

# Spring Leader's Packet 2012– Week 10 ONLY

Information discussed at the Spring Leaders Meeting is provided in this packet.

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## ADMINISTRATION

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## Dear Scoutmaster/Unit Leader,

Thank you for choosing Camp Emerald Bay as a host for your unit's week-long summer camp adventure. We work hard to ensure the experience is a highlight of the year. You are just a few short months from your week at camp, and we have a lot to prepare for. Included in this packet is information needed to get your unit to camp, into merit badge classes, and involved in extracurricular activities.

Please note that we offer all published information online including Health Forms, Leader's Guide, and Merit Badge Registration, in addition to all program materials. Scouts, parents and leaders will be able to view and download all pertinent camp information on the camp website [www.campemeraldbay.org](http://www.campemeraldbay.org).

To assist in organizing your unit paperwork, we recommend a three ringed binder with dividers. This will help in pre-season and camp organization. Several sections may include:

- Payment information and due dates
- Roster - with arrival and departure information of those Scouts and Leaders not at camp the entire week
- Merit Badge and Activity Schedules.
- Insurance - a copy of your unit insurance policy
- Passenger Manifest- 2 copies (see Special Instructions Item # 18 for more Information)
- Medical Records (Must be alphabetical and stored with the health officer)

Registration for all merit badges and most individual activities will be available on the camp website [www.campemeraldbay.org](http://www.campemeraldbay.org). At that time Scouts will be able to access camp program information and leaders will be given information on how to register Scouts for classes. Your username and password to access the online registration will be emailed to your Troop Contact no later than March 31st. At this time you may begin uploading roster information (youth and adults) and program (merit badge and activity) registration.

We look forward to your visit at Camp Emerald Bay. If you have any questions until then, please contact [camping@bsa-la.org](mailto:camping@bsa-la.org) and we will be happy to respond.

**LEGEND:**

**Campsites:**

1. Malibu
2. La Jolla
3. Palos Verdes
4. Dana Point
5. Laguna
6. Zuma
7. Monterey
8. Carmel
9. Morro Bay
10. Santa Cruz
11. Coronado
12. Redondo
13. Venice
14. Big Sur
15. Half Moon Bay
16. Santa Barbara
17. Del Marr
18. Santa Monica
19. Oceanside
20. Newport

**Program Areas and Meeting Locations:**

**Waterfront**

Canoeing, Lifesaving, Motorboating, Rowing, Small Boat Sailing, Swimming, BSA Lifeguard, Snorkeling BSA, Mile Swim BSA

**Pennington Marine Science Center**

*Upstairs-*

Fish and Wildlife Management, Oceanography, BSA Aquarist, BSA Oceanographer

*Downstairs-*

Scuba merit badge, Rugged Scuba, Rugged Oceanographers

**Handicraft**

Art, Basketry, Leatherwork, Woodcarving, Pottery

**Scoutcraft**

Camping, Orienteering, Pioneering, Wilderness Survival

**Field Sports**

Archery, Rifle, Shotgun

**Nature**

Environmental Science, Geology, Mammal Study, Nature, BSA Naturalist.

