

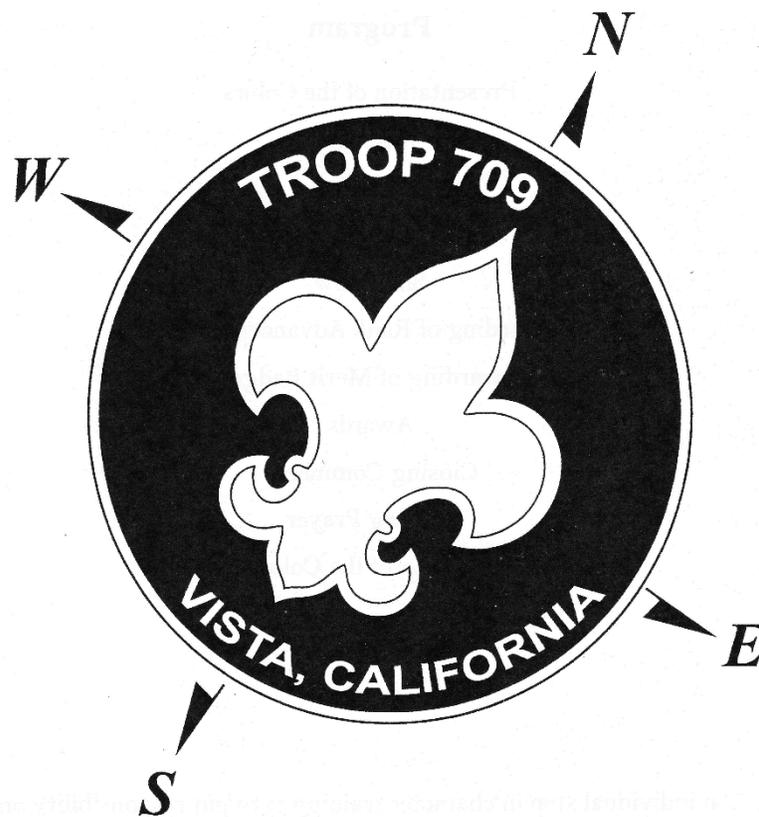
ROCKETRY



WEEKEND

PLANNING & SAFETY PROTOCOLS DOCUMENT

MARCH 5 – 7, 2021



"Your next scouting adventure is calling."

www.Troop709Vista.org

GENERAL INFORMATION

PURPOSE OF THIS DOCUMENT

We know that the restart of Scouting during this unprecedented time can be stressful and open to a lot of questions. But we hope that by providing you with this document, it will help answer some of your questions and concerns and hope that we will earn your confidence in having your Scout participate in our Scouting activities. While we know that Scouting will look a little different than normal, we must adhere to these changes for everyone's safety.

With this in mind, the Troop's adult leadership have developed this activity planning and safety protocols document to help ensure that our Scouts' activities are not only rewarding, fun and exciting, but also safe. We believe these added measures will facilitate the ability to provide a quality program, while observing health and safety measures and mitigating certain risks.

Every Scout, adult leader, volunteer and family member must evaluate their unique circumstances and make an informed decision before attending any of our in-person activities. We hope this information will be helpful as you make that decision.

We want you to know that the safety of our Scout's, volunteers and Scouting family members is an important part of the Scouting experience. Should you have any questions or comments after reading this document, please contact our adult leadership, Mark MacKinnon, Scoutmaster and/or Dan Wilbers, Committee Chair.

COVID-19 RISK DISCLOSURE

We hereby state that BSA Troop 709 does **not** make any implied warranties or guarantees about eliminating the risk of contracting COVID-19. What we are trying to achieve, is to provide a safe environment for our Scouts and adults. But it does not mean that the activity is risk free. Precautions and mitigation strategies are important, but they cannot eliminate the potential for exposure to COVID-19 or other hazards.

By agreeing to participate in this activity, you understand the potential health risks associated with this activity. You further agree that you have read, understand and agree to the terms and conditions disclosed on the **COVID-19 SAFETY ACKNOWLEDGEMENT- LIABILITY WAIVER AND RELEASE OF CLAIMS** on page 10 and 11 of this document.

