



4-Rivers Cub Scout Day Camp 2021 “Down on the Farm”

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.

CAPACITY & RESTRICTIONS FOR 2021

Due to the ongoing Public Health Emergency (PHE) and COVID-19 Pandemic, day camps have only been approved for a capacity of 250 total individuals on site at camp, including weeklong adults and Camp Aides. All registrations will be waitlisted and are on a **first-come, first-serve basis** deemed by the date/time you complete your online portion of the registration process. It is important to complete the necessary forms and submit to the district registrar timely to be released from the waitlist. All families who deferred their 2020 camp monies to 2021 have initial preference to a spot for 2021 day camp and are still required to complete an online registration and resubmit the appropriate paperwork.

Due to capacity and restrictions, all visitors are restricted from attending camp. Additionally, we **will not** be offering a Kids Korner or Tiger program for 2021—we apologize for this inconvenience.

Once capacity is reached, all other registrations will stay waitlisted and if a spot becomes available due to an increase in capacity limitations or due to a cancellation, the next person on the waitlist will be released from the waitlist to attend 2021 camp.

**Day Camp will follow all federal, state, and local COVID-19 guidelines to ensure a safe camp.
All participants are required to wear a mask at all times, all day, during camp.**

REGISTRATION PROCESS FOR 2021

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 in order to be released from the waitlist to submit payment.

1. Complete online registration: <http://www.baltimorebsa.org/4rcsdc>
 - a. Create an account (this will allow you to easily edit the registration/make payments in the future)
 - b. Complete registration
 - c. Registration is waitlisted, and will be finalized for payment once camp staff receive required documents
2. Complete and gather required documents
 - a. Cub Scout 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> Online & Paperwork completed & received March 8th until April 12th	<u>Late Registration</u> Online & Paperwork completed & received after April 12th until May 10th
Cub Scouts	\$180.00	\$250.00
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, 5-Day Den Leaders receive a 50% discount for each weekly Cub Scout immediate family attendee. 3-Day Parent Volunteers will receive a 30% discount for each weekly Cub Scout immediate family attendee. This discount does not apply to the 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: Due to capacity limitations, we will not be requiring the one-day parent required requested day. Visitors will not be allowed at camp due to restrictions. Please consider signing up as a 5-Day Den Leader or 5-Day Staff Member to ensure we have adequate adult coverage due to capacity limitations.

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 19th 10am to 11:30am
- Set-up- Saturday, June 19th 12:30pm to 2pm
- Set-up- Sunday, June 20th 10am to 11:30am

Take Down

- Take Down- Friday, June 25th following camp
- Take Down- Saturday, June 26th 10am to 11:30am

Camp Orientation

- Saturday, June 19th at 2pm or Sunday, June 20th at 2pm @ A.A.Co. Fairgrounds

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: Boy Scouts 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, on Saturday, June 5th from 9a to 12n, 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 and Camp Aides:

- Online Registration—auto waitlisted until the following is sent in to Camp Staff:
 - Health Form with:
 - Picture
 - Copy of Insurance Cards
 - Transportation Form
- Online Payment once waitlist registration is processed

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

- Online Registration—auto waitlisted until the following is sent in to Camp Staff:
 - 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.)
- Online Payment once waitlist registration is processed

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

Day Camp Registration: <http://www.baltimorebsa.org/4rcsdc>

Day Camp Website: www.FourRiversDayCamp.org

Day Camp Facebook Page: <https://www.facebook.com/4RCSDC/>

Day Camp Pictures: <http://jenn00346.smugmug.com/>

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: _____
Phone: _____

Name: _____
Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____
Phone: _____

Name: _____
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 AND CAMP AIDES

4-Rivers District Cub Scout Day Camp 2021 – An all-volunteer program

“Down on the Farm”

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 4-Rivers CSDC 2021, 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)