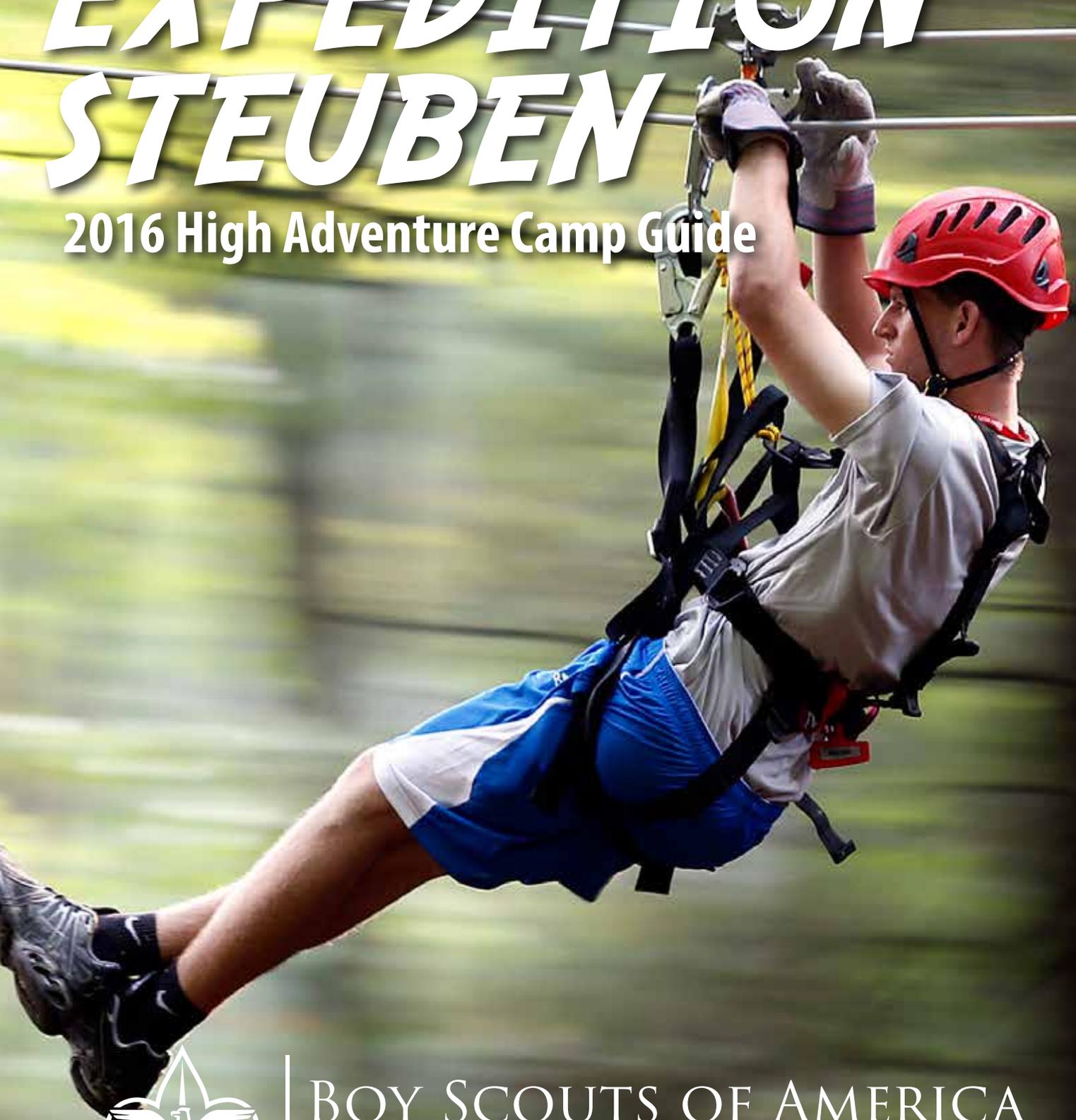


Fort Steuben Scout Reservation

EXPEDITION STEUBEN

2016 High Adventure Camp Guide



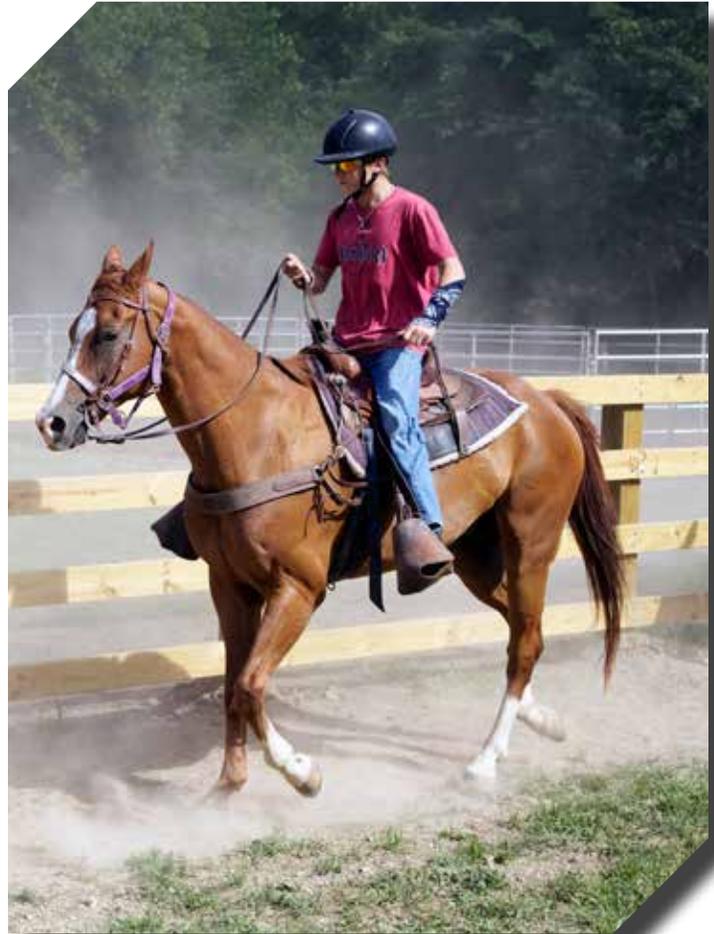
BOY SCOUTS OF AMERICA
OHIO RIVER VALLEY COUNCIL



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Appendices



WELCOME SCOUTS, VENTURERS, AND SCOUTERS,

The summer of 2015 saw the evolution of a new program at Fort Steuben Scout Reservation, a program that was one of the best summers we've seen, but when the season came to an end we realized a need to offer something greater – something for scouts with a taste for high adventure. This year, to meet that need, we are offering anyone over the age of 14 to join us for a new High-Adventure program:

EXPEDITION STEUBEN: THE PREMIER HIGH-ADVENTURE EXPERIENCE OF THE MIDWEST

The 2016 Expedition Steuben experience is an entirely new program, a unique opportunity not seen elsewhere in Ohio or West Virginia. Scouts will embark on a 5 day, 4 night stay at Fort Steuben, with 3 days of intensive programming from many different areas of High Adventure. Scouts will have the opportunity to choose from a number of adventure treks, including:

- Spelunking
- White Water Rafting
- High Ropes & Equestrian
- Watersports
- Urban Adventure

We are leaving no stone unturned in the Expedition Steuben experience. The program is designed to enable Scouts, both male and female, ages 14 – 20 to participate in adventures that are demanding, but equally rewarding. Expedition Steuben focuses on developing 3 key areas: Character, Leadership, and Personal Strength. Daytime adventures will be located off-site at premier locations across the Tristate area, supervised by experienced professional staff. When the sun sets over Lake Clendening the party kicks off at the Expedition Steuben Base Camp with on-site activities including Midnight Mountain Boarding, Candlelight Shoot-Out, Night Crawler Fishing, and more.

Since this is a new and unique program, we understand you will likely have many questions over the coming months. It is our intent that this guide, in conjunction with our website (www.fortsteuben.com), be a source of reference as you prepare to join us for Expedition Steuben. We encourage you to read this guide in its entirety, and to check our website regularly for updates. Any questions you may have can be directed to the camp administration using one of the methods provided at the end of this guide.

We look forward to working with each of you in the months ahead as we draw closer to the kickoff of the most exciting High Adventure experience in the Midwest – Expedition Steuben!

Yours in Scouting,

Tony Antonini
Camp Director

Cole Coates
Program Director

Bob Drury
Scout Executive

CAMPERSHIPS

The Ohio River Valley Council, aided by local donors, provides a campership fund to help Scouts in financial need pay for camp. Camperships cover up to half of the camper fee, so if you are unable to pay for camp due to financial hardship we encourage you to submit a campership application (found in the appendix) to the Ohio River Valley Council Service Center.