SAFETY INFORMATION

IN-PERSON COVID-19 SAFETY PLAN

Troop 709 has prepared and completed its COVID-19 safety plan in accordance with BSA requirements. In turn, our chartered organization, United Methodist Church of Vista has reviewed and approved our COVID-19 safety plan which allows our Troop to conduct in-person activities while adhering to BSA, State and County health guidelines.

SCOUTING SAFELY

While Scouting may not look the same, Youth Protection Training (YPT) and BSA's Guide to Safe Scouting are still the Troop's governing documents and were used in the preparation of this document.

VULNERABLE POPULATIONS

The CDC states that older adults or someone of any age who has serious underlying medical conditions are at a higher risk for severe illness from COVID-19. Individuals in this group should ensure they have approval from their healthcare provider prior to participating in scouting in-person activities.

COVID-19 SAFETY PROTOCOLS

ARRIVING AT THE CHURCH

1. We will be performing initial health screening checks of Scouts and adults that plan on attending a Troop activity before you exit your vehicle.
2. Anyone who is not attending the Scouting activity should remain in their vehicle.
3. Anyone exiting the vehicle should be wearing a facemask.
4. All individuals exiting the vehicle must disinfect their hands with an alcohol based hand sanitizer containing at least 60% alcohol upon arrival.

ACTIVITY PARTICIPATION DISQUALIFICATIONS

In light of the ongoing spread of COVID-19, individuals who fall within any of the categories below should not engage in any BSA Troop 709 in-person activity. By attending a BSA Troop 709 activity, you certify that you do not fall into any of the following categories:

1. Individuals who currently or within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others;
2. Individuals who have traveled at any point in the past fourteen (14) days either internationally or to a community in the U.S. that has experienced or is experiencing sustained community spread of COVID-19; or
3. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

SCREENING AND REPORTING

All Scouts and adults planning to attend a Troop activity will be required to complete a COVID-19 Pre-event Medical Screening Checklist. *Checklist is included at the end of this document.* If anyone reports any symptoms during the pre-screening, you are not allowed to attend any Troop activities until you are cleared by your doctor. If you start to show symptoms of COVID-19 or start to feel sick during a Troop activity, you should immediately report your illness prior to leaving so that the area can be properly disinfected in accordance with CDC guidelines. We ask that if you do leave a Scout activity as a result of feeling ill, please report this to the appropriate Troop leadership to help us track any potential incidents or exposure to COVID-19. Timely and properly reporting any potential exposure to COVID-19 will help mitigate any potential risk and illness to other activity participants.

FACEMASK PROTOCOLS

This is a difficult time with people feeling disconnected and we know that scouts and their families are missing their scouting friends, but it is critical for everyone to be friendly from a distance to help mitigate the risks of spreading COVID-19. All scouting participants are encouraged to maintain physical distancing at all times. Limiting face-to-face contact with people outside your household is the best way to reduce the spread of COVID-19. **All Scouts and adults are required to wear facemask at ALL times while indoors.** If the activity is outdoors, facemask should be worn when social distancing is not possible.



DUTY TO SELF-MONITOR

All BSA Troop 709 participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact BSA Troop709 at bsat709@gmail.com if he/she experiences symptoms of COVID-19 within 14 days after participating at a BSA Troop 709 activity.

GENERAL CAMPING PROTOCOLS

1. The Troop can have multiple Patrols within one campsite. However, the Patrols cannot co-mingle and must have separate campsites and cannot use the same supplies or eat meals together.
2. Each participant must bring their own camp chair with their name on it. Camp chairs are not allowed to be shared.

ROCKETRY WEEKEND WILL BE UNDER REQUIRED BSA AND COUNTY HEALTH ORDER. WE WILL BE FOLLOWING BSA FAMILY CAMPING GUIDELINES. WE WILL NOT BE CAMPING BY PATROL. EACH FAMILY WILL BE CAMPING AS A SEPARATE UNIT.

YOUTH PROTECTION

YOUTH PROTECTION TRAINING (YPT) REQUIREMENTS

Adult program participants must register as adults and follow Youth Protection policies. What does this mean for you as a parent? **To participate in any Troop activity, you must be a registered adult with BSA and Troop 709 and you must take the YPT training course and submit your YPT certificate to the Troop.** Without this you and your Scout cannot participate in our currently planned camping trips under the Family Camping guidelines.

