

★ LEADER'S GUIDE ★



McGimsey Scout Park



Week 1: June 29 – July 3

Week 2: July 6 – 10

Week 3: July 13 – 17

Week 4: July 20 – 24

Week 5: July 27 – 31



Summer 2026

Week 1

Ages 7-10
 Handicrafts- Max 10
 Robotics- Max 10
 Criminology- Max 10
 3D printing- Max 8
 Sports (Teamwork)- Max 10

Ages 11-17
 Game Design- Max 10
 Pioneering- Max 10
 RATA- Max 8
 Movie Making- Max 10
 Graphic Arts- Max 10
 Auto Maintenance- Max 10
 Animation- Max 10

Week 2

Ages 7-10
 Movie Making - Max 10
 Criminology- Max 10
 Graphic Arts- Max 10
 Animation- Max 10
 Sports (Teamwork)- Max 10
 Automaintenance- Max 10

Ages 11-17
 Pioneering- Max 10
 Handicrafts- Max 10
 Robotics- Max 10
 3D printing- Max 8
 Game Design- Max
 DND- max 6

Week 3

Ages 7-10
 Handicrafts- Max 10
 Robotics- Max 10
 Game Design- Max 10
 3D printing- Max 8
 Sports (Teamwork)- Max 10

Ages 11-17
 Pioneering- Max 10
 Movie Making- Max 10
 Auto Maintenance- Max 10
 Animation- Max 10
 Criminology- Max 10

Week 4

Ages 7-10
 Movie Making- Max 10
 Criminology- Max 10
 Animation- Max 10
 Sports (Teamwork)- Max 10
 Automaintenance- Max 10

Ages 11-17
 Pioneering- Max 10
 Handicrafts- Max 10
 Robotics- Max 10
 3D printing- Max 8
 Game Design- Max 10

Week 5

Ages 7-10
 Handicrafts- Max 10
 Robotics- Max 10
 Game Design- Max 10
 3D printing- Max 8
 Sports (Teamwork)- Max 10

Ages 11-17
 Pioneering- Max 10
 Movie Making- Max 10
 Auto Maintenance- Max 10
 Animation- Max 10
 Criminology- Max 10



Dear Leaders and Parents,

Welcome to a new season at our All-Ages Day Camp at McGimsey Scout Park! We are excited to offer a unique camp experience designed to inspire and engage youth ages 7-17 through a dynamic mix of adventure, creativity, and hands-on learning.

This camp truly offers something for everyone, with programs tailored to a wide range of ages and interests. Campers can explore exciting activities such as archery, robotics, and pioneering, or dive into creative opportunities like game design, animation, and 3D printing. Whether they are tackling new challenges, developing valuable skills, or simply having fun, campers will be encouraged to discover their passions and build confidence in a safe, supportive environment.

Each day, campers will participate in their selected activities under the guidance of our knowledgeable and enthusiastic staff. Our goal is to provide a place where Scouts can learn, grow, and create lasting memories—while still returning home each evening eager to share their experiences with you.

Safety and inclusivity are at the heart of everything we do. Our trained staff and dedicated volunteers are committed to ensuring a positive and welcoming experience for every participant, and you can feel confident that your campers are in good hands.

If you have any questions or need assistance during the week, please don't hesitate to reach out to me or any member of our camp team. Thank you for being part of this exciting program. Together, we are creating a day camp experience that will inspire Scouts of all ages and set the stage for many future adventures.

Let's make this season unforgettable!

Kayla Tolbert
Camp Director

Discover, Create, & Play at McGimsey Scout Park!

Our camp offers a unique blend of adventure, creativity, and learning, all while allowing campers to return to the comfort of their homes each night. Each week, campers will dive into exciting topics designed to spark their interests and unleash their creativity.



About the class

Class size varies from 4-10 participants, and they are grouped with their peers to enhance the learning experience for all. For example, teens will not be in classes with elementary-aged children, but campers their own age.

