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## YOUTH PROTECTION TRAINING (YPT)

### IMPORTANT CHANGES TO THE BOY SCOUTS OF AMERICA'S ☐ YOUTH PROTECTION TRAINING POLICIES

#### **Youth safety is the No. 1 concern of the BSA.**

To increase awareness of this societal problem and to create even greater barriers to abuse than already exist today in Scouting, the Boy Scouts of America is implementing several important changes to further enhance its Youth Protection policies:

#### **Effective June 1, 2010:**

**Youth Protection Training is required for all registered volunteers.**

**New leaders are required to take Youth Protection Training before they submit their application for registration. The certificate of completion for this training must be submitted at the time application is made and before volunteer service with youth begins.**

**Youth Protection Training must be taken every two years. If a volunteer's Youth Protection Training record is not current at the time of recharter, the volunteer will not be reregistered.**

**To ensure these policies are fully implemented, please take the following steps:**

If you have not taken Youth Protection Training within the past two years, please log on to [www.myscouting.org](http://www.myscouting.org) and take the training. Be sure to have your member ID number. The number can be found on your Boy Scouts of America membership card.


If you do not know your member ID number, contact your unit leader or committee chairman. Your council can also assist you.

If you have taken Youth Protection Training online but did not input your member ID number, please log back on to the Training section of [www.myscouting.org](http://www.myscouting.org) and input your member ID so the training will be linked with your records.

If you have taken Youth Protection Training within the past two years but did not take the course online, log on to [www.myscouting.org](http://www.myscouting.org) to ensure your records are up to date, or contact your council and have them verify that your Youth Protection Training records are accurate.

Finally, please share these important changes with other Scouters.

Youth Protection Training is available online at [www.myscouting.org](http://www.myscouting.org)

To find out more about the Youth Protection policies of the Boy Scouts of America and how to help Scouting keep your family safe, see the information available in any of the Cub Scouting or Boy Scouting handbooks, or go to [www.scouting.org/Training/YouthProtection.aspx](http://www.scouting.org/Training/YouthProtection.aspx) 

Thank you for your commitment to our nation's young people and to Scouting.

Download PDF of letter to hand out: [\*\*Changes to Youth Protection Policies\*\*](#)

Download a Frequently Asked Questions Sheet: [\*\*Youth Protection FAQ's\*\*](#) (June 3, 2010) ☐ [\*\*Knox Trail Council Youth Protection Reporting Procedures\*\*](#) (May 2012)

**Daily Schedule – Schedule may change from year to year but this is a typical day at Camp Resolute**

# Camp Resolute



## 2014 Schedule

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00	Polar Bear Swim	Polar Bear Swim	Polar Bear Swim	Polar Bear Swim	Polar Bear Swim
7:00	Reveille	Reveille	Reveille	Reveille	Reveille
7 to 8	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
7:40-7:25					Little Pond Triathlon
8:40	Morning Colors	Morning Colors	Morning Colors	Morning Colors	Morning Colors
9:00	Merit Badge Period I	Merit Badge Period I	Merit Badge Period I	Merit Badge Period I	Merit Badge Period I
10:00	Merit Badge Period II Leader's Meeting	Merit Badge Period II Leader's Meeting	Merit Badge Period II Leader's Meeting	Merit Badge Period II Leader's Meeting	Merit Badge Period II Leader's Meeting
11:00	Merit Badge Period III	Merit Badge Period III	Merit Badge Period III	Merit Badge Period III	Merit Badge Period III
12:15	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
1:00	Siesta	Siesta	Siesta	Siesta	Mile Swim 1:30
2:00	Merit Badge Period IV	Merit Badge Period IV	Merit Badge Period IV	Merit Badge Period IV	Staff Hunt 1:30-2:15
3:00					Minute to Win It 2:30-3:15
3:10	Afternoon Activity	Afternoon Activity	Afternoon Activity	Afternoon Activity	Leader's MB Meeting (3:00)
4:00	Open Program	Open Program	Open Program	Open Program	Troop Time/Awards 3:15-5:15
4:45	Troop Time	Troop Time	Troop Time	Troop Time	
5:15	Colors	Colors	Colors	Colors	
5:30	DINNER	DINNER	DINNER	DINNER	BBQ
6:45	Summer, Winter Olympics	Vespers	Aquatic Meet	Apache Relay	Formal Parade & Retreat
7:00					Closing Campfire
8:00	Troop Time	Troop Night	Troop Time	Troop Time	
10:00	Taps	Taps	Taps	Taps	Taps



## What to Bring to Camp

- ☐ Completed BSA Health Form (This should have been done prior to arriving at camp)
- ☐ Mosquito netting (Available at the Trading Post)
- ☐ 4-36" dowels for attaching mosquito netting to bunk (Available at the Trading Post)
- ☐ twine, nylon ties
- ☐ Mosquito repellant (crème or pump spray...no aerosols!)
- ☐ Complete Boy Scout uniform
- ☐ Extra shirts, shorts, socks, jeans, underwear...enough for 1 to 2 changes per day
- ☐ Water activity shoes
- ☐ Swimsuit (two pair = 1 to dry + 1 to wear)
- ☐ Raincoat/poncho
- ☐ Sweatsuit/pajamas
- ☐ Sweater/jacket
- ☐ Extra sneakers/shoes
- ☐ Moccasins/slippers
- ☐ Sleeping bag (3 warm blankets are a good alternative)
- ☐ Pillow
- ☐ Mattress cover (twin size works perfectly)
- ☐ Towels/washcloths
- ☐ Toiletries (toothbrush, toothpaste, soap, comb/brush, shampoo...A Scout is Clean!)
- ☐ Scout Handbook
- ☐ Pen, pencil and paper
- ☐ A few trash bags
- ☐ Flashlight, extra batteries
- ☐ Sunblock
- ☐ Length of rope – 15' to 20', and clothes pins
- ☐ Watch
- ☐ OA Sash if Order of the Arrow member
- ☐ Pocket knife
- ☐ Swimming Merit Badge clothes (long sleeved cotton shirt with collar, jeans with belt)
- ☐ Pre-Camp Merit Badge requirements
- ☐ Sports team attire for Sports Night

Note: Please mark all belongings with Scout's full name and Troop # and town.

### What Not to Bring to Camp!

- ☐ Aerosol cans of any type.....they explode in fires, can cause eye injuries
- ☐ Bows, arrows, ammunition.....camp will provide when needed
- ☐ Sheath knives.....not approved for Scout Camps
- ☐ Any other weapon.....should not be needed in Camp
- ☐ Fireworks of any kind .....fire/safety hazard, illegal in Massachusetts
- ☐ Illegal drugs, alcohol, or prescription drugs in improperly/unmarked containers
- ☐ Double bit axes
- ☐ Cigarette lighters
- ☐ Traps
- ☐ Televisions, radios .....iPods with headphones are permitted
- ☐ Cell phones
- ☐ Anything of real or sentimental value