BSA YOUTH PROTECTION/ADULT SUPERVISION REQUIREMENTS

BSA has implemented Family Camping only at this time and has adopted the following policies for the safety and well-being of its members. These policies primarily protect youth members; however, they also serve to protect adult leaders. All parents and caregivers should understand that our leaders are to abide by these safeguards.

1. Two registered adult leaders 21 years of age or over are required at all Scouting activities, including meetings.
2. There must be a registered female adult leader 21 years of age or over in every unit serving females.
3. Registered female adult leader 21 years of age or over must be present for any activity involving female youth.
4. Notwithstanding the minimum leader requirements, age and program appropriate supervision must always be provided.
5. All adults accompanying a Scouting unit who are present at the activity for 72 total hours or more must be registered as leaders. *The 72 hours need not be consecutive.*
6. One-on-one contact between adult leaders and youth members is prohibited both inside and outside of Scouting.

Please make sure to read our BSA Scouter Code of Conduct at the end of this document.

ACTIVITY INFORMATION

Activity Name:	Rocketry Weekend – Friday, March 5 to Sunday, March 7, 2021
Location:	Plaster City, CA, Imperial County
Depart From:	United Methodist Church, Vista, CA,
Meetup Date/Time:	Friday, March 5, 4:30pm
Departure Time:	5:30pm
Notes:	Must meet at the church in order to attend campout.
Gas Stop:	Once we depart the church, you will have the option of stopping for gas at our designated gas stop which is the Golden Acorn Casino Travel Center. Those not needing to stop for gas, please meetup at the arrival location noted below.
Gas Stop Address:	Golden Acorn Casino Travel Center, 1800 Golden Acorn Way, Campo, CA 91906
Pre-Arrival Address:	Dunaway Road & Interstate 8, Seeley, CA, 92273 <i>Turn right at exit and park on side of road. This is just our initial meeting location. Once everyone has arrived, we will depart to the dry lake bed which is approximately 5 miles from this address.</i>

LOCATION INFORMATION

This camping trip takes place on a dry lake bed located near Plaster City, CA which is approximately a 2-hour drive as we trek on highway 8-east towards Imperial County in the low desert of Ocotillo which is located 26 miles west of El Centro. The name of the area where we camp is the Plaster City East OHV Open Area. All participants must meet at the church in order to perform check-in and complete pre-activity checks, such as insuring that permission slips, health forms, and now medical screening forms have been submitted. All the forms listed below are available in PDF format on our Troop website under the Forms tab.



You must have the following forms with you during the mandatory check-in at the church.

1. Activity Consent Form and Approval by Parents or Legal Guardian (Scouts only).
2. BSA Medical Form, Parts A, B1& B2 (Everyone).
3. COVID-19 Pre-Event Medical Screening Checklist (Everyone).
4. YPT Certificate of Completion. (*One adult in the family unit is required to have obtained YPT certificate*).
5. Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19 (Everyone).

TRIP AGENDA

Please see the planned trip agenda on page 9.

COVID-19 SPECIFIC SAFETY PROTOCOLS FOR THIS ACTIVITY

Since the ROCKETRY WEEKEND adventure takes place in the desert, it is considered a primitive camp since there is **NO** water and **NO** restroom facilities. You and your family members are responsible for the following:

1. Each family member must have and wear their facemask when within 6' of another individual.
2. Each family unit must have their own hand washing station.
3. Each family unit must provide their own hand sanitizer.
4. Each family must have a shovel and/or trowel for burying human waste.
5. Toilet paper!
6. Each family unit must travel together. Non-family members are NOT permitted in vehicle.



Since there are no restroom facilities, each family must bring a shovel and toilet paper.