**Eco Classroom**

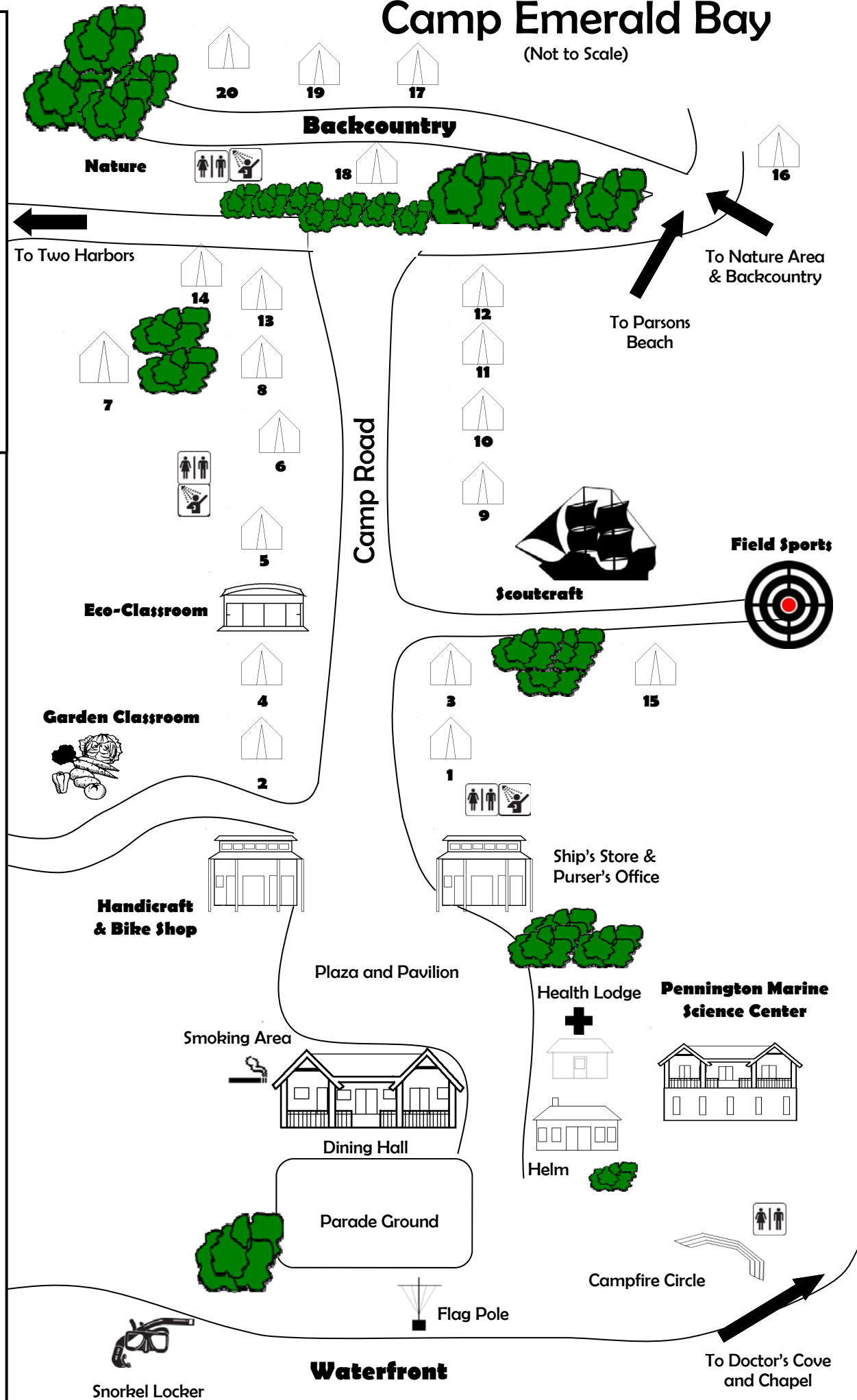
Astronomy, Energy

**Garden Classroom**

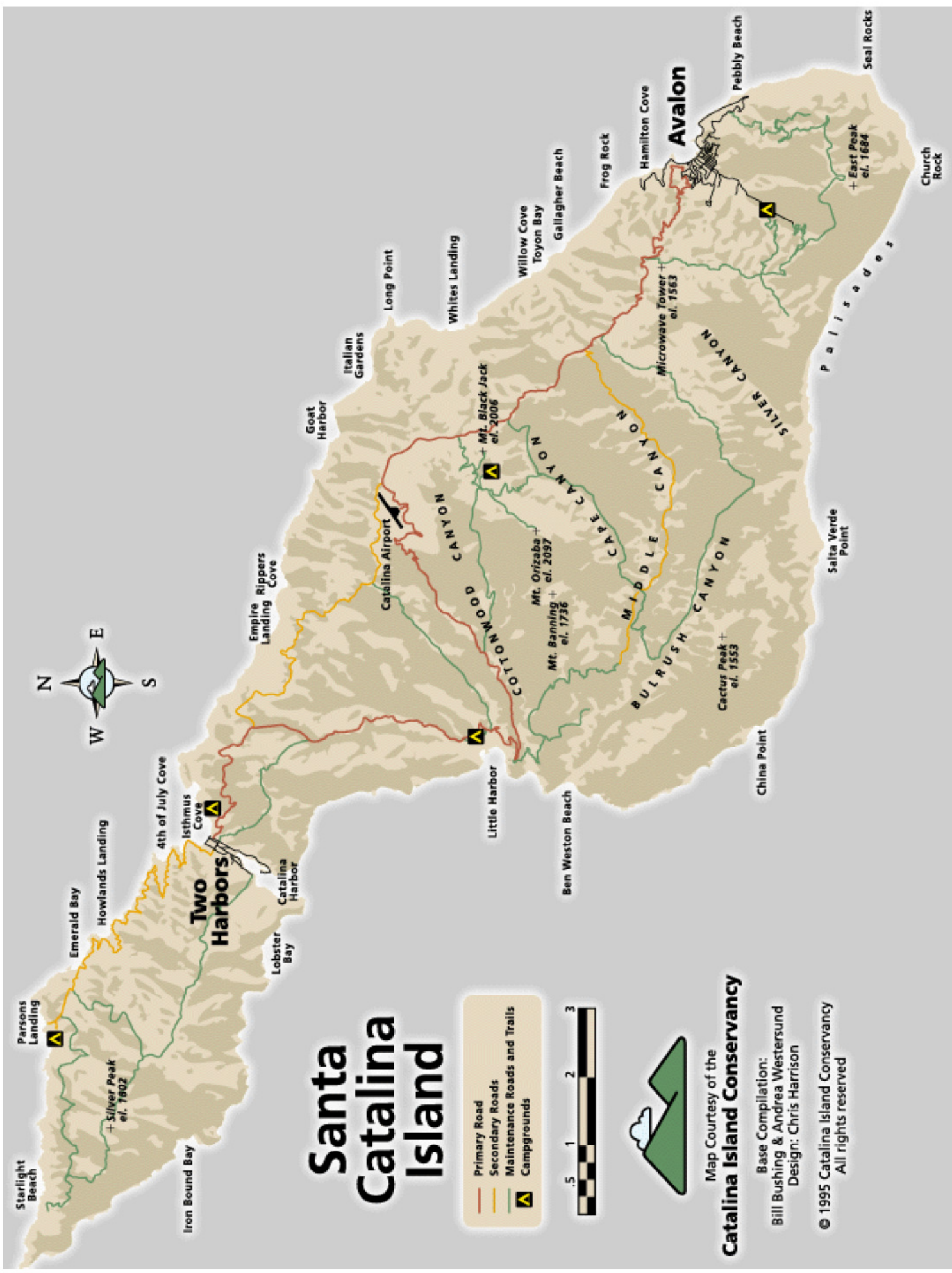
Soil and Water Conservation

# Camp Emerald Bay

(Not to Scale)







# Santa Catalina Island

- Primary Road
- Secondary Roads
- Maintenance Roads and Trails
- ▲ Campgrounds



Map Courtesy of the  
**Catalina Island Conservancy**

Base Compilation:  
 Bill Bushing & Andrea Westersund  
 Design: Chris Harrison

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# WHAT TO BRING

## Troop Gear List

Your campsite will be your home away from home. Each troop or patrol will need to set up its area within the conservation plan of the Camp. Please refer to the following lists to ensure you are well prepared.

### OPTIONAL EQUIPMENT BROUGHT BY TROOP

Flags– Troop and Patrol

First Aid Kit

Games, stunt/ skit supplies, costumes, musical instruments, songbooks

### ADVANCEMENT

Merit Badge pamphlets

Pens/pencils

Poster board

Push pins or thumbtacks

Troop Advancement Record

Program Planner

Adult Leader Resource Form

Other handbooks and guides

Paper, notebooks, and clipboards

Felt-tip pens, pencils

Teaching Aids

### SCOUTMASTER NEEDS

Copy of Online Troop Roster

Notebook Paper

Claim Form

Padlock

Scoutmasters' Handbook

Troop Insurance information

Passenger Manifest

Optional: Laptop (wired connection is available)

### \*EQUIPMENT PROVIDED BY THE CAMP

Picnic Table

Bunks and Mattresses

Fire Extinguisher

Wash Stand

Broom

Platforms and Tents

Bulletin Board

Trash Barrel

**NOTE:** This equipment list is meant to serve as a general guide. Use your own discretion in choosing what take and what to leave. **DO NOT BRING PROPANE OR FUEL.**



# WHAT TO BRING (cont.)

## MANDATORY ITEMS

Completed forms  
Merit Badge Prerequisite Forms  
Notebook, Paper, Pens\*  
Scout Handbook  
Sack Lunch (First Day)  
Mess Kit\*  
Flashlight\*

