

2024
ANNUAL TROOP 657 (B & G)
RECHARTER FEE & FORMS

Due NOVEMBER 6th

INCOMPLETE FORMS, INCOMPLETION OF TRAINING, & NON-PAYMENT OF DUES
PREVENTS OUR TROOP FROM RECHARTERING!

___ **Enclosed payment of \$260 made out to Troop 657**

(write Scout's name in memo)

___ **Annual Permission Form & Surgical Waiver (both pages)**

Include vehicle and insurance information, as well as emergency contact info.

___ **Parent commitment to Scout Conduct & Behavior**

Read and sign form

___ **Medical Forms A & B & copy of insurance card**

Required for ALL Scouts and Adults that attend any outings

___ **Youth Protection Training (YPT)** at www.scouting.org

(18+ MUST COMPLETE BY 11/6)

If you are involved as an Adult Leader, you do Board of Reviews, go on campouts, you are on a Committee etc. (Required every two years, ALL required to have a 2022 date this year)

___ **Adult Leader Training: complete online for your specific position** www.myscouting.org

(MUST BE COMPLETE BY 11/6)

Do not create a new account if you have forgotten your password!

Questions?: Margaret Reed, Recharter Chair

a3athena@yahoo.com

Parent Volunteer Interest

Name: _____

Scout(s): _____

e-mail address: _____

Please indicate any interests you have in getting involved with the Troop and we'll help find you a position!

___ I'd like to help with Board of Reviews

___ I'd like to become a Merit Badge Counselor
(Optional, if you know which Merit Badge already: _____)

___ I have specialized expertise in: _____

___ I'd like to help, but meetings are hard for me, are there positions that don't require regular meeting attendance?

___ I'm not comfortable "leading" a position, but I'd be interested in shadowing/assisting to learn the ropes

- | | | | |
|----------------------------|---------------------------------|--------------------------------------|----------------------|
| Scoutmaster | Assistant Scout Master | Committee Chair | Committee Vice Chair |
| Treasurer | Secretary | Advancement Coordinator | |
| Membership Coordinator | Outdoor/Activities Chair | Quartermaster(Equipment Coordinator) | |
| Fundraising Coordinator | Chaplain | Database Coordinator | |
| Training Coordinator | Friends of Scouting Coordinator | Recharter Coordinator | |
| Court of Honor Coordinator | Committee Vice Chair | T-shirt Coordinator | |

Annual Permission Form & Surgical Waiver 2024 Activities—Troop 657 BSA

Informed Consent and Hold-Harmless Agreement: I understand that participation in Scouting activities involves a certain degree of risk. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son/daughter/ward, I hereby consent to his/her full participation on all Troop 657 activities during 2024, and waive all claims against the volunteer leaders of Troop 657 and the Boy Scouts of America. Troop activities may include, but are not limited to, backpacking, mountain and road bicycling, mountain hiking and camping throughout the year, swimming, river and lake canoeing, white-water rafting, sailing, horseback riding, rock climbing/ rappelling, the annual week at a BSA summer camp, and or other similar expeditions.

Surgical Waiver and Emergency Treatment: In the event of medical emergency, I hereby give permission to the physician selected by the Scoutmaster or other adult leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter/ward. I understand the leader in charge will make reasonable efforts to contact me (using the phone numbers below) before taking any such action, if possible.

Medical Information and Limitations: I understand the Troop will use the medical information provided by me and by our physician as provided on the BSA Medical Form and/or event permission forms. I will indicate any new or changed health and medical information or restrictions affecting my son's/daughter's/ward's Scouting participation including current medications.

Separate Permission Slips/Changes in Information: In addition to this annual form, the troop may collect a separate permission slip for each outing (each slip has space to update phone numbers or medical information). Information may also be updated at any time by executing a new copy of this form otherwise, the annual permission form is updated annually and the medical information is updated prior to summer camp each year.