ACTIVITY DESCRIPTION

Rocketry Weekend is one of the Troop's most popular camping adventures and as was noted during the adult planning meeting, this was the last camping adventure the Troop took prior to the pandemic. So it's only fitting that this be the Troop's first camping trip upon our return. Each Scout should build a model rocket that the Scout will be able to safely launch using one of the Troop provided launching pads. After breakfast on Saturday, we will prepare the launching area and safety zone. An adult leader will take responsibility for the launch pad and will serve as our Launch Control Supervisor. Scouts must follow all instructions and commands of the Launch Control Supervisor.

PURCHASING YOUR ROCKETS

Scouts must provide their own model rocket, engine, igniters and wadding. We would recommend that if this is their first model rocket, they purchase a starter rocket that will make assembly of the rocket a much easier task.

Also, please purchase your rocket(s) now. Give your Scout plenty of time to assemble their rocket(s). These items can be purchased at our local hobby stores such as Hobby Lobby and Discount Hobby.

Don't forget to purchase your:

1. Model Rocket(s),
2. Rocket engines, igniters and wadding.



OTHER ACTIVITIES TO DO AT ROCKETRY WEEKEND

Other activities that the Scouts can do is kite flying (*there is always a good breeze at the dry lake bed*), bike riding, Frisbee, RC cars, Scorpion hunting in the evening (*just kidding*). But if we are lucky, an adult leader may be able to locate a Scorpion at night to show the Scouts as they glow in the dark when lit with a black light.

OTHER IMPORTANT INFORMATION

Because this is our first camping trip since our return, there is some additional information and requirements that have been implemented for this adventure. This camping trip is a modified Family Camping event. Family camping is an outdoor experience with an overnight setting with one or more family members, including at least one BSA registered member of that family. Because we understand that both parents may want to attend this trip, siblings will be allowed on this camping trip. Siblings in attendance must follow scouting guidelines as well as health and safety guidelines outlined in this document. Parents you are responsible for the supervision of your children, and Youth Protection policies apply to all family members.

1. At least one adult member of the family attending a BSA sanctioned event must have completed their Youth Protection Training and submitted their YPT certificate to the Troop one week prior to our scheduled departure date.
2. The Scout as well as siblings are only allowed to travel with their family. A Scout may not attend and/or travel without a parent or legal guardian in attendance.
3. Scouts must travel in complete Scouting uniform. If your sibling is a registered Cub or Boy Scout, they must also travel in uniform.
4. BSA registered adults must also travel in complete Scouting uniform.



DON'T FEEL READY FOR AN OVERNIGHT CAMPING TRIP?

No worries. You and your Scout are more than welcome to join us for Saturday only. We ask that you do come prepared with your own meals. The best choice for a day trip is pre-cooked meals for ease of use. We would recommend arriving no later than 10:00am if your Scout plans on launching his model rocket. You might want to even stay and enjoy our evening campfire and still be home before 11:00pm. Please let us know if you plan to come out for the day. We can provide you with a pin location to use in Google maps to find the camp site.

PREPARING FOR THE ROCKETRY WEEKEND

PREPARING FOR THE CAMPING TRIP

We have included some of the basic items you will need to prepare and bring with you for this camping adventure. This is only provided as guidance and you should discuss with your family unit specific needs to ensure that your family has a fun and safe experience. If you have any questions on what to bring, don't hesitate to contact our very knowledgeable Assistant Scout Masters in our Troop. We are here to help.

VEHICLE NEEDS

The location where we camp is approximately one-half mile off a paved road. The dirt road to our location is bumpy but a normal vehicle can make it with care. A 4x4 vehicle is not necessary for this trip, but your vehicle must have ample road clearance.

OFF-ROADING

A number of families have 4x4 vehicles and often take off during the day to explore the local OHV trails. However, due to COVID-19 restrictions in place, only family members may ride within the family vehicle. There is no exception to this rule.

RV's and TRAILERS

No RV's or camping trailers are permitted. Tent or under-the-stars camping only.

SLEEPING ARRANGEMENTS

Being that this is the low desert, the temperatures during the winter are mild but the evening temperature can get in the low 40's. The long range forecast for our trip shows daytime temp ranging from 71 to 80 degrees, with night-time temps from 43 to 51 degrees. So please make sure you have an appropriate rated sleeping bag.