## CLOTHING

Scout Uniform (Field/Class A)  
Required for travel and evening meals  
Pajamas  
Sweater/Jacket\*  
Hat or Visor\*  
Jeans  
T-Shirts (min. 3)\*  
Shorts (min. 2)  
Swim Suit and Towel  
Hiking Shoes and Socks  
Tennis Shoes  
Water Shoes/Old Tennis Shoes  
Socks (min. 4 pair)  
Undergarments (min. 6 pair)

## CAMPING GEAR

Sleeping Bag  
Duffel Bag (With name & Troop #)

## TOILET KIT

Toothpaste and Toothbrush\*  
Soap and Shampoo\*  
Medication (if needed)  
Bath Towels/Washcloth  
Emergency Toilet Paper  
Deodorant\*  
Shaving Gear  
First Aid Kit—All troops should bring First Aid Kits  
Comb/Small Mirror  
Sunscreen\*—VERY IMPORTANT  
Chap-stick\*

## MISCELLANEOUS

O/A Sash  
Camera\*  
Flashlight Batteries\*  
Compass\*  
Scout Knife\*  
Water Bottle\*  
Daypack\*  
Watch  
Mask, Snorkel, Fins (rentals available)  
Fishing Tackle (camp does not provide)  
Spending Money—\$75-85 recommended

If taking Lifesaving, Swimming, or Canoeing MB bring extra clothes for survival in the water: long pants, long-sleeved shirt, socks, shoes.

\* Can be purchased from the Ship's Store

*See following page for a list of items we ask that no Scouts bring to camp.*

# THINGS TO LEAVE AT HOME

Please do not bring the following items to camp.

Valuables	Illegal Substances	Alcohol
Water Balloons	Water Guns	Pets
Firearms	Fish Spears	Bikes
Boats	Boogie Boards	Ammunition
Matches	Fireworks	Footlockers
Radios	Music Players	Televisions
Comic Books	Pornography	Jewelry
Large/Illegal Knives	Framed Backpacks	Cell Phones
Gang Paraphernalia	Pagers	Fuel/Lanterns*

\* Lanterns are available for rent from the Trading Post with unlimited propane for the duration of your stay

## SPECIAL INSTRUCTIONS

1. Mess Kits: In an ongoing effort to reduce the amount of waste generated by our camp and our environmental impact, as well as promote consistent Scout skills, Emerald Bay will no longer be providing disposable dishes, or utensils for our overnight experience. Therefore it is imperative that each individual bring with them to camp a mess kit that includes a plate, bowl, cup, and utensils for our overnight. So please, 'Be Prepared' for this event by ensuring that each camper has a mess kit, and by doing so we can all be more Thrifty.
2. Unit Insurance: Emerald Bay has always required each unit attending camp to bring their own unit insurance as a backup to each individual's private health insurance. This year unit leaders must be prepared to show proof of this insurance (a copy of the unit's insurance policy) to our camp representative at the boat terminal. If a unit does not have insurance they will not be allowed to come to camp.
3. Passenger Manifest: The United States Coast Guard now requires all cross channel carriers to have a comprehensive Passenger Manifest for all trips to and from Catalina Island. The Catalina Express Company has asked that we provide to them a list of all of our passengers for each crossing. Therefore we require that each unit bring with them to the boat terminal two copies of the unit roster for who will be traveling to and from Catalina Island through our chartered runs. These lists must reflect any unit members who will be making midweek or other alternate travel arrangements.

# DEPARTURE AND ARRIVAL SCHEDULE

The following are departure and arrival times for the 2012 summer season at Camp Emerald Bay. Your camping fees include travel to and from camp on our scheduled boat. The ferry will take units directly to Emerald Bay. Directions to the terminal are provided on the next page.

Departure Date	Leave San Pedro	Return Date	Arrive San Pedro
Sunday June 10	1:00pm	Saturday June 16	2:00pm
Sunday June 17	1:00pm	Saturday June 23	2:00pm
Sunday June 24	1:00pm	Saturday June 30	2:00pm
Sunday July 1	1:00pm	Saturday July 6	2:00pm
Sunday July 8	1:00pm	Saturday July 14	2:00pm
Sunday July 15	1:00pm	Saturday July 21	2:00pm
Sunday July 22	1:00pm	Saturday July 28	2:00pm
Sunday July 29	1:00pm	Saturday August 4	2:00pm
Sunday August 5	1:00pm	Saturday August 11	2:00pm
Sunday August 12	1:00pm	Saturday August 18	2:00pm

Please check in at San Pedro terminal, Berth 95 between 10:00am-11:30am. We will ask how many Scouts and adults are in your unit and if all are present. This information must be confirmed on your Passenger Manifest. You will also need to be paid in full by the time of arrival. Upon checking in, you will be printed a boarding pass, which can only be printed when your unit has an outstanding balance of zero. These are required to board the boat.

Secure parking is available at the San Pedro terminal with parking concepts for \$12.00 per 24 hours. There is no weekly rate. Please direct any additional questions about parking to Parking Concepts 310-547-4357.

# DEPARTURE AND ARRIVAL (cont)

During your boat trip to Catalina Island, the following rules must be observed:

- Scout uniform is required at all times.
- Equipment packed neatly and compactly, with the owner's name marked clearly on each item (we recommend you use duct tape). Duffel bags are strongly recommended. No bigger than 36" x 14" x 14." No externally framed backpacks.
- Other people will be handling your bag. Clear identification will make loading and unloading run smoothly.
- No propane or liquid fuel may be carried on board ship.
- Lunch is on your own. Dinner is the first meal served at camp.

## DIRECTIONS TO BERTH 95, IN SAN PEDRO:

- Take the (110) Harbor Freeway South to San Pedro.
- Take the Terminal Island, Exit ramp 47
- Stay in the right lane, exit Harbor Blvd.
- Follow the signs to Catalina Terminal, Berth 95

Check-in time at San Pedro Sea and Air Terminal, Berth 95, is one hour prior to your departure.

# FORM REQUIREMENTS

## Annual BSA Health and Medical Record Pre-Camp Release Form

*Medical and Youth Permission Forms are also found online at:  
[www. campemeraldbay.org](http://www.campemeraldbay.org)*

A current BSA Annual Health and Medical Record is required for all participants at camp. A form qualifies as current if it is dated less than one year before your camp week.

**IMPORTANT:** All participants of Rugged SCUBA, Rugged Oceanographers, and any other SCUBA diving program are required to turn in a completed PADI Medical statement. This is found at the end of the BSA Annual Health and Medical Record. No exceptions.

Christian Science faith members must have a written statement from their practitioner attesting to their health.

Request for religious exemption from medical care and treatment must be completed on form 19-451 or 19-452 (available upon request).