The Emersive Experience

These classes will delve into an curriculum designed to keep kids engaged, and building on the concepts of the previous day. Most classes will be working toward a final project to be completed at the end of the week. Campers also have opportunities for outdoor experiences such as swimming, sports, and range & target activities each day.

Facilities

Classes are held in shaded areas and temperature controlled rooms at McGimsey Scout Park, and the Alamo Area Service Center.

Lunch

Lunch is provided daily from one of our local kid-friendly restaurants. Families will choose their meals based on the offerings each day.



3d Printing

Bring your ideas to life at our 3D Printing Camp, where campers learn real 3D modeling skills to design and produce high-quality creations! Throughout the week, participants will use professional modeling tools to craft their own custom objects—anything from figures to functional gadgets—and watch them transform from digital designs into physical prints. It's a hands-on, imaginative experience perfect for makers who want to create something truly their own.



Scouts BSA have the opportunity to complete the Model & Design Merit Badge



CUB SCOUT ADVANCEMENTS
Wolf: Computing Wolves 1
WEBELOS: Art Explosion 2

Animation

Bring stories to life at our Animation Camp, where creativity meets professional tools! Campers will learn to animate using Blender, exploring 3D modeling, character movement, and scene creation while developing strong, realistic storyboards to guide their projects. From planning each shot to rendering their final animations, participants experience the full animation pipeline in a fun, hands-on way. It's the perfect camp for budding storytellers ready to turn imagination into motion!



Scouts BSA youth have an opportunity to complete the Animation Merit Badge



CUB SCOUT ADVANCEMENTS
WEBELOS: Art explosion 1

Auto Maintenance

Rev up your summer at our Auto-Maintenance Camp, where hands-on learning meets real-world skills! Campers will dive into practical car care, including checking essential fluids, understanding how oil changes work, learning what brake pads do, and even practicing how to safely change a tire. They'll also get familiar with basic tools and learn how to spot common wear-and-tear issues. Perfect for curious minds and future gearheads, this camp builds confidence, practical know-how, and a love for all things automotive. Get ready to roll out with Auto-Maintenance Camp!



Scouts BSA youth have an opportunity to complete the Automaintenance Merit Badge



CUB SCOUT ADVANCEMENTS
Bear: Bears on Bikes 6
WEBELOS: Pedal Away 3

Criminology

Step into the world of mysteries at our Criminology Camp, where young detectives explore the basics of solving cases through fun, hands-on activities inspired by the Cub Scout Forensics Adventure. Campers will examine clues, practice fingerprinting, and learn simple investigative techniques that make crime-solving exciting and approachable. With engaging challenges and real forensic-inspired tools, this camp turns curious kids into confident problem-solvers ready to crack the case!



Scouts BSA youth have an opportunity to complete the Fingerprinting and Crime Prevention Merit Badges



CUB SCOUT ADVANCEMENTS
Bear: Forensics



Dungeon & Dragons Camp

This is an immersive, often week-long, program for kids and teens that focuses on tabletop role-playing, creativity, and collaboration. Led by experienced Dungeon Masters (DMs), campers create characters, paint miniatures, and play in collaborative, story-driven adventures that improve social skills, problem-solving, and teamwork.

Game Design

Level up your creativity at our Game Design Camp, where campers develop both basic and advanced coding skills using Scratch and Minecraft! Starting with core fundamentals like loops, variables, and event-based programming, participants quickly progress to more advanced concepts such as logic structures, conditionals, and simple scripting. Along the way, they'll build interactive Scratch games, design custom Minecraft worlds, and even automate in-game systems using code. It's the perfect blend of creativity and technology—empowering young designers to turn their ideas into fully playable adventures.