Some items to consider bringing may include:

1. Tent, ground cover, tent spikes.
2. Appropriate temperature rated sleeping bag, pillow.
3. Sleeping pad/bed roll.

TENTING REQUIREMENTS

1. Individual tenting or tenting by household are the only methods allowed. Youth protection guidelines must still be followed.
2. Tents should be positioned to allow for 6' physical distancing between individuals.
3. Scouts wanting to sleep under the stars with other Scouts will be permitted as long as each Scout maintains a 6' physical distance between each Scout.

Note: SNAKE & SCORPION WARNING. The desert does have little critters that come out at night. If sleeping under the stars, you may want to consider a sleeping cot to keep you off the desert floor.

MEAL PLANNING

To keep in compliance with COVID-19 safety protocols, each family will be responsible for their own meal planning and preparation and clean-up. Because we are meeting at the church and departing at approximately 5:30pm, each family should eat dinner prior to arriving at the church or bring take-out dinner to eat on the drive out to Plaster City. THERE ARE NO FOOD STOPS ALLOWED ON THE DRIVE OUT. There is only one stop on the way out, which is a gas stop only at Golden Acorn Casino before we head down the mountain into Imperial County. Please make sure your vehicle has a full tank of gas upon arrival to the church. It is about 1 hour 30 minutes, 90 miles to the gas stop.

You should plan your Saturday meals (*breakfast, lunch & dinner*), Sunday (*breakfast only*) based on your family unit needs. You are responsible for purchasing your own food, snacks and drinks. In addition, you must have the necessary cooking items to prepare your meals as needed.

Some items to bring might include:

1. Camp Stove and lighter,
2. Pots and pans, cooking utensils,
3. Plate, drink cup, fork/knife/spoon,
4. Napkins, paper towels, dish towels,
5. Salt/pepper/spices,
6. Wash basins, dish soap, pot scrubber,
7. Trash bags, and
8. Plenty of water.



COVID-19 MEAL PROTOCOLS

1. Participants must provide their own meals. No sharing of meals outside your household,
2. Use of disposable products is encouraged. For non-disposable items, follow a 5-step cleaning process: pre-wash, wash with hot water and soap, rinse, sanitize, and air dry.
3. Wash hands frequently and use hand sanitizer before and after all meals.
4. All surfaces within your family campsite should be disinfected before and after meal preparation. You might consider the use of disposable tablecloths that can be thrown away after each meal to aid in the disinfecting process.

WATER NEEDS



Since it will be warm and dry during our camp, we cannot stress enough the importance of having enough water on this trip. You will need water for your hand washing station, water for cooking needs, water for washing your pots, pans and dishes, and most importantly, water for keeping you and your family members hydrated.

Health experts commonly recommend eight 8-ounce glasses, which equals about 2 liters, or half a gallon a day. This is called the 8x8 rule and is very easy to remember. However, some experts believe that you need to sip on water constantly throughout the day, even when you're not thirsty. So plan accordingly.

EVENING ACTIVITIES

As we always do during our desert camping trip, the Troop will be having a camp fire pit in the evening. However, new this year will be the following requirements:

1. Each participant must provide their own camping chair and must include their name on the chair. There is no sharing of camp chairs allowed.
2. Each person must maintain a 6' distance between individuals.
3. Wearing of a facemask is required when a 6' distance cannot be maintained between persons.
4. There is no singing or chanting allowed.
5. If we have a large number of individuals attending the campfire, we may have to provide more than one fire pit so that we maintain proper social distancing.



Each Patrol will also be encouraged to prepare a skit for the evening fire. This is always the highlight of each trip as the Scouts come up with the most unusual and entertaining skits.