Please Note: Avalon Hospital insists on seeing a camper's medical insurance card (front and back) before they will give medical attention. We strongly suggest that you attach a photocopy of each person's medical card to his or her camp medical records.

Please note: The Pre-Camp Release Form– Youth is necessary for “Consent to Furnish Firearms to Minor.” If a Scout arrives at camp without the parent's written consent he will not be allowed to use the range. If a parent does not wish to give consent, please write the words: “No Permission” across that portion of the form.



# Annual Health and Medical Record

(Valid for 12 calendar months)

## Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and B** are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

**Part C** is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle-accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

**Part D** is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

## Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://www.scouting.org).

## Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

## Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: [www.philmontscoutranch.org](http://www.philmontscoutranch.org) or 575-376-2281
- Northern Tier National High Adventure Base: [www.ntier.org](http://www.ntier.org) or 218-365-4811
- Florida National High Adventure Sea Base: [www.bsaseabase.org](http://www.bsaseabase.org) or 305-664-5612
- National Scout Jamboree: [www.bsajamboree.org](http://www.bsajamboree.org)

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA®

# Annual BSA Health and Medical Record Part A

## GENERAL INFORMATION

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

## HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_  
Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	<b>Tetanus</b> _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)**

## MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): \_\_\_\_\_ / \_\_\_\_\_  
Parent/guardian signature and/or MD/DO, NP, or PA signature

**Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Full name:

## Part B

### INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

#### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I 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 claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list) \_\_\_\_\_

### TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

### ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

1. Name \_\_\_\_\_ Telephone \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Adults NOT authorized to take youth to and from events:

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

3. Name \_\_\_\_\_

**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, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

(if participant is under the age of 18)

Second parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(if required; for example, CA)

**This Annual Health and Medical Record is valid for 12 calendar months.**

**Part B Full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**Part C**

**TO THE EXAMINING HEALTH-CARE PROVIDER** (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me.  Yes  No)

**PHYSICAL EXAMINATION**

Height (inches) \_\_\_\_\_ Weight (pounds) \_\_\_\_\_ Maximum weight for height \_\_\_\_\_ Meets height/weight limits  Yes  No  
 Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Percent body fat (optional) \_\_\_\_\_

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				<b>Other</b>	<b>Yes</b>	<b>No</b>	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			<b>Explain</b>
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Tuberculosis (TB) skin test (if required by your state for BSA camp staff)  Negative  Positive

**Allergies** (to what agent, type of reaction, treatment): \_\_\_\_\_

**Restrictions** (if none, so state) \_\_\_\_\_

**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 above)

**True False**

- Meets height/weight requirements
- Does not have uncontrolled heart disease, asthma, or hypertension
- Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from their orthopedic surgeon or treating physician
- Has no uncontrolled psychiatric disorders
- Has had no seizures in the last year
- Does not have poorly controlled diabetes
- If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures

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

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

**DO NOT WRITE IN THIS BOX**

REVIEW FOR CAMP OR SPECIAL ACTIVITY

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Further approval required  Yes  No Reason \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Part C Full name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

## Part D

**Participation at any of the BSA's high-adventure bases can be physically, mentally, and emotionally demanding. To be better prepared, each participant must complete the following before attending any high-adventure base:**

- Fill in parts A and B of the Annual Health and Medical Record.
- Share Part D with the examining health-care provider.
- Have a physical exam by a certified and licensed health care provider/physician (MD, DO), nurse practitioner, or physician assistant, and have part C completed.
- Read the following information, which focuses on specific risks at the high-adventure base you will be attending.

**The Trek Experience.** Each high-adventure base offers a unique experience that is not risk-free. Knowledgeable staff will instruct all participants in safety measures to be followed. Be prepared to listen to and carefully follow these safety measures and to accept responsibility for the health and safety of yourself and others.

**Philmont.** Each participant must be able to carry a 35- to 50-pound pack while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation. Summer/autumn climatic conditions include temperatures from 30 to 90 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, black powder shooting, 12-gauge trap shooting, .30-06 shooting, trail building, mountain biking, and other activities that have potential for injury.

Winter climatic conditions can range from -20 to 60 degrees. For the Kanik Experience, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles, or more on a cross-country ski trek. Refer to the Philmont Scout Ranch website for specific information.

**Northern Tier.** Each person must be able to carry a 50- to 85-pound pack or canoe from a quarter-mile to 2 miles several times a day on rough, swampy, and rocky portages and paddle 10 to 15 miles per day, often against a headwind. Climatic conditions can range from 30 to 100 degrees in summer/autumn and from -40 to 40 degrees in the winter. For the Okpik Experience, each person will walk, ski, or snowshoe along snow-covered trails or across frozen lakes, pulling loaded toboggans or sleds for up to 3 miles, or more if on a cross-country ski trek. Refer to the Northern Tier website for specific information.

**Florida Sea Base.** Climatic conditions at Florida Sea Base include temperatures ranging from 50 to 95 degrees, high humidity, heat index reaching to 110 degrees, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and other activities that have potential for injury. Refer to the Sea Base website for specific information.

**Risk Advisory.** All of the high-adventure bases have excellent health and safety records and strive to minimize risks to participants and advisors by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, Northern Tier, or Florida Sea Base, you should be physically fit, have proper clothing and equipment, and be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Parents, guardians, and participants in any high-adventure program are advised that journeying to and from these bases can involve exposure to accidents, illness, and/or injury.

High-adventure staff members have been trained in first aid, CPR, and accident prevention and are prepared to assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses as needed. Each crew is required to have at least one member trained in wilderness first aid and CPR. Medical and search-and-rescue services are provided in response to an accident or emergency. **However, response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.**

**Philmont.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, should review Part D to understand potential health risks inherent at 6,700 feet in elevation in a dry Southwest environment.

High elevation; physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes, and mountain lions are native and usually present little danger if proper precautions are taken. Please call Philmont (575-376-2281) if you have any questions.

**Northern Tier.** While participating in Northern Tier's canoeing and camping wilderness areas, life jackets must be worn at all times when on the water. Crew members travel together at all times. Emergency communications via radio, and in more remote locations by satellite phone, are provided by Northern Tier. Radio communication and/or emergency evacuation can be hampered by weather, terrain, distance, equipment malfunction, and other factors, and are not a substitute for taking appropriate precautions and having adequate first-aid knowledge and equipment. Please call Northern Tier (218-365-4811) if you have any questions.

