



# Camp Riverhawk

## June 27<sup>th</sup>—July 1<sup>st</sup>, 2022

### “Super Heroes”

Dear Cub Scout Day Camp Family,

Thank you for registering for this year’s Cub Scout Day Camp session. This letter is to remind Day Camp families of some important information and dates regarding day camp.

### CAMP OVERVIEW

The theme for 2022 Camp Riverhawk is “Super Heroes!” Many theme related activities are already in progress for all programs: Rank, Den, Camp-wide and various Staff areas, i.e.: Archery, BBs, Citizenship, Cooking, Crafts (specific to ages and including woodworking), Character Counts, Fishing, Games, Nature, Service, Skills, Skits, Songs, and ... not to mention our plans to just have FUN!!!

#### **Program Dates, Times:**

We are currently scheduled for one session of Day Camp this year. Camp is held at A.A.Co. Fairgrounds in Crownsville, MD.

- **Session I:** June 27 to July 1, 2022, 8:15am - 4:15pm

Camper arrival is expected between 7:45am and 8am at the den tarp area. Opening ceremonies begin promptly at 8:15am each morning. Pick up of Scouts is directly after closing ceremony, which will end promptly at 4:15 each afternoon, at the den tarp area. *Camp Aides, Den Leaders and Staff are requested to be at camp between 7:30am and 7:45am, and depart between 4:30pm and 5:15pm.*

**Day Camp will follow all federal, state, and local COVID-19 guidelines to ensure a safe camp.**

### REGISTRATION PROCESS FOR 2022

Please ensure the following steps are completed to process camp registration. Completed forms are required to be submitted to the district registrar after completing the online process.

1. Complete online registration: <http://www.baltimorebsa.org/CampRiverhawk>
  - a. Create an account (this will allow you to easily edit the registration/make payments in the future)
  - b. Complete registration
  - c. Submit payment
2. Complete and gather required documents
  - a. Cub Scout, Kids Korner, Tiger, and Camp Aide
    - i. BSA Medical Forms A, B1 and B2 (doctor signature not required)
    - ii. Picture attached to BSA Medical Form
    - iii. Copy of Insurance Card
    - iv. Transportation Form
  - b. 5-Day Staff Member, 5-Day Den Leader, 3-Day Adult Volunteer
    - i. BSA Medical Forms A, B1, and B2 (doctor signature not required)

- ii. Copy of Insurance Card
  - iii. Youth Protection Training Certificate
  - iv. Any additional related training verification (i.e.: Registered Nurse License, Fishing License, Shooting Sports Certification, etc.)
3. Send required above documents to the district registrar at:
- a. Debi Hayes, District Registrar  
405 Bay Dale Drive  
Arnold, MD 21012

	<u>Regular Registration</u>	<u>Late Registration</u>
	Online & Paperwork completed & received after February 1 <sup>st</sup> through April 1 <sup>st</sup>	Online & Paperwork completed & received after April 1 <sup>st</sup> until May 1 <sup>st</sup>
Cub Scouts	\$200.00	\$250.00
Tiger Program (two day program)	\$50.00	\$50.00
Kids Korner	\$30.00 daily/\$120.00 weekly	\$30.00 daily/\$120.00 weekly
Camp Aides	\$20.00	\$20.00
5-Day Staff Member	Free	Free
5-Day Den Leader	Free	Free
3-Day Adult Volunteer	Free	Free

Camp fees include a camp t-shirt, hat (with those fun curly shoe laces to keep beads attached!), a commemorative event patch for each 5-day attendee and covers the expenses for the use of our camp facilities, event and program equipment, special program guests and other necessary Camp needs.

***Note: 5-Day Staff and 5-Day Den Leaders receive a \$50 discount for each weekly Cub Scout & weekly Kids Korner immediate family attendee. 3-Day Parent Volunteers will receive a \$25 discount for each weekly Cub Scout & 3-Day Kids Korner immediate family attendee. This discount does not apply to the Tiger or Camp Aide fees.***

Camp fees are non-refundable except in cases of emergency. Emergency related refunds require a written request to the Day Camp Director. Each case will be considered on an individual basis at the discretion of the Camp Director and District Director.