ScoutsBSA are given the opportunity to complete the requirements for the Game Design Merit Badge and Programming



CUB SCOUT ADVANCEMENTS
Wolf: Computing Wolves 1,3
WEBELOS: Art Explosion 2

Graphic Arts

Join us for an inspiring Graphic Arts Camp where creativity meets real-world experience! Campers will explore design basics, experiment with hands-on projects, and bring their artistic ideas to life. As a special highlight, we'll travel to a local T-shirt company to see the entire production process, from concept to finished product, so students can discover how professional designers turn artwork into wearable creations. Let your imagination take the lead this summer!

ScoutsBSA youth are given the opportunity to complete the requirements for the Graphic Arts Merit Badge



CUB SCOUT ADVANCEMENTS
WEBELOS: Art Explosion 1



Handicrafts

Discover the joy of creating at our Handicrafts Camp, where imagination and hands-on fun come together! Campers will explore a variety of crafting techniques—like weaving, sculpting, and DIY décor—while making unique projects that reflect their personal style. Best of all, every participant gets to keep everything they create, taking home a collection of handmade treasures by the end of the week.



ScoutsBSA will complete several requirements for these Merit Badges



CUB SCOUT ADVANCEMENTS
WEBELOS: Art Explosion 1,3,4

Pioneering /Paul Bunyan

Build confidence and outdoor know-how, where hands-on adventure takes center stage! Campers will master essential knot-tying skills and use them to create classic pioneering projects like sturdy tripods, useful water-cooler holders, and simple shelters built from rope and poles. With teamwork and plenty of outdoor problem-solving, discover just how much one can build with their own two hands.

ScoutsBSA youth will complete several requirements for the Pioneering Merit Badge and Wilderness Survival



Movie Making

Learn the art and science of filmmaking, covering the entire process from pre-production to editing using cameras, lighting, and sound to tell stories, focusing on techniques like framing, camera movement, and storyboarding to create your own short films.

ScoutsBSA Youth have the opportunity to complete all the requirements for the Movie Making Merit Badge



CUB SCOUT ADVANCEMENTS
WEBELOS: Art Explosion



Range and Target Activities (RATA)

Gear up for an action-packed RATA Camp—(Range and Target Activities) designed for adventure seekers! Campers will build confidence and focus as they learn safe and exciting skills in archery, slingshots, air rifles, and more. With expert guidance and plenty of hands-on practice, participants will sharpen their aim, boost coordination, and enjoy friendly competition in a fun, supportive environment. Take your best shot this summer at RATA Camp!



ScoutsBSA will complete several requirements for Merit Badges this week

Cub Scouts will complete several requirements for RATA pins this week



ScoutsBSA Youth have the opportunity to complete all the requirements for the Robotics Merit Badge



CUB SCOUT ADVANCEMENTS
Wolf: Computing for Wolves 1
Bear: Baloo the Builder
WEBELOS: Modular Design 1,2,3,4,5
AOL: Engineer 4,5

Robotics

Join our exciting Robotics Camp, where creativity meets innovation! Throughout the week, campers will design, build, and program multiple robots, experimenting with different mechanisms and smart engineering solutions. Each day brings new hands-on challenges and teamwork, all leading up to an epic, BattleBots-style showdown at the end of the week. It's the perfect adventure for curious minds ready to build, compete, and have a blast!

Sports (Teamwork)

Get in the game this summer at our high-energy Sports Camp, where campers play multiple sports every day—from basketball and soccer to pickleball, and more. Along the way, they'll build real teamwork skills, strengthen hand-eye coordination, and boost their confidence through fun challenges and group activities. With plenty of variety and nonstop action, it's the perfect camp for athletes of all levels who love to move, play, and have a blast!



CUB SCOUT ADVANCEMENTS
Wolf: Running with the Pack 3,4,5
Paws of Skill
Bear: Bear Strong, 2,4
WEBELOS: Stronger, Faster, Higher 2,4
AOL: Personal Fitness 3



Swimming for All Ages

Pool time is a must do in the summer in Texas, and everyone gets a chance to splash around in our newly resurfaced pool complex. With a beach access entry, waterfall, deep-end for proficient swimmers, and waterslides, there is something for all skill levels.