COMBO PACKAGE

Planning on returning to Fort Steuben for our Boy Scout Summer Camp? Take advantage of our Combo Package pricing. With the Combo Package your Scout will be registered for Expedition Steuben at the regular price, and will receive an \$85 discount on his Summer Camp fee. Scouts planning on attending Summer Camp with their unit will have their camper fee applied to their troop's account, while Scouts who do not plan on attending Summer Camp with a unit will be placed in our Provisional Camper program.



CAMP FEES

We believe that everyone should have the opportunity to attend Steuben Expedition. To achieve this goal we have kept our Camper's Fee as low as possible, and we are proud to say we offer one of the most competitively priced programs in the area. The Camper's Fee is an all-inclusive cost that covers food, board, transportation, and activities fees for the whole week. This year we are offering two pricing options:

Early Bird: \$300 (\$450 Combo Package)
Regular: \$350 (\$500 Combo Package)

We encourage you to take advantage of the Early Bird discount, not only because it reduces costs for you, but because it helps ensure access to the Treks that you want and helps us be better prepared to serve you. To receive the Early Bird Discount, payment must be received by the Ohio River Valley Council Service Center on or before May 2nd. Any payments received after May 2nd will be subject to the regular camp fee.

REFUNDS & TRANSFERS

While individual camp fees are not refundable, they are transferrable from person to person. If you cannot attend camp for any reason, we encourage you to see if there is another person who would like to go to whom the camper fee can be transferred. As the Steuben Expedition program depends on reservations, we will not consider refunds requested after June 1st. Any refund requests submitted before June 1st must be reviewed and approved by the Camp Director. The Camp Director may also grant refunds on a case by case basis for individuals with family or medical emergencies.



IMPORTANT DATES

April 23rd (9am – 12pm): Summer Camp Kickoff & Pancake Breakfast

May 2nd: Pay on or before for Early Bird discount (\$300/camper)

July 5th – 9th: Expedition Steuben!

SUMMER CAMP KICKOFF

The Summer Camp Kickoff & Pancake Breakfast will replace the traditional 10 day out meetings. This meeting will take place at Fort Steuben Scout Reservation and will walk guests through check-in procedures, program overview, and give you an opportunity to present questions.

Schedule:

9:00am – Pancake Breakfast

10:00am – Pre-camp meeting

11:00am – Trek Director Meet & Greet

RSVP by April 13th with the Ohio River Valley Council Service Center with the number of attendees.

WHO CAN ATTEND?

Expedition Steuben is a High Adventure program for Scouts between the ages of 14 and 20 of both genders. While we encourage anyone between 14 & 20 to join us, anyone who is not a registered member of a Boy Scout Troop or Venturing Crew will be required to register as a Venturer and pay an additional \$30 registration fee.

ADULTS

Expedition Steuben is intended to be a Youth-only adventure. However, we recognize that adults may desire to attend as campers and so we are allowing any adults (21+) to register as campers at regular price. Adults who register will experience the same program as Youth Campers.

COMMUNICATING WITH FORT STEUBEN

Fort Steuben Scout Reservation employs a variety of communication methods in order to make answering your questions as easy as possible. You can reach us throughout the year through Email, Phone, US Mail, the Fort Steuben website, or by following our social media presence. Specific questions can be addressed to any of the camp administrative staff:

Tony Antonini, Camp Director

tantonini@fortsteuben.com

Cole Coates, Program Director

ccoates@westliberty.edu

Rob Sparks, Properties Director

rob.sparks@scouting.org

E-MAIL

Our general email is used for most questions, comments, or concerns you may have about the summer camp program at Fort Steuben. We check this email on a regular basis and make it our priority to respond as soon as we are able.

support@fortsteuben.com

PHONE

Ohio River Valley Council Service Center: (304) 277 – 2660

Fort Steuben Camp Office: (740) 942 – 3438

From August to May, the ORVC service center is the best place to call with questions or concerns. During the camping season (from the end of May to the first week of August), the camp office will be open and is the best place to call for camp-related matters.



SOCIAL MEDIA

Fort Steuben now has an active social media presence as well. Follow us on Twitter, Facebook, or Instagram for the latest in camp news, pictures of the camp and the exciting activities leading up to your stay with us. You can follow us at:

Facebook: www.facebook.com/fortsteuben.scoutreservation

WEBSITE

We also maintain a website at www.fortsteuben.com. We keep the site updated all year long with the latest program information, announcements, and resources to make preparing for camp easier on your unit.