### **CUB SCOUT PARENT REQUIREMENTS**

**Cub Scouts:** Please remember that each Cub Scout is required to have an adult come to camp for the “one day required requested day.” One-day parents are who we depend on to help fulfill the 2-deep leadership for the den every day of the week. The person who comes as a one-day does not have to be the parent/guardian. We routinely have grandparents, older siblings, cousins, babysitters, etc. As long as they are over 18, approved by the parent/guardian and can walk around in the sun, they are OK. One-day parents are required to bring lunch on the day they attend camp.

All families attending camp are required to attend one of the Orientation Dates the weekend before camp. You need only attend one of these days. This allows families to see the facility, go over the rules and regulations regarding camp, and pick up their camp t-shirts and den assignments.

We also ask that parents assist in either Camp Set-Up or Camp Tear-Down. Many hands make for light work in the construction and break down of camp. You need only attend one of the options. It is also suggested to bring a lunch with you, as well as water and drinks.

### **Set-Up**

- Set-up- Saturday, June 25th 10am to 11:30am
- Set-up- Saturday, June 25th 12:30pm to 2pm
- Set-up- Sunday, June 26th 10am to 11:30am

### **Take Down**

- Take Down- Friday, July 1st following camp
- Take Down- Saturday, July 2nd 10am to 11:30am

### **Camp Orientation**

- Saturday, June 25<sup>th</sup> at 2pm or Sunday, June 26<sup>th</sup> at 2pm @ A.A.Co. Fairgrounds

## **KEY REGISTRATION REQUIREMENTS FOR YOUTH**

**Cub Scouts:** Please remember that each Cub Scout is required to have an adult come to camp for the “one day required requested day.” One-day parents are who we depend on to help fulfill the 2-deep leadership for the den every day of the week. The person who comes as a one-day does not have to be the parent/guardian. We routinely have grandparents, older siblings, cousins, babysitters, etc. As long as they are over 18, approved by the parent/guardian and can walk around in the sun, they are OK. One-day parents are required to bring lunch on the day they attend camp.

**Kids Korner:** The Camp “Kids Korner” provides a Day Camp experience for young children of Staff members, Den Leaders, 3-day Adult Volunteers and 1-day parent volunteers. Activities are already being planned for these children. In order for a child to attend the Kids Korner, a parent **MUST** be in Camp while they attend. (No exceptions. We do not provide day care for Scout siblings.) In addition, each attendee must be toilet trained.

**Tiger Program:** Our Camp has developed an exciting program for incoming Tiger Cubs in order to introduce them to the fun of both Cub Scout Day Camp and Scouting. Tigers are invited to attend two days of program of Camp activities on Thursday and Friday. Please note that the Tiger program includes an adult partner and any incoming Tiger who registers for Camp needs to have an adult partner accompany them for each day. (Adults are required to be at least 21 years of age.) Incoming Tigers must also complete a BSA Cub Scout registration form. Contact your local Pack or call Baltimore Area Council Headquarters (443) 573-2537.

## **KEY REGISTRATION REQUIREMENTS FOR ADULTS & CAMP AIDES**

**Den Leaders:** Den Leader responsibilities include escorting their assigned Den to the different Program activities all around camp, supporting team building within the Den, encouraging individuals to do their best and to respect each other, and providing positive redirection/discipline (when necessary). In addition, the Den Leader is responsible for providing a pop-up canopy for their den area as well as a cooler to contain their Den’s lunches. It is suggested that the Den Leader coordinate, within their Den, the responsibility of bringing ice to keep their cooler cold. Camp does not provide ice for individual Den coolers.

**Staff Members:** Staff responsibilities include carrying out the program area assigned to them, preparing an initial and final inventory of the materials needed/utilized within their station, preparing for each period’s activity, promoting a positive and instructive atmosphere for the Scouts at their station and

guiding/supervising the Camp Aides assigned to their station. Each Camp Aide and Staff Member is responsible for bringing their own lunch for the day in an appropriate lunch bag to keep cool.

