

# **TROOP 80, B.S.A.**

## **Building Men of Character**

### **Welcome Package**

Attached you will find the following forms we need to register your son with our Troop and the Boy Scouts of America.

The Boy Scouts of America Youth Application needs to be completed in full so we can register your son with the Council.

The information Form is for the Troop so we have additional contact information than what is asked on the Youth Application. The drivers' license and vehicle information is necessary for obtaining a tour permit on campouts and other Troop outings.

The General Waiver is necessary for your son to participate in Troop activities.

The Behavior and Discipline Policy establishes the expectations and policies the Troop follows in working with the scouts.

The Annual Health and Medical Record is required to complete Parts A and B annually to participate in Troop Activities and does not require a doctor signature. Part C is only required for extended events like summer camp and must be signed by a doctor.

As noted on the second page of the Behavior and Discipline Policy we encourage parental participation. The additional forms for Merit Badge Counselor and Adult Application relate to this participation. If you have a specific skill or avocation that relates to specific merit badges we would encourage you to help in teaching merit badge courses to the scouts. The District needs all merit badge counselors to be Registered Adults so they know who has contact with the scouts and that people that understand the topic are teaching the merit badges. You would need to fill out the Adult Application to become a Registered Adult.

If you have any questions you can contact Andrew Dorn, Scoutmaster or Leanne Langholz, Committee Chair.



GENERAL WAIVER

\_\_\_\_\_ is my child, and is now under my control and custody. I desire such child to go on any and all trips, and to participate in any and all activities of Troop 80 so long as he is a member of such Troop, including, but not limited to, such trips and activities as Summer Scout Camp and High Adventure Outings such as Philmont Scout Ranch, weekend camping trips, regular meetings and recreational activities. I hereby authorize the adult leaders to procure medical treatments for such child at my expense in the event of sickness, accident or injury, and I hereby release the Highland Park Presbyterian Church, Troop 80, Circle Ten Council, Boy Scouts of America, and each and all of their adult leaders, agents, representatives and employees, together with any volunteer carrier of such child without compensation, from any and all liability and responsibility in connection with such trips and activities, and hereby release all of said parties from all liability by reason of accident or injury suffered while on said trips or engaged in such activities.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

## BEHAVIOR AND DISCIPLINE POLICY

In view of the liability of the Troop members, Troop leaders, and the Troop Committee members in the case of an injury to a Scout or property damage done by any Scout when at a Troop sponsored activity or campout, the Troop Committee has adopted the following discipline policy.

Any Scout who intentionally participates in an activity that has the potential to cause harm to himself or to other Troop members, or behaves in such a manner that reflects negatively upon Troop 80 or the Boy Scouts of America, or intentionally participates in any activity that may cause damage to public or private property, will be disciplined. Behavior that is cause for disciplinary action as outlined in the Discipline Policy Procedures includes, but is not limited to, the following examples:

1. Not following the Scoutmaster's or Leader's orders.
2. Significantly unsafe actions (putting a life in jeopardy).
3. Physical or verbal hazing or harassment of another person.
4. Leaving designated areas without Scoutmaster's permission:
  - Not telling the Scoutmaster of their whereabouts at all times.
  - Going to an area other than that requested.
  - Entering property marked "No Trespassing."
5. Exploring physical hazards without Scoutmaster's permission and supervision (i.e. lakes, creeks, cliffs, caves or underground areas, boats, abandoned structures, etc.)
6. Going near any type of vehicle, machinery, or equipment without the permission of the Scoutmaster.
7. Any type of property damage to natural or man-made areas.
8. Excessively rowdy, unruly, loud, disrespectful, disobedient, or disruptive behavior.
9. Use of cursing or foul language.
10. Smoking.
11. Use of any controlled or illegal substance.

## DISCIPLINE PROCEDURE

The leader in charge will discuss the infraction with the Scout at the time of the violation, reminding him of the Behavior and Discipline Policy and Procedure. On the first offense, the Troop Committee Chairman must be notified by the Scoutmaster, Assistant Scoutmaster, or leader in charge and given all the details of the offense. The Troop Committee Chairman will see that the parents or guardians of the Scout involved are notified, informing them that this behavior will not be tolerated. This will serve as a first warning to the Scout and the parents.

On the second offense, the Troop Committee Chairman must be notified by the Scoutmaster, Assistant Scoutmaster, or leader in charge and given all the details of the offense. The Troop Committee Chairman will see that the parents or guardians of the Scout involved are notified and the parents or guardians and the Scout must appear before the Troop Committee to discuss the problem.

