

BE PREPARED

Please have the following information before coming to camp.

Whom should we notify in case of an accident involving a member of your troop?

Name _____

Phone _____

Address _____

Who will accompany injured or ill Scouts home?

Name _____

Phone _____

Address _____

Who will take charge of your troop in your unit leader's absence?

Name _____

Phone _____

Address _____

Whom should we contact in case of breakdown or separation?

Name _____

Phone _____

Address _____

Individual History

Name _____

Troop/Council _____

Tenderfoot	2nd Class	1st Class
1. Prepare to Camp ___/___/___	1a. Map and Compass Use ___/___/___	1. Find Way w/o Compass ___/___/___
2. Camp and Pitch Tent ___/___/___	1b. Map and Compass Hike ___/___/___	2. Orienteering course ___/___/___
3. Prepare/Cook Meal ___/___/___	2a. Activity Requirement ___/___/___	3. Activity Requirement ___/___/___
4a. Demo Whip/Fuse Rope ___/___/___	2b. Select Camp Site ___/___/___	4a. Plan Patrol Menu ___/___/___
4b. Demo Hitch Knots ___/___/___	2c. Use of Knife/Saw/Ax ___/___/___	4b. Make Food List ___/___/___
5. Explain Hiking Rules ___/___/___	2d. Prepare Cook Fire ___/___/___	4c. Cooking Utensils/Gear ___/___/___
6. Demo Flag Care ___/___/___	2e. Fire and Stove Safety ___/___/___	4d. Safe Food Handling ___/___/___
7. Scouting Principles ___/___/___	2f. Light Fire and Stove ___/___/___	4e. Serve as Patrol Cook ___/___/___
8. Patrol Knowledge ___/___/___	2g. Cook Over Wood Fire ___/___/___	5. Visit Civic Leader ___/___/___
9. Explain Buddy System ___/___/___	3. Flag Ceremony ___/___/___	6. Identify Native Plants ___/___/___
10a. Physical Fitness Test ___/___/___	4. Service Project ___/___/___	7a. Discuss Lashings ___/___/___
Sit - ups	5. Identify Wild Animals ___/___/___	7b. Demonstrate Lashings ___/___/___
Pull - ups	6a. Handle 'Hurry' Cases ___/___/___	7c. Make Camp Gadget ___/___/___
Push - ups	6b. Make First Aid Kit ___/___/___	8a. Demo Rescue Knot ___/___/___
Standing Long Jump	6c. Show First Aid ___/___/___	8b. Demo Bandages ___/___/___
1/4 mile	7a. Swimming Precautions ___/___/___	8c. Moving the Injured ___/___/___
10b. Show Improvement ___/___/___	7b. Demo Swim Ability ___/___/___	8d. Heart Attacks/CPR ___/___/___
Sit - ups	7c. Demo Water Rescue ___/___/___	9a. Safe Trip Afloat ___/___/___
Pull - ups	8a. Drug/Alcohol Program ___/___/___	9b. BSA Swimmer Test ___/___/___
Push - ups	8b. Explain the 3 R's ___/___/___	9c. Show Line Rescue ___/___/___
Standing Long Jump		12. Internet Safety ___/___/___
1/4 mile		
11. Identify Poison Plants ___/___/___		
12a. Heimlich Maneuver ___/___/___		
12b. Show First Aid ___/___/___		

Attendance
Monday
Tuesday
Wednesday
Thursday
Friday
circle if not here

TNT Instructors

Course Planning Worksheet

Troop/Crew# _____ Scoutmaster/Advisor _____ Leader's Phone _____

	Scout's Name	1st	2nd	3rd	4th	5th	6th
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

PLEASE PRINT ALL INFORMATION CLEARLY

Fax# _____ Week Number _____ Campsite _____

Use this form to plan out your scouts' schedules using the Course Catalog (Program Section). Make photo copies of this form if necessary.

Parental Consent Form

This form must be completed by the parents/guardians of **ALL Scouts and Venturers** participating in events, programs and activities taking place during Summer Camp operations between June 1 and August 1, 2009, on Northeast Georgia Council properties, or off-site under the direction of Council Summer Camp Staff or Unit Leadership.

Scouts Name: _____

Address: _____ Birth date: _____

City: _____ ST: _____ ZIP: _____

Parent's Name: _____ Day phone/cell: (_____) _____

Activity: **Summer Camp** at (circle one) Camp Rainey Mountain Scoutland Ranger Camp

Dates traveling: _____

I hereby approve and agree to all of the terms and conditions of this application and certify to its correctness. Further, I certify that this Scout/Venturer can meet the health and physical fitness requirements of this trip. This Scout/Venturer has completed the appropriate personal health and medical record form (Class 1 & 2 Form#34414 or Class 3 Form#34412 where appropriate).

Photo/Image

I understand that photos, video footage or voice recording may be captured or taken of my son or daughter while participating at a Northeast Georgia Council Summer Camp. Therefore, I consent to the use of his/her photo or artistic likeness and or voice or footage of him/her while at camp for promotional materials, movie making, media coverage, press release or other similar projects as approved by the Northeast Georgia Council, and the BSA.

Waiver of Claims

In consideration of the many benefits to be derived from participation in this activity or trip, any and all claims against the Boy Scouts of America, or its local councils, Venturing Crews, Sea Scout Ships, Boy Scout Troops, and its Chartered Organizations, or against the officers, employees, agents, or other representatives of any of them or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the activity or trip, including preliminary training and travel are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release

In the event of illness or injury occurring to my son or daughter while involved in this activity or trip, I consent to X-Ray examination, anesthesia, and or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance Company: _____ Policy No.: _____

Personal Physician: _____ Telephone: (_____) _____

Parent Signature: _____ date: _____

Photo copy this form for ALL parents. This form can also be downloaded from our website

At www.nega-bsa.org/camp_rainey_mountain3.htm

SUMC 2009 Parental Consent Form

ATTENTION!!!

DO NOT MAIL THIS FORM IN. Please turn in Parental Consent Forms along with Health and Medical Record forms upon Check-in to the Camp Director or Health Officer.