Cub Scout Fishing Derby
September 23, 2017
Camp Sundance, Bison, OK

What is it

Fishing Derby is an opportunity for all Cub Scouts, especially those recruited at School Night, to attend a fun fishing event and win prizes for catching fish. Family members who are 16 years or older must have a valid Oklahoma Fishing License to fish. Fishing is "Catch & Release" only. Cub Scouts with their families may camp-over Friday night, but ***everyone needs to be settled and quiet in their campsites by 10:30 pm***.

Overnight campers need to provide their own camping equipment (tent camping only) and food for meals other than Saturday lunch.

When

Gates open Friday for overnight campers at 6:00 pm. Registration will be at 6:00 am Saturday morning and the Cub Scout Fishing Derby starts at 7:00 am. Lunch is served at 11:30 am followed by an awards ceremony at noon. Camp closes Saturday at 3:00pm.

Where

Camp Sundance is located on Osborne Road, 2.75 miles east of Highway 81. Osborne Road (look for street sign in median) is about 7 miles north of the intersection of Highway 51 and Highway 81 in Hennessey, OK or 12 miles south of the intersection of US 412 (Owen K Garriott) and Highway 81 (Van Buren) in Enid, OK.

Supervision

Each scout must be supervised by a parent/legal guardian, or other adult (21 years of age or older), at all times. If scout is supervised by an adult other than his parent, all youth protection policies, such as no "one-on-one" contact and no sleeping in tent with adult(s) other than own parent/guardian, apply. Adults must have in their possession up-to-date Parts A & B of the Annual Health and Medical Record for each scout & family member camping over; that includes the signed authorization to seek treatment in case of emergency.

Remember, only Parts A & B need to be filled out. The Part C "Physical Examination" is not required.

Cost

Fee for Fishing Derby is $10 per scout and includes patch, lunch and all program supplies for scout. Fishing Derby fee for adult leaders, parents and siblings is $5 for lunch. Fees are payable at the Council Office, 317 N Grand Enid OK 73701, by September 15th, or at camp on the 23rd.

Be sure to bring your own equipment and bait. No jug or trot lines allowed.

Registration

Pre-registration is requested in order for us to procure food and program materials for all participants. Please complete the registration form and send it to the Scout Office (P. O. Box 3146, Enid, OK 73702) with payment by Friday, September 23rd.

Insurance

Unregistered scouts **are not** covered by the Cimarron Council Liability or Sickness and Accident Insurance.

More Info

For questions or more information, contact:

Drew Hartling @ drewhartling@yahoo.com 580-484-2274

Kerri Watts @ kerri.watts@scouting.org 580-234-3652

Or the Cimarron Council Office – (580) 234-3652 or **council@cimarronbsa.org**

DUPLICATE FORM AS NEEDED

Camp Sundance Fishing Derby
September 23, 2017

Return Completed Form and Fees to:
Cimarron Council, P. O. Box 3146, Enid, OK 73702

Scout's Name:_____ CS Pack#_____

Address:_____ City:_____ Zip:_____

Adult Accompanying Scout:

Name:_____ Relationship:_____

Address (if different than that of Scout)_____

Day/Wk Phone:_____ Home Phone_____ Mobile Phone_____

E-mail_____

EMERGENCY CONTACT (Parent/Guardian if scout is not attending with parent or legal guardian):

Name:_____ Relationship:_____

Day/Wk Phone:_____ Home Phone_____ Mobile Phone_____

E-mail_____

Other Participants:

Name:_____ ☐Adult ☐Sibling

Name:_____ ☐Adult ☐Sibling

Name:_____ ☐Adult ☐Sibling

Name:_____ ☐Adult ☐Sibling

Fishing Derby Scouts _____ @ $10 = $_____

Other Fishing Derby Participants _____ @ $5 = $_____

Total fees enclosed: $_____

Check (Payable to *Cimarron Council, BSA*) Number:_____

Credit Card: Visa MasterCard (Circle one)

Card #__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Expiration Date _____/_____

Signature_____

Part A: Informed Consent, Release Agreement, and Authorization

A

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: _____

Telephone: _____

Name: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Telephone: _____

Name: _____

Telephone: _____

Part B: General Information/Health History

B

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

Part B: General Information/Health History

B

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
☐	☐	Medication	
☐	☐	Food	
☐	☐	Plants	
☐	☐	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)
☐	☐	☐	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: _____

Photo Release Form

I hereby assign and grant to the Cimarron Council, Boy Scouts of America the right and permission to use and publish the photographs/video tapes/electronic representations and/ or sound recordings made during my child's Cub Scout Fishing Derby. I also hereby release the Boy scouts of America from any, and all, liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/video tapes/electronic representations and/or recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

_____

Cub Scout's Name

_____ _____

Parent's signature Date

_____

Print Parent's Name