**On a third offense, notification follows the same pattern as above and the parents or guardians will be requested to remove the Scout from Troop 80.**

**Each Scout and his parents will be required to sign a form acknowledging their understanding of the Troop 80 Behavior and Discipline Policy and agreeing to abide by this safety measure necessary for the safety of all Troop members.**

\_\_\_\_\_  
Scout signature

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### **PARENTAL INVOLVEMENT**

*Troop 80 encourages the parents of all of our Scouts to get involved with our Troop and we have a place for everyone. Our active and outstanding program is only possible due to the support and involvement of our parents. We encourage all parents to register as adult Scout Leaders with the Troop. The cost is \$10.00 per year. For more information, contact the Troop Committee Chairman (See Adults joining the Troop).*

### **THE TROOP COMMITTEE**

*Parents are welcome and encouraged to attend our Troop Committee meetings held monthly, except in summer. The Troop Committee will meet on a designated day of each month at in the Scout room at the church. Meeting schedules will be posted on the bulletin board in the Scout room. Meetings will be kept to one hour.*

*The Troop attempts to communicate fully with all parents by encouraging their membership and participation in the Troop Committee, by welcoming their attendance at Troop meetings and all Troop outings, and by distribution of pertinent information from the Troop (the Troop will use its web site as the primary source of information and communication). Please refer to [www.troop80.org](http://www.troop80.org) on the internet.*

*Numerous training opportunities are available for Committee members. These courses range from introductory level to advanced level including videotape courses that can be viewed individually or in small groups. More information on available training courses can be obtained from the Troop Committee Chairman or the Council office at 214-902-6700.*

# Part A: Informed Consent, Release Agreement, and Authorization

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: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Adults NOT Authorized to Take Youth To and From Events:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_



# Part B: General Information/Health History

**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	<b>Last HbA1c percentage and date:</b>
		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	<b>Last attack date:</b>
		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	<b>Last seizure date:</b>
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	<b>CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
		List all surgeries and hospitalizations	<b>Last surgery date:</b>
		List any other medical conditions not covered above	



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## Part B: General Information/Health History

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	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 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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

**DO NOT WRITE IN THIS BOX**  
 Review for camp or special activity.  
 Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Further approval required:  Yes  No  
 Reason: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_



# Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

DOB: \_\_\_\_\_

**High-adventure base participants:**  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

**!** You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. **!**

**Examiner: Please fill in the following information:**

		Yes	No	Explain							
Medical restrictions to participate											
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
		Medication						Plants			
		Food						Insect bites/stings			

Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_ BMI: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

## Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		<b>For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.</b>

Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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# Boy Scouts of America MERIT BADGE COUNSELOR INFORMATION



(Please type or print legibly.)

Name\* \_\_\_\_\_ Primary phone\* \_\_\_\_\_  Home  Cell  Work  
 Address\* \_\_\_\_\_ Other phone \_\_\_\_\_  Home  Cell  Work  
 City/state/zip\* \_\_\_\_\_ Other phone \_\_\_\_\_  Home  Cell  Work  
 Email address\* \_\_\_\_\_  I do not have email. Age \_\_\_\_\_  
 District \_\_\_\_\_ Unit:  Troop  Team  Crew  Ship No. \_\_\_\_\_ BSA ID \_\_\_\_\_  
 I am not affiliated with a district.  I am not affiliated with a unit.

**\*Required field. Primary phone and email address indicate how Scouts should contact you.**

**To qualify as a merit badge counselor, you must**

- Be at least 18 years old and of good character.
- Be registered with the Boy Scouts of America (position code 42).
- Complete Youth Protection training.
- Be recognized as having the skills and education in the merit badge subjects covered and hold any required qualifications and training as outlined in the *Guide to Safe Scouting* or the *Guide to Advancement*—or use others so qualified.
- Be able to work with Scout-age boys.

**As a merit badge counselor, I agree to**

- Follow the requirements of the merit badge, making no deletions or additions, ensuring that the advancement standards are fair and uniform for all Scouts.
- Have a Scout accompanied by his buddy during all instructional sessions.
- Keep my Youth Protection training current.
- Renew my registration annually if I plan to continue as a merit badge counselor.

Merit Badges <i>For more than eight merit badges, attach additional sheets.</i>	Add (A) Drop (D)	For each merit badge, list qualification(s) that support your request. <i>Qualifications could include college degrees, formal training certificates, positions held, and specific life experiences.</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

*A = Adding a new merit badge that you will counsel to the roster. D = Removing your name from the roster for this merit badge.*

**Complete the following:**

- This is a new application (first time to register as a merit badge counselor).  
Attach this form to the BSA Adult Application, indicating position code 42.
- This is an update to an existing list of merit badge subjects.
- I no longer wish to serve as a merit badge counselor.

Youth Protection training date \_\_\_\_\_  
*(Attach copy of the current certificate.)*

I agree to work with:

- All Scouts
- All Scouts in these districts: \_\_\_\_\_
- Only with Scouts in these units (indicate whether troop, team, or crew): \_\_\_\_\_

**Counselors are encouraged to be available to work with any Scout in any unit.**

I plan to serve as a merit badge counselor for this event or outside organization: \_\_\_\_\_

**Council Approval:**  
 Name (print) \_\_\_\_\_  
 Position \_\_\_\_\_  
 Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_