U.S. MAIL

While we prefer most communication to go through one of the methods listed above, we recognize that sometimes the postal service is the best way to send information. If you do need to send us mail, such as to send a package to a scout, you can send it to this address:

Fort Steuben Scout Reservation
 79601 Adams Road
 Freeport, OH 43973

HEALTH AND SAFETY ON EXPIDITION STEUBEN



ANNUAL BSA HEALTH FORM

The Boy Scouts of America requires a physical evaluation to be completed annually for all members of the organization attending Steuben Expedition. A health form signed by a licensed Health Care Provider and dated within 12 months from when you will be attending camp must be on file at the Health Office before you will be allowed to participate in camp activities. The form is good for 1 year through the month in which the form was completed. So if you have the form filled out in July, the form is valid for all Scouting activities through July of the following year.

Your safety and well-being is our top priority at Fort Steuben. To ensure you are receiving the best medical attention we maintain a health office at the center of camp staffed by a trained Health Officer on call 24 hours a day to handle any emergencies that may occur.

MEDICATIONS

Anyone under the age of 21 with prescription medications are required to store their medication at the Health Office for proper handling and distribution. It is your responsibility to make sure you arrive at the Health Office to receive your medication. Adults over the age of 21 may keep their medications in their tent unless special storage instructions must be followed.

All medications must be turned in during check-in in a labeled bag with the prescription, instructions for dispensing the medicine, and handling requirements. All medication must be in their original container and clearly marked with the contents, dosage instructions, your name, and your unit number.





REQUIRED ITEMS

Many of the activities we are offering require specific equipment to operate safely. Please, take the time to make sure you pack all of the items required for your Treks. Anyone without the proper equipment will be left at Base Camp or will be responsible for renting their equipment. Below we have a list of required equipment for each Trek:

WHITEWATER TREK:

- Sunscreen
- Sunglasses
- Water Shoes

SPELUNKING TREK:

- 2 Headlamps
- Flashlight (preferably Mag-Lite)
- Durable Jeans
- Long-sleeve shirt
- Hiking Boots (over the ankle)

HIGH ROPES & EQUESTRIAN TREK

- Durable Jeans
- Sturdy Tennis Shoes

WATERSPORTS TREK:

- Swimming Suit
- Sunscreen



THE DINING HALL EXPERIENCE

The Dining Hall procedures for Expedition Steuben are designed to accommodate the intense and varied nature of the program. Campers will be served buffet style and will be required to clean their tables before leaving for program.

The Dining Hall will provide breakfast each morning at different times depending on the program that day, but evening meals will be provided at the scout's discretion between 7pm and 12am. Because Expedition Steuben takes campers off-property every day, lunch will be provided either as a pack lunch or on-location.





THE FORT STEUBEN TRADING POST

The Trading Post at Fort Steuben Scout Reservation is the place to go for all of your camp purchases. We keep the Trading Post stocked with all of your camping essentials –including raincoats, water bottles, towels, and day bags to carry everything in! If you fancy a late snack or drink, the Trading Post is also stocked with all manner of food supplies, including the ever-popular Slushies and Pepsi products. We also carry a selection of Fort Steuben memorabilia to commemorate your stay with us; including T-shirts, Nalgene Bottles, Blankets, and Stoneware dishes.

The Trading Post is also an excellent place to practice budgeting and responsibility. We recommend that each camper bring \$100, which should cover all of your needs while at camp.

SOME OF THE ITEMS AVAILABLE IN OUR TRADING POST INCLUDE:

- | | | |
|-----------------|---------------|-------------------|
| Stamps | Camp T-shirts | Batteries |
| Canteens | Camp Patches | Flashlights |
| Shotgun tickets | Pizza | Rifle Tickets |
| Cook Books | Meal Tickets | Camp Hats |
| Hat Pins | Ponchos | Candy |
| Ice Cream | Soft Drinks | Compasses |
| Pocket Knives | Bagged Ice | Handicraft Kits |
| Tooth Brushes | Soap | Chips |
| Belt Buckles | Postcards | Merit Badge Books |





GETTING TO FORT STEUBEN SCOUT RESERVATION

From US 250:

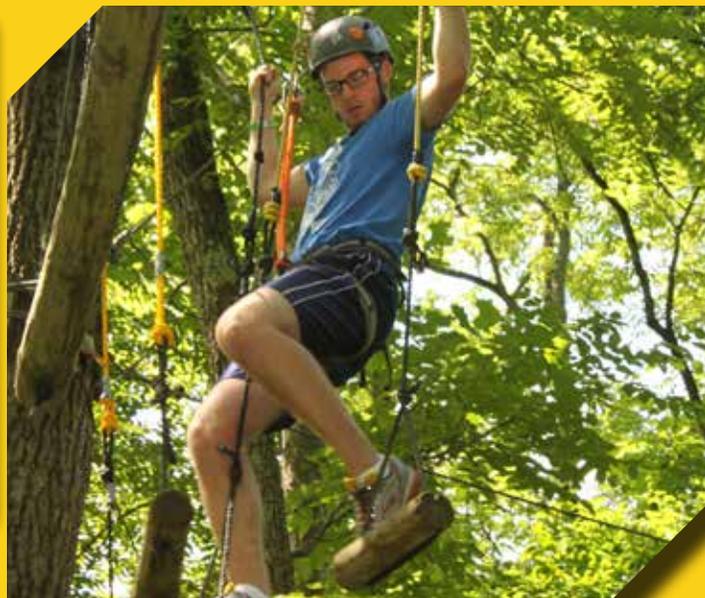
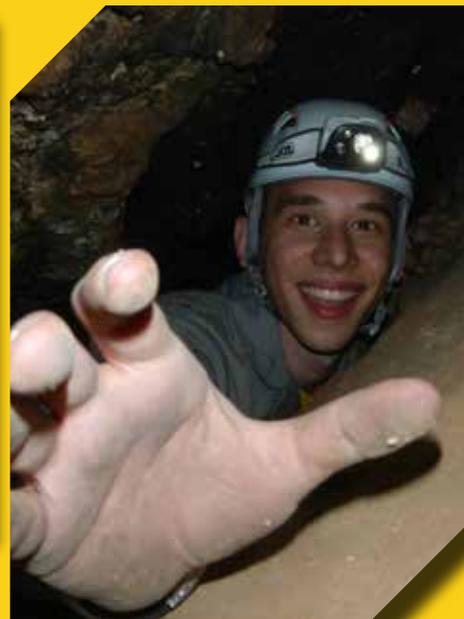
US 250 will follow the shore of Tappan Lake. On the southern end of the lake turn onto a causeway road (Harrison Co. Road 55) crossing the lake. The intersection is clearly marked by a large sign for Tappan Lake Park. Follow CR 55 for 5 miles into Deersville, Ohio. From Deersville there are two ways to get to camp:

1. On the west side of Deersville look for camp signs at the intersection of CR55 and a very wide dirt road (Adams Road). Adams Road runs for 6 miles all the way into camp.
2. In Deersville, turn left on CR 21 at the intersections with a stop sign. A small sign on the telephone pole at the corner is marked 'Scout Camp'. As you follow this road you will come to the beginning of another causeway, just before which there should be a dirt road marked with a camp sign on the right hand side. You can follow this road into camp.

From I-70:

On I-70 in Belmont County take SR 800 N. at the Barnesville (202) Exit. Follow 800N through Freeport, Ohio. Approximately 1 mile north of Freeport you will take the right fork at a Y-intersection onto US 799. Stay on US 799 for 6 miles, then turn left onto a dirt road marked with a Scout Camp sign. Following this dirt road will take you directly into camp.







EXPEDITION STEUBEN: TREK PROGRAMS

Expedition Steuben offers campers a three day High Adventure experience. Each day, campers will be able to choose one of two unique program options, called Treks. Treks will either be water-based (such as Whitewater Rafting), or land-based (such as Spelunking). Each Trek will be offered only once during the week, so be sure to choose the Treks that are most appealing to you.

All Treks have a cap of 22 campers, so make sure to register early before Treks are capped out!

WEDNESDAY

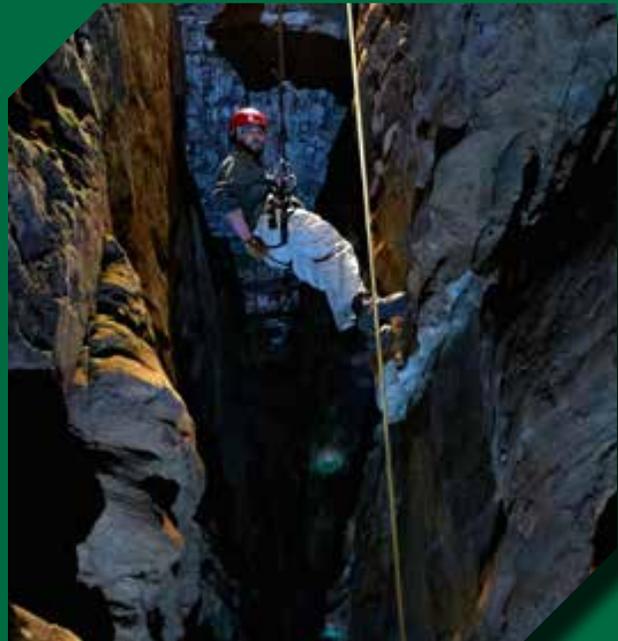
WHITEWATER TREK

The Youghiogheny River is one of the premier Whitewater experiences east of the Mississippi. Trek members will leave Fort Steuben immediately after breakfast on Wednesday and spend the day navigating the river's world-class Class I – IV rapids. This Trek is expected to last 9 hours including transportation, and is perfect for Scouts newer to watersports who want to try the experience of whitewater rafting.