Transportation: I recognize that my son/daughter/ward will be transported on Troop activities by volunteer drivers like myself. **In accordance with BSA policy, those under the age of 18 are not allowed to drive Scouts under any circumstances except to and from Troop meetings.**

All Drivers: BSA requires that ALL vehicles MUST be covered with liability insurance. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$100,000 combined single limit.). Your vehicle(s) must be registered with the Troop in order for you to drive scouts other than your son(s). You need to register only once annually (unless your vehicle or insurance coverage changes).

Year, Make & Model	Plate Number	Insurance Carrier	Policy Number	Expires	# Seat Belts

BSA also requires that all drivers have a valid driver's license and be at least 21 years old

Name	D/L Number	Type / Class	Expires

Photo Non-Release: The troop sometimes places photos of troop activities on the troop website (www.troop657.org). We do *not* identify Scouts, but faces may be recognizable. Please check the box at left if you do not want any recognizable photos of your son placed on the troop website.

Name of Scout

Date Signed

Signature of Father/Male Guardian

Signature of Mother/Female Guardian

Telephone Numbers Where I/We Can Be Reached In An Emergency

Alternate Telephone Numbers and Emergency Contacts



Scout Troop 657

Parent Commitment to Scout Conduct and Behavior

It is important that a Scout's parents review with him the appropriate behavior that the Scout must follow before Troop 657 sponsored activities. This is especially true for camping and back packing trips where adult leaders are responsible for the health and well-being of numerous Scouts. Below is a basic guideline of appropriate behavior.

Scout Conduct

Expected Scout conduct is governed by the three elements of the Scouting program which all Scouts are familiar with and which are recited each week at Troop meetings: 1) Scout Law, 2) Scout Oath and 3) Outdoor code. As a general guideline, if the behavior is not allowed or appropriate in a church or school setting, it is not acceptable behavior while participating in Troop 657 activities.

Guide to Safe Scouting

Troop 657 follows all BSA rules and policies in the Guide to Safe Scouting available online at <http://www.scouting.org/scoutsource/HealthandSafety/GSS/toc.aspx>. This policy document is designed to further clarify the acceptable conduct and behavior at the troop level.

Other Guidelines for Behavior and Conduct

1. Participants in Troop 657 activities will adhere to all local, state and federal laws without exception. Any Scout found to be in violation of laws will be immediately dismissed from the activity and parents will be notified to pick-up the Scout.
2. At all times, participants of Troop 657 activities will adhere to all Boy Scout of America policies and procedures which can be found at http://www.scouting.org/Councilservices/Council/Policies_Procedures_and_Guidelines. A Scout found to be in violation of Scouting policies will be appropriately reprimanded by the leadership of Troop 657. Depending on severity and frequency of occurrence, conduct of this nature could result in dismissal from the activity and notification of parents to pick-up their Scout from the event.
3. Scouting activities are conducted for the purpose of enjoyment, education and growth of Scouts and adult leaders. As such, any materials that would not be appropriate for the specific event or items which interfere or have the potential to interfere with the planned activities are prohibited. This includes, but is not limited to, large knives or sharp objects, fireworks, and electronic devices. In addition, hosts of certain Scout activities, for example summer camps, have their own lists of prohibited items that need must be followed. If in doubt, it is probably best that questionable items be left at home. Items determined to be in violation of this policy

- by the leaders of the Troop will be confiscated from the Scout and returned at the end of the activities to the Scout and/or their parents depending on the nature of the item(s) in question.
4. Prior to events, especially overnight campout events, it is important for the Scout's parent to double check the gear that the Scout will be taking. Not only will this help insure that the Scout has the proper clothing for various climates, but it will also help insure that prohibited items are not within the Scout's gear.

Parent Acknowledgement

I have read and understand the Boy Scout Troop 657 Parent Commitment to Scout Conduct and Behavior and agree to provide full support of these policies to the youth and adult leaders of Troop 657. Additionally, I have discussed the conduct and behavior expectations with my Scout and the potential consequences for failure to adhere to these policies. Furthermore, I agree to pick up my Scout from any Scouting activities for discipline reasons as determined by the leadership of Troop 657 at my own expense, regardless of location or time of day.

Signature of Parent

Printed Name

Date

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: _____

