

RKSR

A

Outdoor Programs Parental Release

Due Date

At Check-in

Return toAdministration at
Check-in

Unit Number

Council

Week of Camp

Campsite

ALL SCOUTS MUST HAVE THIS FORM SIGNED

The programs offered by the Boy Scouts of America provide youth and adults the opportunities to participate in activities that contain a certain element of risk. The Boy Scouts of America has gone to great lengths to make sure that these programs are done in a safe environment with properly trained leaders conducting the activity. These programs include Aquatics, Shooting Sports, Climbing, Cycling, and Backpacking among others.

By signing this document the parent or guardian does hereby give permission for their child to receive training and to participate in the activities listed below while on the properties of the Old Hickory Council-Boy Scouts of America or at events sponsored by the Old Hickory Council.

Aquatics: Swimming, Lifeguard Training, Canoeing, Rowing, Small Boat Sailing, Paddleboarding, Kayaking and Snorkeling.

Shooting Sports:

- Cub Scouts can use BB rifles, bows and arrows, and slingshots.
- Boy Scouts can use .22 rifles, shotguns, muzzleloading rifles, BB and pellet rifles, and bows and arrows.
- Venture Crew members can use rifles, muzzleloading rifles, handguns, BB and pellet rifles, slingshots, and bows and arrows.

Climbing: Climbing and rappelling on man-made towers, climbing and rappelling on natural surfaces, bouldering on man-made surfaces, low ropes and high ropes activities.

Cycling: Mountain Biking, BMX and Road Biking.

Backpacking: Extended hikes over rugged terrain, cooking over open fires and chemical fueled stoves.

Participants will need to have this form completed and presented to the Administration staff at Check-in on Sunday and prior to taking part in the event.

Participants Name: _____

Pack/Troop/Crew No. _____ Council: _____

Birth Date: ____/____/____ BSA Registration No. _____

Parent/Guardian Signature: _____

Telephone: _____ Date: _____

Email: _____

RKSR

B

Photo Order (optional)

Use this form to order unit photos. All pictures are 8 x 10. Pictures will be taken after the health re-check during check-in. Bring this form with you to camp and include the appropriate fees on RKSR 2a.

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Photo Order

For your convenience, you may use the space below to list the people in your Unit who would like to order pictures. However, all that is required on this form is the total quantity.

Name	Quantity	Name	Quantity
1) _____	_____	11) _____	_____
2) _____	_____	12) _____	_____
3) _____	_____	13) _____	_____
4) _____	_____	14) _____	_____
5) _____	_____	15) _____	_____
6) _____	_____	16) _____	_____
7) _____	_____	17) _____	_____
8) _____	_____	18) _____	_____
9) _____	_____	19) _____	_____
10) _____	_____	20) _____	_____

We would like to order _____ photos x \$10 = _____

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Special Diet Form

Due Date

June 1st, 2015

Return to

Camp Director
266 Raven Knob Road
Mt. Airy, NC 27030

Unit Number

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The staff at Camp Raven Knob want to provide the best experience it can for every camper. Our Dining Hall staff provides a balanced diet for young Scouts at all meals. If you have a Scout or Leader with a special dietary concern or restrictions please complete this form. We need to know who these campers are and what is needed. The more complete information that can be provided, the better we will be able to fulfill request. Upon arrival to camp, please stop by the Dining Hall and meet our kitchen staff so they can talk with the individuals with the Special Diets. Please let us know by June 1st so we know what special needs exist in your unit. If we do not receive a form on time, we cannot guarantee that your needs will be met. Special diets that are planned in advance include Vegetarian, Kosher, and diets based on allergies.

Name

Dietary Need

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

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Insurance Form

Troops and Crews will need to furnish the name of the insurance company and policy number for accident coverage.

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Health Specialty Risk Insurance

Fill in the following information if your Troop is covered under Health Specialty Risk Insurance.

Troop _____	Council Name _____
Scoutmaster Name _____	Street Address _____
Street Address _____	City, State ZIP _____
City, State ZIP _____	Council Phone _____
Home Phone _____	Council Fax _____
Work Phone _____	POLICY # _____

Other Troop Insurance

Fill in the following information if your Troop is covered by another Insurer.

Troop _____	Insurance Provider _____
Scoutmaster Name _____	Street Address _____
Street Address _____	City, State ZIP _____
City, State ZIP _____	Provider Phone _____
Home Phone _____	Provider Fax _____
Work Phone _____	POLICY # _____
	EXPIRATION DATE _____