SPELUNKING TREK

Travel beneath the roots of the Appalachian Mountains at the Laurel Caverns, Pennsylvania's largest cave. This guided, traditional caving experience includes a 3-hour trek through the lower caverns in the morning and cave rappelling after a brief pack lunch. This Trek is expected to last around 12 hours including transportation. Scouts will leave immediately after breakfast and will not return until after dinner.



THURSDAY

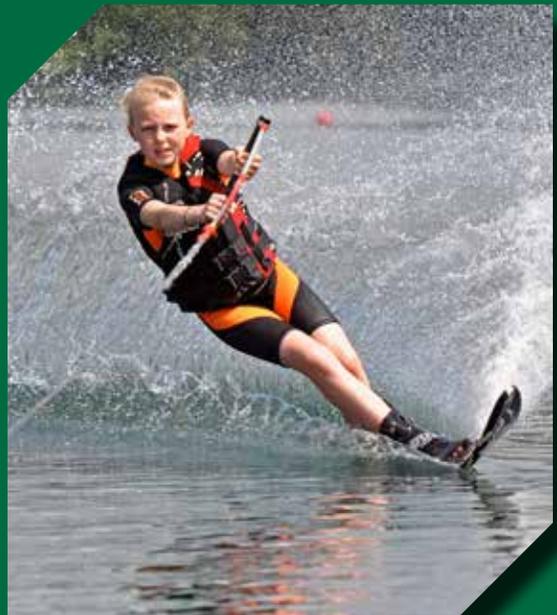
HIGH ROPES & EQUESTRIAN TREK

The only 2-for-1 Trek offered at Expedition Steuben, this Trek combines the teambuilding challenge of High Ropes with the relaxed and unique fun of horsemanship. The day begins with a 7 hour trip to Grand Vue Park and their COPE program, ending with a Zip Line experience that offers spectacular views of the city of Moundsville, WV. After arriving back at Base Camp, Scouts will travel just up the road to the YMCA camp where they will have the opportunity to spend several hours riding horses in the beautiful Ohio Foothills.



WATERSPORTS TREK

Atwood Lake is the perfect backdrop for this classic throwback to the beach vacation. Hop onboard one of our powerboats for an afternoon of tubing, waterskiing, and swimming. Back on shore you can relax on the beach, visit the concession stand for a snack, or take advantage of a host of amenities offered by Atwood Lake Park. This Trek is expected to last 10 hours, with Scouts returning to base camp just before dinner.





FRIDAY: URBAN ADVENTURE TREK

The highlight of the Expedition Steuben program, Urban Adventure takes Scouts on a fantastic expedition to the city of Pittsburgh, PA. Scouts start the morning off with their choice of either a kayaking or biking tour of the city, followed by a picnic lunch at The Point – one of Pittsburgh's best outdoor locations. After Lunch, Scouts will head to the Carnegie Science Center, where they will be able to explore four floors of interactive exhibits, the Highmarks SportsWorks, and even the WWII era submarine – the USS Requin! Finally, we will close the day with an evening trip to Kennywood Amusement Park.



AFTER HOURS

Just because Scouts return from their daily Treks does not mean they are done. Steuben Base Camp offers a variety of evening activities that run until midnight every night. Dinner does not have a set time; instead Scouts can stop by the dining hall any time after 7pm to grab a hot meal before heading back out to the fun. Evening activities include Midnight Mountain Boarding, The Candlelight Shootout, Twilight Slip n' Slide, and Nightcrawler Fishing - or Scouts can take a shower and relax for a quiet evening back at the campsite.