**Florida Sea Base.** Several activities are offered, including snorkeling, sailing, camping, kayaking, canoeing, swimming, fishing, and scuba diving. Diving is an exciting and demanding activity. When performed correctly, it is very safe. When established safety procedures are not followed, however, there are extreme dangers. All participants will need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury, so participants must be instructed to use the equipment safely under direct supervision of a qualified instructor.



To scuba dive safely, participants must not be extremely overweight or in poor physical condition. Diving can be strenuous under certain conditions. Participants' respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, or a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, participants should consult a doctor and the instructor before participation in this program. If there is a question about the advisability of participation, contact the family physician first, then call the Sea Base at 305-664-4173. The Sea Base health supervisor reserves the right to make medical decisions regarding the participation of individual at Sea Base.

**Food.** Each base offers food appropriate for the experience. If a participant has a problem with the diet described in the participant guide, please contact the high-adventure base you are considering attending.

**Medications.** Each participant who has a condition requiring medication should bring an appropriate supply for the duration of the trip. Consider bringing duplicate or even triplicate supplies of vital medications. People with allergies that have resulted in severe reactions or anaphylaxis must bring with them an EpiPen that has not expired.

**Immunizations.** Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those Scouts and Scouters who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the *Immunization Exemption Request* form is required.

**Recommendations Regarding Chronic Illnesses.** Each base requires that this information be shared with the parents or guardians and examining physician of every participant. There are no facilities for extended care or treatment; therefore participants who cannot meet these requirements will be sent home at their expense.

***Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history.***

***Adults or youth who have had any of the following conditions should undergo a thorough evaluation by a physician before considering participation at a BSA high-adventure base.***

***Cardiac or Cardiovascular Disease, including:***

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)
2. Myocardial infarction (heart attack)
3. Heart surgery or heart catheterization (including angioplasty to treat blocked blood vessels, balloon dilation, or stents)
4. Stroke or transient ischemic attacks (TIAs)
5. Claudication (leg pain with exercise, caused by hardening of the arteries)
6. Family history of heart disease or a family member who died unexpectedly before age 50
7. Diabetes
8. Smoking
9. Excessive weight

Youth who have a congenital heart disease or an acquired heart disease such as rheumatic fever, Kawasaki's disease, or mitral valve prolapse should undergo thorough evaluation by a physician before considering participating at a high-adventure base. The physical exertion at any of the high-adventure bases may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven conditions listed above should have a physician-supervised stress test. More extensive testing (e.g., nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test results are normal, the results of testing done at lower elevations, without backpacks, do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

***Hypertension (High Blood Pressure).*** The combination of physical, mental, and emotional stress, increased exertion and/or heat, and altitude appears to cause a significant increase in blood pressure in some individuals. Occasionally, hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, heart attack, or angina. **Participants should have a normal blood pressure (less than 140/90).** Persons with significant hypertension (greater than 140/90) should be treated and controlled before attending any high-adventure base, and should continue on medications while participating. **The goal of treatment should be to lower the blood pressure to normal.** Participants already on antihypertensive therapy with normal blood pressure should continue on medications. Individuals taking diuretics to treat hypertension are at increased risk for dehydration related to strenuous physical activity and should be careful to maintain good hydration during the trek.

**Philmont.** Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.**

**Florida Sea Base.** Those taking beta-blocker medication should consider a change of medication before participating in any scuba program.

***Insulin-Dependent Diabetes Mellitus.*** Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin doses based on these factors. The person with diabetes also should know how to give a self-injection. Both the person with diabetes and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and excessively low blood sugar (hypoglycemia). The person with diabetes and one other individual should know the appropriate initial responses for these conditions. An insulin-dependent

person who has been newly diagnosed (within the last six months) or who has undergone a change in delivery system (e.g., insulin pump) in the last six months should not attempt to participate. A person with diabetes who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate until better control of the diabetes has been achieved.

**Philmont.** It is recommended that the person with diabetes and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Bring insulin in a small insulated container. Bring enough testing equipment and supplies for the entire trip and trek. Extras are usually needed. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the Philmont Health Lodge at 575-376-2281.

**Florida Sea Base.** Persons with diabetes who are 18 years of age or older who wish to scuba dive should be assessed by a physician familiar with both hyperbaric issues related to diabetes and medications used for the control and treatment of diabetes. Persons 18 years old or older who are determined to be candidates for scuba diving must submit four hemoglobin A1c (HbA1c) tests, each with HbA1c values less than 7, taken within the previous 12 months. Any test within the past 12 months with an HbA1c value greater than 7 disqualifies a person from scuba diving as part of a BSA activity.

Persons less than 18 years of age with Type 1 diabetes will not be allowed to scuba dive. Persons under the age of 18 who control their diabetes with exercise and diet (no medications) and can provide three sequential hemoglobin tests with HbA1c values less than 6 may be approved to scuba dive.

**Seizures (Epilepsy).** A seizure disorder or epilepsy does not exclude an individual from participating at a high-adventure base. However, the seizure disorder should be well-controlled by medications. A minimum one year seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew.

**Florida Sea Base.** Any seizure activity within the past five years, regardless of control and/or medication, disqualifies an individual from participation in any scuba program. A person with a history of seizure activity who has been asymptomatic AND medication-free for five years, as evidenced by a physician, will be allowed to dive.

**Asthma.** Asthma should be well-controlled before participating at any high-adventure base. Well-controlled asthma means: 1) the use of a rescue inhaler (e.g., albuterol) less than once daily; 2) no need for nighttime treatment with a rescue inhaler (e.g., albuterol). Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. You must meet these guidelines in order to participate. You will not be allowed to participate if: 1) you have exercise asthma not prevented by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past six months; or 3) you have needed treatment with intravenous, intramuscular, or oral steroids (prednisone) in the past six months. *You must bring an ample supply of your medications and a spare rescue inhaler that are not expired.* At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack, and should know how to use the rescue inhaler. **Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trek. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.**

**Florida Sea Base.** Persons being treated for asthma (including reactive airway disease) are disqualified from BSA scuba programs. Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive as part of a BSA activity upon submission of evidence from their treating physician. Persons with a history of asthma who have been asymptomatic and have not used medication to control asthma for less than five years may be allowed to scuba dive as part of a BSA activity upon submission of a methacholine challenge test showing the asthma to be resolved.