IN CLOSING

We hope that the information provided was useful in making a decision to attend or not attend our in-person activities. We understand that a family unit may have a unique set of circumstances that prevents the Scout and/or family members from participating. We understand if you do not wish your Scout to participate at this time. When you feel the time is right, we will welcome you back with open arms. As Spock would say, *"Live long and prosper."*

PLANNED AGENDA

Friday, March 5

04:30pm: Meet at Church to Complete Check-in, Health Screening and Temperature Check
05:30pm: Depart Church (*eat dinner prior to arriving or come prepared to eat on the road*)
07:00pm: Arrive at Gas Station Stop (*Golden Acorn Travel Center*)
07:15pm: Depart Gas Station Stop
08:00pm: Arrive at Dunaway Road Meetup Location
08:15pm: Depart Dunaway Road for Dry Lake Bed
08:45pm: Arrive at Dry Lake Bed Camp Location and Setup Camp
10:00pm: Lights out and Quite Time

Saturday, March 6

07:00am: Reveille
07:30am: Flag ceremony
08:00am: Breakfast
09:30am: Rocket Launch Pad Open
12:00pm: Lunch
01:00pm: Rocket Launch Pad Re-opens
03:00pm: Launch Pad Closes
03:00pm: Free Time
05:30pm: Dinner
07:30pm: Campfire Program
10:00pm: Lights Out and Quite Time

Sunday, March 7

07:00am: Reveille
07:30am: Breakfast
08:00am: Camp Tear-down and Clean-up
09:30am: Group 1 Departs for Ocotillo Wind Caves
09:30am: Group 2 Departs for Church
12:30pm: Group 1 Arrives at Church
03:30pm: Group 2 Arrives at Church



OUR RETURN TRIP

On Sunday after a light breakfast, we are planning a side-trip to some local wind caves located in Borrego Springs. This is an optional trip for each family as it does involve a drive and short hike to the wind caves. Those wishing to attend, this may result in a lunch and gas stop on the way home. Approximate time of this excursion will add about three hours to our trip back.

THIS AGENDA IS SUBJECT TO CHANGE.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. BSA Troop 709 has put in place preventative measures to reduce the spread of COVID-19; however, **Troop 709 cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at a BSA Troop 709 in-person activities that may result from the actions, omissions, or negligence of myself and others, including, but not limited to Troop 709's volunteers, agents, representatives, program participants and their families.

____ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at a BSA Troop 709 in-person activities.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless BSA Troop 709, its volunteers, agents, representatives, program participants and their families, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of BSA Troop 709, its volunteers, agents, representatives, program participants and their families, whether a COVID-19 infection occurs before, during, or after participation at any and all BSA Troop 709 in-person activities.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in BSA Troop 709 activities, and I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, and I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where BSA Troop 709 is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in a BSA Troop 709 in-person activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

____ INITIALS I **have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** I also understand that BSA Troop 709 activities will not be made available to me if I choose not to sign this release. **I have read and understood this document and I agree to be bound by its terms.**

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at a BSA Troop 709 activity, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at all BSA Troop 709 in-person activities.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone () _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

CALIFORNIA LAW REQUIRES BOTH PARENTS OR LEGAL GUARDIAN(S) TO SIGN RELEASE ON BEHALF ON MINOR

Parent (1)/Legal Guardian (1)

Signature _____

Print Name _____

Date _____

Parent (2)/Legal Guardian (2)

Signature _____

Print Name _____

Date _____

BSA SCOUTER CODE OF CONDUCT

Please take a moment to read and become familiar with our BSA code of conduct.

On my honor I promise to do my best to comply with this Boy Scouts of America Scouter Code of Conduct while serving in my capacity as an adult leader:

1. I have completed or will complete my registration with the Boy Scouts of America, answering all questions truthfully and honestly.
2. I will do my best to live up to the Scout Oath and Scout Law, obey all laws, and hold others in Scouting accountable to those standards. I will exercise sound judgment and demonstrate good leadership and use the Scouting program for its intended purpose consistent with the mission of the Boy Scouts of America.
3. I will make the protection of youth a personal priority. I will complete and remain current with Youth Protection training requirements. I will be familiar with and follow:
 - a. BSA Youth Protection policies and guidelines, including mandatory reporting at www.scouting.org/training/youth-protection,
 - b. The Guide to Safe Scouting: www.scouting.org/health-and-safety/gss,
 - c. The Sweet Sixteen of BSA Safety at www.scouting.org/health-and-safety/gss/sweet16.
4. When transporting youth, I will obey all laws, comply with Youth Protection guidelines, and follow safe driving practices.
5. I will respect and abide by the Rules and Regulations of the Boy Scouts of America, BSA policies, and BSA-provided training, including but not limited to those relating to:
 - a. Unauthorized fundraising activities,
 - b. Advocacy on social and political issues, including prohibited use of the BSA uniform and brand,
 - c. Bullying, hazing, harassment, and unlawful discrimination of any kind.
6. I will not discuss or engage in any form of sexual conduct while engaged in scouting activities. I will refer youth with questions regarding these topics to talk to their parents or spiritual advisor.
7. I confirm that I have fully disclosed and will disclose in the future any of the following:
 - a. Any criminal suspicion, charges, or convictions of a crime or offense involving abuse, violence, sexual misconduct, or any misconduct involving minors or juveniles
 - b. Any investigation or court order involving domestic violence, child abuse, or similar matter
 - c. Any criminal charges or convictions for offenses involving controlled substances, driving while intoxicated, firearms, or dangerous weapons.
8. I will not possess, distribute, transport, consume, or use any of the following items prohibited by law or in violation of any Scouting rules, regulations, and policies:
 - a. Alcoholic beverages or controlled substances, including marijuana,
 - b. Concealed or unconcealed firearms, fireworks, or explosives,
 - c. Pornography or materials containing words or images inconsistent with Scouting values
9. If I am taking prescription medications with the potential of impairing my functioning or judgment, I will not engage in activities that would put youth at risk, including driving or operating equipment.
10. I will take steps to prevent or report any violation of this code of conduct by others in connection with scouting activities.

COVID-19 Pre-Event Medical Screening Checklist

Use this checklist to assist in identifying potential COVID-19 cases before event participation.

Review with each youth and adult participant their current health status, both before departure and upon arrival at the event. **Anyone entering a camp or event – including visitors, vendors, etc. – must be screened.**

Councils should customize with input from their council health supervisor and local health department.

- Yes No Have you or has anyone in your household been in [close contact*](#) in the past 14 days with anyone known or suspected to have COVID-19 or is otherwise sick?
- Yes No Have you or has anyone in your household been in [close contact*](#) with anyone who has been tested for COVID-19 and is waiting for results?
- Yes No Have you or has anyone in your household been sick in the past 14 days, or have you or they been tested for any illness and are waiting for results?
- Yes No Has anyone in your household been exposed to an individual known or suspected to have COVID-19 in the past 14 days?
- Yes No Have you or has anyone you have been in [close contact*](#) with traveled on a cruise ship or internationally or to an area with a known communicable disease outbreak in the past 14 days?

***According to the Centers for Disease Control and Prevention (CDC), “close contact” means:**

- You were within 6 feet of someone who has COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period
- You had direct physical contact with an infected person (hugged or kissed them)
- You shared eating or drinking utensils
- An infected person sneezed, coughed, or otherwise got respiratory droplets on you

If the answer is YES to any one of the five questions above, the participant must stay home.

If all answers above are NO, proceed to the symptoms list below.

Symptoms of COVID-19

*If anyone in your household has **any one** of the following new or worsening signs or symptoms of possible COVID-19, the entire household must stay home.*

- Shortness of breath
- Cough
- Fever of 100.0° or greater
- Flu-like symptoms
- Repeated shaking with chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Nausea or vomiting

****Potential Higher-Risk Individuals****

- Yes No Are you in a higher-risk category as defined by the [CDC guidelines](#), including older adults, people with medical conditions, and those with other individual circumstances?

If the answer is “yes,” we recommend that you stay home.

Should you choose to participate, you must have approval from your health care provider.

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	/	/
Age during activity Edad al momento de realizar la actividad		

Address Domicilio		
City Ciudad	State Estado	Zip Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)		From De	(Date) (fecha)		to a	(Date) (fecha)
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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 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 my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.

NOTE: 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. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____
 None

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiero que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI), por sus siglas en inglés bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transporte hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquier y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor
	Date Fecha

Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
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Contact the adult leader with any questions.
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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BOY SCOUTS OF AMERICA®

680-673
2014 Printing

Campout Safety Checklist

Campout Description: _____

Campout Dates: _____ Campout Location: _____

Unit Single Point of Contact (not a participant in the campout)

Name: _____ Cell: _____ Email: _____

The following checklist provides guidance on safety issues that you may encounter at a Scouting campout. Along with the *Guide to Safe Scouting*, this tool will help you in having conversations with both Scouts and adult leaders on identifying risks that need to be mitigated or eliminated.