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
<input type="radio"/>	<input type="radio"/>	Diabetes	Last HbA1c percentage and date:
<input type="radio"/>	<input type="radio"/>	Hypertension (high blood pressure)	
<input type="radio"/>	<input type="radio"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="radio"/>	<input type="radio"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="radio"/>	<input type="radio"/>	Stroke/TIA	
<input type="radio"/>	<input type="radio"/>	Asthma	Last attack date:
<input type="radio"/>	<input type="radio"/>	Lung/respiratory disease	
<input type="radio"/>	<input type="radio"/>	COPD	
<input type="radio"/>	<input type="radio"/>	Ear/eyes/nose/sinus problems	
<input type="radio"/>	<input type="radio"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="radio"/>	<input type="radio"/>	Head injury/concussion	
<input type="radio"/>	<input type="radio"/>	Altitude sickness	
<input type="radio"/>	<input type="radio"/>	Psychiatric/psychological or emotional difficulties	
<input type="radio"/>	<input type="radio"/>	Behavioral/neurological disorders	
<input type="radio"/>	<input type="radio"/>	Blood disorders/sickle cell disease	
<input type="radio"/>	<input type="radio"/>	Fainting spells and dizziness	
<input type="radio"/>	<input type="radio"/>	Kidney disease	
<input type="radio"/>	<input type="radio"/>	Seizures	Last seizure date:
<input type="radio"/>	<input type="radio"/>	Abdominal/stomach/digestive problems	
<input type="radio"/>	<input type="radio"/>	Thyroid disease	
<input type="radio"/>	<input type="radio"/>	Excessive fatigue	
<input type="radio"/>	<input type="radio"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="radio"/>	<input type="radio"/>	List all surgeries and hospitalizations	Last surgery date:
<input type="radio"/>	<input type="radio"/>	List any other medical conditions not covered above	

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
<input type="radio"/>	<input type="radio"/>	Medication		<input type="radio"/>	<input type="radio"/>	Plants	
<input type="radio"/>	<input type="radio"/>	Food		<input type="radio"/>	<input type="radio"/>	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)
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Tetanus	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Pertussis	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Diphtheria	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Polio	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Chicken Pox	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Hepatitis A	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Hepatitis B	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Meningitis	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Influenza	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	Other (i.e., HIB)	
<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	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 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		<input type="radio"/>	<input type="radio"/>								
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
<input type="radio"/>	<input type="radio"/>	Medication				<input type="radio"/>	<input type="radio"/>	Plants			
<input type="radio"/>	<input type="radio"/>	Food				<input type="radio"/>	<input type="radio"/>	Insect bites/stings			

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

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="radio"/>	<input type="radio"/>	
Ears/nose/throat	<input type="radio"/>	<input type="radio"/>	
Lungs	<input type="radio"/>	<input type="radio"/>	
Heart	<input type="radio"/>	<input type="radio"/>	
Abdomen	<input type="radio"/>	<input type="radio"/>	
Genitalia/hernia	<input type="radio"/>	<input type="radio"/>	
Musculoskeletal	<input type="radio"/>	<input type="radio"/>	
Neurological	<input type="radio"/>	<input type="radio"/>	
Other	<input type="radio"/>	<input type="radio"/>	

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
<input type="radio"/>	<input type="radio"/>	Meets height/weight requirements.
<input type="radio"/>	<input type="radio"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="radio"/>	<input type="radio"/>	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.
<input type="radio"/>	<input type="radio"/>	Has no uncontrolled psychiatric disorders.
<input type="radio"/>	<input type="radio"/>	Has had no seizures in the last year.
<input type="radio"/>	<input type="radio"/>	Does not have poorly controlled diabetes.
<input type="radio"/>	<input type="radio"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="radio"/>	<input type="radio"/>	For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

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						
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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Ohio River Valley Council & Fort Steuben Scout Reservation
All-Terrain Vehicle (ATV) Program
Participation and Hold-Harmless Agreement

Fort Steuben Scout Reservation and the *Ohio River Valley Council* will be conducting an ATV program at camp. Scouts will be instructed in the safe operation and handling of an ATV on a closed training course, then on approved trails. Scouts will be on the unit individually and in control of the power and brakes. Scouts will be required to wear a helmet, goggles, gloves, over-the-ankle boots, long-sleeve shirts, and long pants. Scouts are expected to abide by all safety rules and the instructions of the camp instructor(s).

I, the undersigned, give my child (*Name*) _____, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the ATV Safety Institute, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

For safety, my child and I agree that he/she will do the following or he/she will be removed from the program.

Because space is limited, any additional cost associated with participation in this program will not be refunded.

1. Complete the ATV safety class taught at Camp _____.
2. Wear all required safety gear at all times on or around the equipment.
3. Follow all safety rules provided in the training class.
4. Follow the instructions of the camp staff instructor(s).
5. Maintain control of the ATV at all times and remain within the speed determined to be safe by the camp instructor(s).
6. Be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.
7. Respond to the camp satisfaction survey from the Boy Scouts of America as it evaluates the ATV program.