**Allergy or Anaphylaxis.** *Persons who have had an anaphylactic reaction from any cause must contact the high-adventure base before arrival.* If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

**Recent Musculoskeletal Injuries and Orthopedic Surgery.** Every participant will put a great deal of strain on feet, ankles, and knees due to negotiating steep, rocky trails with a backpack; paddling and portaging heavy gear over irregular terrain; or climbing into and out of a boat. Therefore, individuals with significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last 6 months must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to participate. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by the high-adventure base. **Ingrown toenails are a common problem and must be treated 30 days prior to arrival.**

**Psychological and Emotional Difficulties.** A psychological disorder does not necessarily exclude an individual from participation. *Parents and advisers should be aware that no high-adventure experience is designed to assist participants in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened, when a participant is subjected to the physical and mental challenges of a remote wilderness setting.* Any condition should be well-controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to participation, and medication should be continued throughout the entire high-adventure experience.** Participants requiring medication must bring an appropriate supply for the duration of the trip.

**Weight Limits.** Weight limit guidelines are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems, and injury. Those who fall within the limits are more likely to have an enjoyable trek and avoid incurring health risks.

**Philmont.** Each participant in a Philmont trek must not exceed the maximum acceptable limit in the weight chart shown below. The right-hand column shows the maximum acceptable weight for a person’s height in order to participate in a Philmont trek.

**Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. They will be sent home.** For example, a person 70 inches tall cannot weigh more than 226 pounds. All heights and weights will be measured in stocking feet.

***For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont physicians will use their best professional judgment in determining participation in a Philmont trek.*** Philmont will consider up to 20 pounds over the maximum acceptable as stated on the chart; however **exceptions are not made automatically, and discussion in advance with Philmont is required regarding any exception to the weight limit for persons under 21 years of age.** Philmont’s telephone number is 575-376-2281.

**Under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs.** This requirement is necessary due to rescue equipment restrictions and for the safety of search-and-rescue personnel.

The maximum weight for any participant in a Cavalcade Trek and for horse rides is 200 pounds.

Participants and guests in Philmont activities, including most Philmont Training Center conference and family programs, who *will* participate in limited backcountry access during their visit must not exceed the maximum acceptable limit in the weight chart.

**Northern Tier.** Each participant in a Northern Tier expedition should not exceed the maximum acceptable weight for height in the table shown on the Annual Health and Medical Record form. Those who fall within the recommended weight limits are much more likely to have an enjoyable trek and avoid incurring injuries and health risks. Extra weight puts strain on the back, joints, and feet. The portage trails can be very muddy, slippery, and rocky, and present a potential for tripping and falling. We also strongly recommend that no participant be less than 100 pounds in weight. Extremely small participants will have a very difficult time carrying canoes and heavy packs.

Canoes’ loads are another important reason to limit participant weight. Northern Tier assigns three people to a canoe. The total participant load per canoe must not exceed 600 pounds, or an average of 200 pounds per participant. Northern Tier does not permit individuals exceeding 295 pounds to participate in high-adventure programs.

**Florida Sea Base.** Any participant or advisor who exceeds the maximum weight limits on the weight chart may want to reconsider participation in a Sea Base high-adventure program. Anyone who exceeds these limits is at extreme risk for health problems. Participants who fall within the guidelines are more likely to have an enjoyable program and avoid incurring health risks. The absolute weight limit for our programs is 295 pounds.

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
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76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

**MEDICAL STATEMENT**  
Participant Record (Confidential Information)

**Please read carefully before signing.**

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by \_\_\_\_\_ and  
Instructor \_\_\_\_\_  
\_\_\_\_\_ located in the  
Facility \_\_\_\_\_  
city of \_\_\_\_\_, state/province of \_\_\_\_\_.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

**Divers Medical Questionnaire**  
To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- \_\_\_\_\_ Could you be pregnant, or are you attempting to become pregnant?
- \_\_\_\_\_ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- \_\_\_\_\_ Are you over 45 years of age and can answer YES to one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone

**Have you ever had or do you currently have...**

- \_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?
- \_\_\_\_\_ Frequent or severe attacks of hayfever or allergy?
- \_\_\_\_\_ Frequent colds, sinusitis or bronchitis?
- \_\_\_\_\_ Any form of lung disease?
- \_\_\_\_\_ Pneumothorax (collapsed lung)?
- \_\_\_\_\_ Other chest disease or chest surgery?
- \_\_\_\_\_ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- \_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?
- \_\_\_\_\_ Recurring complicated migraine headaches or take medications to prevent them?
- \_\_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?
- \_\_\_\_\_ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- \_\_\_\_\_ Dysentery or dehydration requiring medical intervention?
- \_\_\_\_\_ Any dive accidents or decompression sickness?
- \_\_\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- \_\_\_\_\_ Head injury with loss of consciousness in the past five years?
- \_\_\_\_\_ Recurrent back problems?
- \_\_\_\_\_ Back or spinal surgery?
- \_\_\_\_\_ Diabetes?
- \_\_\_\_\_ Back, arm or leg problems following surgery, injury or fracture?
- \_\_\_\_\_ High blood pressure or take medicine to control blood pressure?
- \_\_\_\_\_ Heart disease?
- \_\_\_\_\_ Heart attack?
- \_\_\_\_\_ Angina, heart surgery or blood vessel surgery?
- \_\_\_\_\_ Sinus surgery?
- \_\_\_\_\_ Ear disease or surgery, hearing loss or problems with balance?
- \_\_\_\_\_ Recurrent ear problems?
- \_\_\_\_\_ Bleeding or other blood disorders?
- \_\_\_\_\_ Hernia?
- \_\_\_\_\_ Ulcers or ulcer surgery ?
- \_\_\_\_\_ A colostomy or ileostomy?
- \_\_\_\_\_ Recreational drug use or treatment for, or alcoholism in the past five years?

**The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.**

\_\_\_\_\_  
Signature Date Signature of Parent or Guardian Date

# STUDENT

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**Please print legibly.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last Day/Month/Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

**Name and address of your family physician**

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Were you ever required to have a physical for diving?  Yes  No If so, when? \_\_\_\_\_

# PHYSICIAN

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This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

**Physician's Impression**

- I find no medical conditions that I consider incompatible with diving.
- I am unable to recommend this individual for diving.