CUB SCOUT ADVANCEMENTS
Wolves: Paws for Water
Bears: Salmon Run, 1,2,3,4,5
WEBELOS :Aquanaut 1,4,5,6
AOL: Swimming 3,4



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: _____



Part A: Informed Consent, Release Agreement, and Authorization Parte A: Consentimiento informado, Convenio de exoneración, y Autorización

Full name: _____
Nombre completo

DOB: _____
FECHA DE NACIMIENTO

High-adventure base participants:
Participantes en bases de aventura extrema:

Expedition/crew No.: _____
Expedición/tripulación No.
or staff position: _____
o puesto

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.

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 requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

En caso de que yo o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se realizarán esfuerzos por parte del médico o el líder adulto por contactar al individuo que aparece como la persona de contacto en caso de emergencia. En caso de que esta persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier 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, incluye 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.

(Si corresponde) He considerado cuidadosamente el riesgo implicado y con la presente doy mi consentimiento para que mi hijo participe en todas las actividades ofrecidas en el programa. Además autorizo que se comparta la información contenida en este formulario con los voluntarios o profesionales de BSA que necesiten tener conocimiento de las condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting.

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

Asimismo, por este conducto asigno y otorgo al concilio local y a Boy Scouts of America, así como a sus representantes autorizados, el derecho y permiso para usar y publicar las fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exono a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación. Además autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.



Part A: Informed Consent, Release Agreement, and Authorization

Parte A: Consentimiento informado, Convenio de exoneración, y Autorización



Full name: _____
Nombre completo

DOB: _____
FECHA DE NACIMIENTO

High-adventure base participants:
Participantes en bases de aventura extrema:
Expedition/crew No.: _____
Expedición/tripulación No.
or staff position: _____
o puesto

! **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.

! **NOTA:** Debido a la naturaleza de los programas y actividades, Boy Scouts of America y los concilios locales no puede vigilar continuamente el cumplimiento del programa por parte de los participantes o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Sin embargo, para que los líderes puedan estar lo más familiarizados posible con cualquier limitación, enumerar a continuación las restricciones impuestas a un niño participante en relación con los programas o actividades.

List participant restrictions, if any: None

Restricciones del participante, si existen: Ninguna

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.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad. Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve, también he leído y entiendo las advertencias de riesgo suplementario, incluyendo los requisitos y restricciones de estatura y peso, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas señaladas específicamente por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de uno de los padres o del tutor.

Participant's signature: _____ Date: _____
Firma del participante: _____ Fecha: _____

Parent/guardian signature for youth: _____ Date: _____
Firma del padre/tutor del menor: _____ Fecha: _____
(If participant is under the age of 18) (Si el participante es menor de 18 años)

Second parent/guardian signature for youth: _____ Date: _____
Firma del segundo padre/tutor del menor: _____ Fecha: _____
(If required; for example, California) (Si es necesario; por ejemplo, en California)

Complete this section for youth participants only. Completar esta sección para jóvenes participantes solamente.

Adults Authorized to Take to and From Events:
Adultos autorizados a trasladar al menores hacia y desde los eventos:
You must designate at least one adult. Please include a telephone number.
Debe designar al menos a un adulto. Por favor incluya un número de teléfono.

Name: (Nombre) _____
Telephone: (Teléfono) _____

Name: (Nombre) _____
Telephone: (Teléfono) _____

Adults Authorized to Take to and From Events:
Adultos autorizados a trasladar al menores hacia y desde los eventos:
You must designate at least one adult. Please include a telephone number.
Debe designar al menos a un adulto. Por favor incluya un número de teléfono.