Participant's signature: _____ Date: ____/____/____

Parent/guardian signature: _____ Date: ____/____/____

Parent/guardian printed name: _____ Date: ____/____/____

Campership Application 2016

Name of Scout _____ Unit Number _____ Age _____ Rank _____
 Parents Names _____ Address _____
 City, State, Zip _____ Telephone _____

Scouting and Family Background

How many years of camp has this scout attended at Fort Steuben? _____

What other long term camps has he attended? _____

Is a parent attending camp with your son? _____

Annual Household Income: _____
 (attach a copy of the front 2 pages of this year's tax return; please black out personal date of birth and social security number)

How many children from your family will attend scout camping programs this summer? _____

Did this scout participate in Unit Money Earnings projects? (ie. Popcorn sale) _____

Circle the Activity your son will Attend.

Boy Scout Summer Camp \$ _____

Cub Resident Camp \$ _____

Day Camp \$ _____

Scout Master

- Scout sold popcorn
- Scout did another fundraiser
- Scout has _____ in Troop Funds earned through fundraising.

 Scout Master's Signature

Campership applications should be received by the Service Center **no later than April 1**. Late applications may or may not be accepted depending on the state of the campership fund. Camperships typically cover up to half the cost of a camp fee. Scouts are expected to pay the remainder of the camp fee by participating in troop fundraising activities and through other sources. The number of camperships awarded will vary each year, the amount awarded is determined by the state of the campership fund.

Note here any special family circumstances that make it difficult for your son to afford his camp fee.

Use back if more space is needed

Signature of Parent/Guardian

Date:

Office Use Only

Approved _____ Date Received: _____
 Not Approved _____ Amount _____
 Notified _____

Mail completed form to:
 Ohio River Valley Council
 PO Box 6186
 Wheeling WV 26003

*Resident Camps require a BSA Medical Form to attend camps. Contact Council Office if this causes a family hardship. 800.365.8028

Unit Information

Unit Number: _____ City/State: _____

Scoutmaster: _____

Contact Email: _____

Unit Deposit: \$50

Registration deposit must be received before reservation will be accepted.

Week of Attendance (Circle One)

Week 1: July 10th – July 16th

Week 2: July 17th – July 23rd

Week 3: July 24th – July 30th

Mail all forms and payments to:

Lori Abraham
Ohio River Valley Council, BSA
P.O. Box 6186
Wheeling, WV 26003

Campsite Request (Number 1-3 in order of preference)

Apache Cherokee Chippewa

Huron Mandan Mohican

Seneca Shawnee Shoshone

Sioux



Special Needs / Dietary Request Form

Submit AT LEAST 2 WEEKS BEFORE START of Camp/Event

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to the Ohio River Valley Council Service Center at PO Box 6186, Wheeling WV 26003 or to the Camp Director at antonini@fortsteuben.com. Please submit the completed form a minimum of two weeks before the person will be attending camp/event.

Name: _____ Pack/Troop # _____ Date: _____

Name of event: _____ Dates of event: _____ to _____

Location of Event: _____

We ask individuals requiring a very special diet (please use this option only if medically necessary or required by religion) to bring their own food to camp. Camp staff can store and help prepare the food.

I am submitting this form because I or a Scout coming with me (please check all that apply)...

- Needs a CPAP
- Has a special diet (please answer the questions below)
- Has an allergy (please answer the questions below)
- Has a medical condition
- Needs special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, transportation around camp, etc.

ALLERGIES:

Please name the allergen (i.e. Peanuts): _____

What is the trigger for a reaction to the allergen, please check all that apply:

Person has a negative reaction when the allergen is within ___ feet of the person: _____

Person has a negative reaction when they come into physical contact with the allergen: _____

Person has a negative reaction only when ingesting or eating the allergen: _____

Please tell what reaction happens when the person comes into contact with this allergen: _____

MEDICAL CONDITION:

Please describe below in as much detail as possible the medical condition and special need. _____

SPECIAL DIETARY NEEDS:

Please describe dietary requests such as special food storage or vegan diets here. _____

OTHER SPECIAL NEEDS OR REQUESTS:

Please share other special arrangements or needs here not mentioned previously (please be specific). _____

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**Fort Steuben Scout Reservation
Ohio River Valley Council
Boy Scouts of America**

2016 High Adventure Camp Guide