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature or Legal Representative of Medical Practitioner Date \_\_\_\_\_  
Day/Month/Year

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_



# Guidelines for Recreational Scuba Diver's Physical Examination

## Instructions to the Physician:

Recreational **SCUBA** (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The **RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION** focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are **temporary** in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

## NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish

from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

## Relative Risk Conditions

- **Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations**
- **History of Head Injury with sequelae other than seizure**
- **Herniated Nucleus Pulposus**
- **Intracranial Tumor or Aneurysm**
- **Peripheral Neuropathy**
- **Multiple Sclerosis**
- **Trigeminal Neuralgia**
- **History of spinal cord or brain injury**

## Temporary Risk Condition

**History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.**

## Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

## Some conditions are as follows:

- **History of seizures other than childhood febrile seizures**
- **History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)**
- **History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits**

## CARDIOVASCULAR SYSTEMS

### Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.\* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

\* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

## Relative Risk Conditions

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrhythmias requiring medication for suppression
- Valvular Regurgitation

## Pacemakers

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

\* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

## Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

## PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

## Relative Risk Conditions

- History of Asthma or Reactive Airway Disease (RAD)\*
- History of Exercise Induced Bronchospasm (EIB)\*
- History of solid, cystic or cavitating lesion\*
- Pneumothorax secondary to:
  - Thoracic Surgery
  - Trauma or Pleural Penetration\*
  - Previous Overinflation Injury\*

- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease\*
- Interstitial lung disease: May increase the risk of pneumothorax

\* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

## Severe Risk Conditions

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

## GASTROINTESTINAL

### Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

### Temporary Risk Conditions

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

### Relative Risk Conditions

- Inflammatory Bowel Disease
- Functional Bowel Disorders

### Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

### Severe Risk Conditions

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

## ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

### Relative Risk Conditions

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical

cause of decompression may accelerate/escalate the progression).

### **Temporary Risk Conditions**

- Back pain

## **HEMATOLOGICAL**

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

### **Relative Risk Conditions**

- Sickle Cell Disease
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

## **METABOLIC AND ENDOCRINOLOGICAL**

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

### **Relative Risk Conditions**

- Hormonal Excess or Deficiency
- Obesity
- Renal Insufficiency

### **Severe Risk Conditions**

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues.

**Pregnancy:** The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

## **BEHAVIORAL HEALTH**

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

### **Relative Risk Conditions**

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

### **Severe Risk Conditions**

- Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of

personal fears

- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

## **OTOLARYNGOLOGICAL**

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

### **Relative Risk Conditions**

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temporomandibular joint dysfunction
- History of round window rupture

### **Severe Risk Conditions**

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele
- History of vestibular decompression sickness

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12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893-0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, [www.rah.sa.gov.au/hyperbaric](http://www.rah.sa.gov.au/hyperbaric), telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, [www.spums.org.au](http://www.spums.org.au)
16. European Underwater and Baromedical Society, [www.eubs.org](http://www.eubs.org)

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# Boy Scouts of America Western Los Angeles County Council

## Parental Firearms Permission and Release and Consent to Full Program

MINOR'S NAME (Please print): \_\_\_\_\_

### Section A. Parental Firearms Permission and Release

California State Law prohibits any person from furnishing, loaning or otherwise providing a minor any firearm or live ammunition without the express permission of their parent or guardian. Your child will not be allowed on the shooting range without the following signed release. If you do not wish your child to participate in shooting activities please write "NO PERMISSION" at the bottom of this Section A (immediately above the line "Consent to Full Program") and then continue to Sections B and C. If you do wish your child to participate in such activities, please complete the rest of this Section A, sign and date it and continue to Sections B and C.

I (Please print) \_\_\_\_\_ the Parent  Legal Guardian  of the above named minor do hereby give permission as required by California Penal Code Sections 12552, 12070, 12072 and 12078, et. seq. to the Boy Scouts of America, Western Los Angeles County Council (the "Council"), and to instructors certified by the Council meeting the requirements for instructors established by the Boy Scouts of America (National), to furnish a firearm (including without limitation a BB gun, air rifle, pellet gun, or CO2 gun), and related ammunition, to said minor for the purpose of instructing your child in the safe handling and loading of firearms, the safe discharge of firearms and marksmanship.

Signed: \_\_\_\_\_ The Parent  Legal Guardian

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B. Consent to Full Program

The Council's camp programs may include some or all of the following activities: horseback riding, archery, camping, swimming, snorkeling, boating, sailing, hiking, mountain biking, crafts, use of sharp instruments, including a knife and ax, rock climbing, rappelling, team sports, and other similar activities. Your signature below will grant consent for the above named minor to participate in all of the above activities at camp without limitation if you check the box marked "Consent to full program." Alternatively, if you wish to limit or exclude your child's participation in any of the aforementioned activities, please check the other box below and explain the activity or activities in which your child's participation is restricted or excluded and the manner in which it is to be restricted:

Consent to full program                       Consent to program with the following limitations/exclusions:

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### Section C. Prohibited Activities

Each camp (the "Camp") has rules and policies that all scouts and other participants (collectively, "Participants") are required to abide by in compliance with Boy Scout and, in the case of Camp Emerald Bay, Catalina Conservancy, rules and policies. Upon arrival at a Camp, staff members will review all rules and policies with the Participants. These rules and policies include, but are not limited to:



- 1) A Participant must not throw rocks.
- 2) A Participant must follow the buddy system such that he must have a buddy for all activities at the Camp and may be asked to return to the Camp if found without a buddy.
- 3) In the case of Camp Emerald Bay, the Camp has undeveloped and potentially unsafe areas including, but not limited to: Doctor's Point, the Chapel, all cliffs, and all hiking trails. Use of these areas by a Participant is considered to be "at his own risk" and any minors venturing into these areas must be accompanied by an adult.
- 4) A Participant may not swim or otherwise enter the water when the waterfront is closed.
- 5) A Participant may not enter areas designated as "off limits" or having a similar designation. Off limits areas include, but are not limited to:
  - a) Staff areas such as staff housing, laundry area, maintenance area and the staff lounge, except in case of emergency.
  - b) Program areas when closed. This includes but is not limited to: the field sports ranges, and, in the case of Camp Emerald Bay, the Pennington Marine Science Center, Scoutcraft area, Nature area, the Ship's Store, and the Camp water tank and helipad.
- 6) A Participant may not smoke.
- 7) A Participant may not feed, handle or in any way interact with animals. This includes, but is not limited to: feral cats, insects, foxes, squirrels, bison, deer and snakes.
- 8) A Participant may not use prohibited items which include:
  - a) Alcohol and narcotics (including medicinal marijuana)
  - b) Ammunition, firearms, compressed air guns, pellet guns, martial arts weapons, fish spears or spear guns, and bows and arrows (unless participating in an authorized and supervised activity designed for such purpose).
  - c) Bikes
  - d) Fireworks, fuel or propane
  - e) Any other illegal substance or items

By signing below I agree, on behalf of the above minor, to have my child abide by the above rules and policies as well as any additional ones he is informed of by the Camp staff. Additionally I certify that I have discussed the foregoing rules and policies with my child and that he will follow and abide by these rules and policies as well as any other they are informed of by the Camp staff.