**3-Day Adult Volunteers:** 3-Day Adult Volunteers responsibilities include assisting at either a den assignment or station assignment determined by the Camp Director. Uses the materials and information provided to assist in delivering a high quality program. Assignment may change for each day.

**Camp Aides:** Scouts BSA of any age & older siblings, who are at least 11 years of age, are invited to volunteer as a Camp Aide. Service hours will be recorded and a letter providing proof of service will be given at the end of the Camp session. If an adult attends camp on Staff or as a Den Leader for the week, older siblings may also assist their parent as a Camp Aide. Each Camp Aide and Staff Member is responsible for bringing their own lunch for the day in an appropriate lunch bag to keep cool.

When applying for a Camp Aide position, please indicate your preferences of stations. Please note that both the Archery and BB Range Aides need to be at least 14 years old and attend training prior to camp.

### **DEN LEADER, STAFF, 3-DAY ADULT VOLUNTEER AND CAMP AIDE TRAINING**

All Camp Staff, Den Leaders, 3-day Adult Volunteer, and Camp Aides are required to attend the Camp Leader training session prior to Camp, date/time/location TBD/Zoom. In addition, each adult must also have taken a Youth Protection training course. Anyone preferring to work as a Staff member on the Archery & BB's ranges will need additional training and should contact the Camp Director.

### **QUICK CHECKLIST TO ENSURE REGISTRATIONS ARE COMPLETE**

#### **Cub Scouts, Kids Korner, Tigers, and Camp Aides:**

- Online Registration & Payment
- Health Form with:
  - Picture
  - Copy of Insurance Cards
- Transportation Form

#### **5-Day Den Leaders, 5-Day Staff Members, 3-Day Adult Volunteers:**

- Online Registration & Payment
- Health Form
  - Copy of Insurance Cards
- Copy of Youth Protection Certification
- Copy of other certifications (i.e.: RN license, fishing license, shooting sports certificate, etc.)

I look forward to meeting you, and I can't wait for camp to start!! 😊 If you have any questions or concerns, please do not hesitate to contact me. Please check the day camp website routinely for updates.

Yours in Scouting,

Jennifer Martin

Day Camp Director

[jenn00346@aol.com](mailto:jenn00346@aol.com)

Day Camp Registration: <http://www.baltimorebsa.org/CampRiverhawk>

Day Camp Website: <http://www.CampRiverhawk.com>

Day Camp Facebook Page: <https://www.facebook.com/CampRiverhawk>

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

Full name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

High-adventure base participants:  
Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

## Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

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

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

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



**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any:  None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

## Complete this section for youth participants only:

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

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

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

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

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

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

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

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

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

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

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



## Part B1: General Information/Health History

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

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

**High-adventure base participants:**

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

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

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

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

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

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

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

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



## Part B2: General Information/Health History

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

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

**High-adventure base participants:**

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

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

### Allergies/Medications

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

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

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

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

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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



**ONLY REQUIRED FOR CUBS, TIGERS, KIDS KORNER, AND CAMP AIDES**

Camp Riverhawk 2022 – An all-volunteer program

**“Super Heroes”**

***Transportation Form***

Scout Name (goes by) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Father’s Name \_\_\_\_\_

Mother’s Name \_\_\_\_\_

Father’s Home Phone \_\_\_\_\_

Mother’s Home Phone \_\_\_\_\_

Father’s Work Phone \_\_\_\_\_

Mother’s Work Phone \_\_\_\_\_

Father’s Cell Phone \_\_\_\_\_

Mother’s Cell Phone \_\_\_\_\_

Father’s Pager \_\_\_\_\_

Mother’s Pager \_\_\_\_\_

The additional following people have my permission to transport my child to and/or from  
2022 Camp Riverhawk, held at the AA County fairgrounds.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

**\*\*\* Note: No one is allowed to transport your child from Camp but his or her parents/guardians or those persons listed above.**

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

(Not valid without Signature)