Name: (Nombre) _____
Telephone: (Teléfono) _____

Name: (Nombre) _____
Telephone: (Teléfono) _____



Part B: General Information/Health History Parte B: Información general/historial de salud

Full name: _____
Nombre completo

DOB: _____
FECHA DE NACIMIENTO

**High-adventure base participants:
Participantes en bases de aventura extrema:**

Expedition/crew No.: _____
Expedición/tripulación No.
or staff position: _____
o puesto

Age/Edad: _____ Gender/Género: _____ Height (inches)/Estatura (pulgadas): _____ Weight (lbs.)/ Peso (libras): _____

Address/Dirección: _____

City/Ciudad: _____ State/Estado: _____ ZIP code/Código postal: _____ Telephone/Teléfono: _____

Council Name/No./Nombre del concilio/No.: _____ Mobile phone/Teléfono celular: _____

Unit leader/ Líder de la unidad: _____ Unit No./ No. de la unidad: _____

Health/Accident Insurance Company/ Compañía de seguros de salud o de accidentes: _____ Policy No./No. de póliza: _____

! Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above. Por favor adjunte una fotocopia de ambos lados de la tarjeta del seguro. Si no tiene seguro médico, escriba "ninguno" arriba. !

In case of emergency, notify the person below: En caso de emergencia, notificar a la siguiente persona:

Name/Nombre: _____ Relationship/Parentesco: _____

Address/Dirección: _____

Home phone/Teléfono de casa: _____ Other phone/Otro teléfono: _____

Alternate contact name/Nombre de contacto alternativo: _____ Alternate's phone/Teléfono alternativo: _____

Health History / Historial de salud

Do you currently have or have you ever been treated for any of the following?
¿Actualmente tiene, o alguna vez ha recibido tratamiento para cualquiera de las siguientes condiciones?

Yes Sí	No No	Condition / Condición	Explain / Explicar
		Diabetes / Diabetes	Last HbA1c percentage and date: Último porcentaje de HbA1c y fecha:
		Hypertension (high blood pressure) / Hipertensión (presión arterial alta)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers. Cardiopatía adulta o congénita/ataque al corazón/dolores de pecho(angina)/soplo del corazón/enfermedad de la arteria coronaria. Cualquier cirugía o procedimiento de corazón. Explicar todas las respuestas marcadas "Sí".	
		Family history of heart disease or any sudden heart-related death of a family member before age 50. Antecedentes familiares de enfermedad cardíaca o cualquier muerte súbita relacionada con el corazón de un miembro de la familia antes de los 50 años.	
		Stroke/TIA / Apoplejía/Accidente isquémico transitorio	
		Asthma / Asma	Last attack date: Fecha del último ataque:
		Lung/respiratory disease / Enfermedad pulmonar/respiratoria	
		COPD / EPOC	
		Ear/eyes/nose/sinus problems / Problemas de oído/ojos/nariz/sinusitis	
		Muscular/skeletal condition/muscle or bone issues Condiciones musculares/del esqueleto/condiciones musculares u óseas	
		Head injury/concussion / Traumatismo craneano/conmoción cerebral	
		Altitude sickness / Mal de altura	
		Psychiatric/psychological or emotional difficulties Problemas psiquiátricos/psicológicos o emocionales	
		Behavioral/neurological disorders Trastornos neurológicos/del comportamiento	
		Blood disorders/sickle cell disease Trastornos sanguíneos/anemia falciforme	



Part B: General Information/Health History

Parte B: Información general/historial de salud

B

Full name: _____
Nombre completo

DOB: _____
FECHA DE NACIMIENTO

High-adventure base participants:
Participantes en bases de aventura extrema:
Expedition/crew No.: _____
Expedición/tripulación No.
or staff position: _____
o puesto

Health History / Historial de salud

Do you currently have or have you ever been treated for any of the following?
¿Actualmente tiene, o alguna vez ha recibido tratamiento para cualquiera de las siguientes condiciones?