Documentation Needed

General (common for nearly all outings)

- [Guide to Safe Scouting](#)
- [Permission slips](#)
- [Medical records](#)
- Maps of campsite
- Maps to and from campsite
- Other _____

Specialized (less common)

- Float plan
- [Flying Plan Checklist](#)

Training

[General](#) (needed for nearly all programs)

- Youth Protection Training
- Hazardous weather
- First aid/CPR
- Drivers/[Risk Zone](#)
- Safe Swim Defense
- Safety Afloat
- BALOO

Program or Activity Specific (Boy Scouts and Venturers)

- [Wilderness First Aid](#)
- [Climb On Safely](#)
- Trek Safely
- NRA instructor
- Range safety officer
- Other _____

Planning (Has the following been confirmed?)

- Weather conditions
- Route conditions
- Drivers licensed
- Drivers insured
- [BSA swim check](#)
- [Service project guidelines](#)
- Other _____

Equipment (If the following equipment will be used, is it in good order/inspected?)

- Trailer
- [Personal vehicles](#)
- First aid kit
- Fire extinguisher
- Tools
- Road emergency kit
- Other _____

Emergency Planning (Are plans in place for the following?)

- Local police/fire/EMS
- Local hospital
- Lightning
- Severe weather
- Lost Scout
- Active shooter
- Other _____

Program (Have the following program areas been addressed?)

- [Age-appropriate activities](#)
- Adult supervision
- Safety equipment
- [Hazards identified and discussed](#)
- Other _____

Motor Vehicle and Driver Checklist

Parents transporting their own children to and from Scouting activities typically take care to do so safely. They expect the same care to be used during group transportation including using private or unit-owned vehicles. This checklist is designed to help you manage the risks associated with that transportation. The basic safety checklist is particularly fitting in those states that do not require periodic auto safety inspections. Information on insurance and drivers is appropriate for all states.

Date _____ Unit _____ Activity (if specific) _____

Owner's name / Driver's License Expiration _____ / _____

Cell phone (____) _____ Make/model of vehicle _____ Model year _____

Color _____ Tag no. _____ Registration Current? _____

Other drivers of same vehicle driver's license expiration: _____ / _____

Driver(s) has reviewed the Transportation section of the *Guide to Safe Scouting*, the Risk Zone Driver's Pledge, the Risk Zone Transporting Scouts Safely, and the BSA Driver's Pledge at https://filestore.scouting.org/filestore/HealthSafety/pdf/632-006_WB.pdf Y/N _____

Basic Safety Check (required)	OK	Not OK		OK	Not OK
1. Safety belts for every passenger?			13. Tail lights, brake lights, turn signals?		
2. Safety belts operational?			14. Exhaust system?		
3. Tire tread, sidewalls and pressure?			15. Trailer system if used (hitch, lights, chain, etc.)		
4. Tires less than six years old?			16. Insurance meets BSA minimums		
5. Spare tire and jack present?			Additional Safety Check (optional)		
6. Brakes? Emergency brake?			1. Triangle reflectors and flares?		
7. Windshield wipers operate (good blades)?			2. First-aid kit and fire extinguisher?		
8. Fluid levels (washer fluid, oil, leaks)?			3. Flashlight, emergency contact list?		
9. Defroster operational?			4. Emergency water, food, blankets?		
10. Horn operational?			5. Emergency repair items, cell phone? (gloves, tools, jumper cables, fluids)		
11. Mirrors: Rear view			6. Weather emergency equipment? (shovel, chains, sand, etc.)		
Side view			7. Emergency procedures		
12. Headlights: Low beam			8. BSA Incident Report Forms		
High beam					

It is essential that adequate, safe, and responsible transportation be used for all Scouting activities. Any "Not OK" item checked in the Basic Safety Check section should be cause to not use that vehicle for transporting Scouts.

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 continuously 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've 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: _____



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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 (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/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	



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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., HEI)	
			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: _____



