2017 CUB SCOUT SPOOK-O-REE

WILLIAMS SCOUT RESERVATION
FRIDAY, OCTOBER 27 – SUNDAY, OCTOBER 29

What is it? The biggest, most frightful and fun Cub Scout Weekend of the year. Spook-O-Ree is a Halloween-themed parent and pal weekend for Cub Scouts. Spook-O-Ree begins on Friday night. After a night spent camping with the ghost and goblins of Williams SR, enjoy fun activities on Saturday including BB's, Archery, Sling Shots, Creepy-Crawly Crafts and a Ghostly Games. After dinner on Saturday, you and your Monster will have the opportunity to ride down the Haunted Trail. You may camp over Saturday night, but Sunday breakfast will not be provided.

When? Friday, October 27 – Sunday, October 29. Gates will open at 5:00 pm and check-in will begin at 7:00 pm. *Campsites will be assigned and participants will not be allowed into campsites prior to 5:00 pm*. Bring warm clothes and camping gear. Spook-O-Ree happens rain or shine, so be sure to pack your rain gear!

Where? Williams Scout Reservation is 26.5 miles west of the Wal-Mart in Enid on Highway 412. Look for a tall cell tower on the north side of the highway and turn left (south) at the Camp Williams sign. From the west, turn south at the Camp Williams sign 3 miles east of the junction with Highway 8 (Cleo Springs-Aline turnoff). Camp is located 3 miles south of Highway 412 (veer to the left to the Camp Williams).

Participation? All registered Cub Scouts and their families can attend Spook-O-Ree. Each scout must be supervised by a parent/legal guardian or other adult (21 years of age or older) at all times. If scout is supervised by an adult other than his parent, all youth protection policies such as no "one-on-one" contact and no sleeping in tents with adult(s) other than own parent/guardian apply. All participants (scouts, parents and siblings) must bring up-to-date Parts A & B of the Annual Health and Medical Record, including the signed authorization to seek treatment in case of emergency to check-in

Registration? Cost for event is $25 per participant (cub scout, parent, adult partner or sibling). Boy Scouts/Staff are $10. Registrations are due in the Scout Office by Friday, September 29. Late and on-site registration fee is $30 per participant. *This is due to the need to place food and material orders in advance. Participants who register late or at the door may not receive the same program supplies due to their later registration but they will be allowed to participate and still have a great time.* Fee includes patch for Cub Scout, Saturday meals and all program supplies. *Note-a trading post with snack items and drinks for sale will be available Friday evening and all day Saturday.*

More Info? Contact Michele Lindberg (580-402-3677, lindberg.m@hotmail.com), Sonya Johnson (580-747-3380, starrscout@yahoo.com) or the Scout Office (580-234-3652, council@cimarronbsa.org).

2017 CUB SCOUT SPOOK-O-REE
Williams Scout Reservation
October 27-29

Return Completed Form and Fees to: Cimarron Council
P. O. Box 3146
Enid, OK 73702

Scout's Name:_____ CS Pack#_____

Address:_____ City:_____ Zip:_____

Adult Accompanying Scout:

Name:_____ Relationship:_____

Address (if different than that of Scout)_____

Mobile Phone:_____ Other Phone_____ WK / HM / Other

E-mail_____

Will you be camping with your Pack?_____ Campsite Preferred:_____
(We will do our best to accommodate campsite requests. Reservations are first come - first served.)

EMERGENCY CONTACT (Parent/Guardian if scout is not attending with parent or legal guardian):

Name:_____ Relationship:_____

Mobile Phone:_____ Other Phone_____ WK / HM / Other

Other Participants:

Name:_____ ☐Adult ☐Sibling

Name:_____ ☐Adult ☐Sibling

Name:_____ ☐Adult ☐Sibling

Name:_____ ☐Adult ☐Sibling

Participants _____ @ $25 (received by Friday, September 29) = $_____

Participants _____ @ $30 (after Friday, September 29 or on-site) = $_____

Total fees enclosed = $ _____

Check (Payable to *Cimarron Council, BSA*) Number:_____

Credit Card: Visa Mastercard Discover (Circle one)

Card #__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Expiration Date _____/_____

Signature_____

DUPLICATE FORM AS NEEDED

Part A: Informed Consent, Release Agreement, and Authorization

A

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: _____

Part B: General Information/Health History

B

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
☐	☐	Diabetes	**Last HbA1c percentage and date**:
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/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	**Last attack date**:
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Behavioral/neurological disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures	**Last seizure date**:
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Excessive fatigue	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date**:
☐	☐	List any other medical conditions not covered above	

Part B: General Information/Health History

B

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
☐	☐	Medication	
☐	☐	Food	
☐	☐	Plants	
☐	☐	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)
☐	☐	☐	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: _____

Photo Release Form

I hereby assign and grant to the Cimarron Council, Boy Scouts of America the right and permission to use and publish the photographs/video tapes/electronic representations and/ or sound recordings made during my child's Cub Scout Fishing Derby. I also hereby release the 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/video tapes/electronic representations and/or recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

_____

Cub Scout's Name

_____ _____

Parent's signature Date

_____

Print Parent's Name

317 N. Grand
Enid, OK 73701
P: 580.234.3652
F: 580.234.3537

P.O. Box 3146
Enid, OK 73702
P: 580.234.3652
F: 580.234.3537

Cimarron Council
Boy Scouts of America

www.cimarronbsa.org

Permission to Participate in Shooting Sports for all Cub Scouts, Boy Scouts, Venturers, and Explorers

This permission form must be completed by the participant's parent or legal guardian prior to any shooting activity.

Name of Participant: _____

I, _____ (print your name), grant my consent to Cimarron Council, and to its representatives; including Range Officers and Instructors, and others serving in these positions, to furnish my child with archery equipment, firearms and ammunition, and provide instruction as to their safe and proper use. I further certify that I am the parent with full parental rights or the legal guardian of this child. I understand that this document will be kept and maintained by the Cimarron Council, or its representatives, including Range Officers and Instructors. I further understand that any modification of this form will result in its not being accepted by Cimarron Council, Range Officers and Instructors.

Signature of Parent or Legal Guardian: _____

Date: _____

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