Yes / Sí	No / No	Condition / Condición	Explain / Explicar
		Fainting spells and dizziness / Desmayos y mareos	
		Kidney disease / Enfermedad del riñón	
		Seizures / Convulsiones	Last seizure date: Fecha de la última convulsión:
		Abdominal/stomach/digestive problems Problemas abdominales/estomacales/digestivos	
		Thyroid disease / Enfermedad de la tiroides	
		Excessive fatigue / Fatiga excesiva	
		Obstructive sleep apnea/sleep disorders Apnea obstructiva del sueño/trastornos del sueño	CPAP: Yes / Sí <input type="checkbox"/> No / No <input type="checkbox"/>
		List all surgeries and hospitalizations Lista de todas las cirugías y hospitalizaciones	Last surgery date: Fecha de la cirugía más reciente:
		List any other medical conditions not covered above Cualquier otra condición médica no mencionada en la lista anterior	

Allergies/Medications / Alergias/medicamentos

Are you allergic to or do you have any adverse reaction to any of the following? ¿Es usted alérgico a, o tiene cualquier reacción adversa a cualquiera de los siguientes?

Yes/ Sí	No	Allergies or Reactions / Alergias o reacciones	Explain / Explicar
		Medication / Medicamento	
		Food / Alimentos	
		Plants / Plantas	
		Insect bites/stings / Picaduras/mordeduras de insectos	

List all medications currently used, including any over-the-counter medications.

Enumere todos los medicamentos utilizados actualmente, incluyendo medicamentos sin receta médica.

- CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. MARQUE AQUÍ SI NO SE TOMAN MEDICAMENTOS RUTINARIAMENTE.
 IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH. SI NECESITA ESPACIO ADICIONAL, POR FAVOR INDÍQUELO EN UNA HOJA APARTE Y ANÉXELA.

Medication / Medicamento	Dose / Dosis	Frequency / Frecuencia	Reason / Razón

YES / Sí NO **Non-prescription medication administration is authorized with these exceptions:**
La administración de medicamentos sin receta está autorizada con estas excepciones: _____

Administration of the above medications is approved for youth by:

La administración de los medicamentos anteriores para el menor está aprobada por:

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)

Firma del padre/tutor

Firma del doctor, enfermera, asistente médico (si su estado requiere firma)

! 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.

Lleve suficientes medicamentos en cantidades adecuadas y en los envases originales. Asegúrese de que NO están caducados, incluyendo inhaladores y EpiPens. Usted NO DEBE DEJAR de tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico. **!**



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Part B: General Information/Health History Parte B: Información general/historial de salud

Full name: _____
Nombre completo

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FECHA DE NACIMIENTO

**High-adventure base participants:
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or staff position: _____
o puesto

Immunization / Vacunas

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.

Las siguientes vacunas son recomendadas por BSA. La vacuna antitetánica es necesaria y debe haberse recibido en los últimos 10 años. Si ha padecido la enfermedad, marque la columna de la enfermedad y escriba la fecha. Si tiene la vacuna, marque sí y proporcione el año en que la recibió.

Yes/ Sí	No	Had Disease Padecí la enfermedad	Immunization / Vacunas	Date(s) Fecha(s) de vacunación
			Tetanus / Tétanos	
			Pertussis / Tos ferina	
			Diphtheria / Difteria	
			Measles/mumps/rubella / Sarampión/paperas/rubéola	
			Polio / Poliomieltis	
			Chicken Pox / Varicela	
			Hepatitis A / Hepatitis A	
			Hepatitis B / Hepatitis B	
			Meningitis / Gripe	
			Influenza	
			Other (i.e., HIB) / Otras (por ejemplo, HIB)	
			Exemption to immunizations (form required) Exención a las vacunas (formulario requerido)	

**Please list any additional information about your medical history:
Por favor escriba cualquier información adicional sobre su historial médico:**

DO NOT WRITE IN THIS BOX / NO ESCRIBA EN ESTE RECUADRO

Review for camp or special activity. / Revisión para campamento o actividad especial.

Reviewed by: _____ Date: _____
Revisado por: _____ Fecha: _____

Further approval required: / Se requiere aprobación adicional: Yes / Sí No

Reason: _____
Razón: _____

Approved by: _____ Date: _____
Aprobado por: _____ Fecha: _____