Signed: \_\_\_\_\_ The Parent [ ] Legal Guardian [ ]

## Section D. Exculpation and Indemnity

With regard to those activities listed in Sections A and B as to which you have given your consent to have your child participate (the "Participatory Activities"), and with respect to the any activities engaged in by your child that violate the rules and policies of a Camp, as summarized in Section C above (the "Prohibited Activities"), by signing below, you (for yourself and on behalf of your child and his/her parents, if applicable), agree that (i) the Council, the Boy Scouts of America and each of their respective directors, officers, members, activity coordinators, instructors or participants, employees or volunteers (collectively and individually, the Indemnified Parties"), shall not be liable or responsible for any injury or damage your child may suffer or incur as a result of participating in the Participatory Activities or the Prohibited Activities unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party, and (ii) your child and you, to the full extent of your liability under applicable law for your child's actions or omissions, jointly agree to defend, hold harmless and indemnify the Indemnified Parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees and court or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made) for, or on account of, any injuries or damages received or sustained by any person or persons (including your child) arising or in any way related to any action or omission of your child during the course of engaging in said Participatory Activities or Prohibited Activities, unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party.

Signed: \_\_\_\_\_ The Parent [ ] Legal Guardian [ ]

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_



# Boy Scouts of America Western Los Angeles County Council

## Adult Release and Indemnification Agreement

The undersigned represents that he or she is over 18 years of age and wishes to participate, either as a paid customer, volunteer or as a paid staff member, in one or more of the camp programs sponsored or operated by the Western Los Angeles County Council, Boy Scouts of America, Inc. (the "Council"). The undersigned acknowledges that the camp programs contain activities that may pose some risk for personal injury, including, but not limited to, horseback riding, rifle or gun shooting, archery, camping, swimming, snorkeling, scuba diving, boating, sailing, hiking, mountain biking, crafts, use of sharp instruments, including a knife and ax, rock climbing, rappelling and other similar activities (the "Participatory Activities"). The undersigned acknowledges that participating in the Participatory Activities is at the undersigned's own risk.

In addition, each camp has rules and policies that all participants are required to abide by in compliance with the rules and policies of the Council, the Boy Scouts of America (National) ("Boy Scouts of America") and, in the case of Camp Emerald Bay, the Catalina Conservancy. These rules and policies preclude a Participant from engaging in certain activities (referred to herein as the 'Prohibited Activities"). They include, but are not limited to:

- 1) A Participant must not throw rocks.
- 2) A Participant must follow the buddy system such that he must have a buddy for all activities at the Camp and may be asked to return to the camp if found without a buddy.
- 3) In the case of Camp Emerald Bay, the Camp has undeveloped and potentially unsafe areas including, but not limited to: Doctor's Point, the Chapel, all cliffs, and all hiking trails. Use of these areas by a Participant is considered to be "at his or her own risk."
- 4) A Participant may not swim or otherwise enter the water when the waterfront is closed.
- 5) A Participant may not enter areas designated as "off limits" or having a similar designation. Off limits areas include, but are not limited to:
  - a) Staff areas such as staff housing, laundry area, maintenance area and the staff lounge, except in case of emergency.
  - b) Program areas when closed. This includes but is not limited to: the field sports ranges, and, in the case of Camp Emerald Bay, the Pennington Marine Science Center, Scoutcraft area, Nature area, the Ship's Store, and the Camp water tank and helipad.
- 6) A Participant may not smoke.
- 7) A Participant may not feed, handle or in any way interact with animals. This includes, but is not limited to: feral cats, insects, foxes, squirrels, bison, deer and snakes.
- 8) A Participant may not use prohibited items which include:
  - a) Alcohol and narcotics (including medicinal marijuana)
  - b) Ammunition, firearms, compressed air guns, pellet guns, martial arts weapons, fish spears or spear guns, and bows and arrows (unless participating in an authorized and supervised activity designed for such purpose).
  - c) Bikes
  - d) Fireworks, fuel or propane
  - e) Any other illegal substance or items





By signing below I agree to abide by the above rules and policies as well as any additional ones that I am informed of by the camp staff.

With regard to the Participatory Activities and the Prohibited Activities, the undersigned , by signing below, agrees, on behalf of himself or herself and his or her spouse, children and/or family members, that (i) the Council, the Boy Scouts of America and each of their respective directors, officers, members, activity coordinators or instructors, staff members, participants, employees or volunteers (collectively and individually, the Indemnified Parties”), shall not be liable or responsible for any injury or damage the undersigned may suffer or incur as a result of participating in the Participatory Activities or the Prohibited Activities unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party, and (ii) the undersigned shall defend, hold harmless and indemnify the Indemnified Parties from and against all losses, claims, damages, costs or expenses (including reasonable legal fees and court or similar costs) in connection with any action or claim brought or made (or threatened to be brought or made) for, or on account of, any injuries or damages received or sustained by the undersigned, or in any way related to any action or omission arising, during the course of engaging in said Participatory Activities or Prohibited Activities, including, without limitation any action or claim brought or threatened to be brought, by my spouse, child or family member, unless solely attributable to the gross negligence or intentional misconduct of the Indemnified Party.

Signed: \_\_\_\_\_

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_



# ADULT LEADER RESOURCE FORM

Camp Emerald Bay is always looking for willing adult leaders to help out. Resources can include merit badge counseling, site maintenance, an association with a business on the mainland, or financial contributions to further the mission of the camp. Below are listed areas that may be of use at the camp during your stay. If you feel that you can help our in any way please let us know.

Turn in this form at the Opening Leader's Meeting on Sunday afternoon

NAME: \_\_\_\_\_ TROOP/CREW# \_\_\_\_\_  
DISTRICT: \_\_\_\_\_ COUNCIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE # (     ) \_\_\_\_\_ Present Scouting Position: \_\_\_\_\_  
Past Scouting Experience: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
HOBBIES, AREAS OF INTEREST, ETC.: \_\_\_\_\_

I would like to help out with (in camp): \_\_\_\_\_

I would like to help out with (beyond camp): \_\_\_\_\_

Please check areas you would like to participate in:

Optional

- \_\_\_\_\_ Aquatics/ Waterfront
- \_\_\_\_\_ Rifle Range
- \_\_\_\_\_ Archery Range
- \_\_\_\_\_ Handicraft Area
- \_\_\_\_\_ Nature/ Scoutcraft
- \_\_\_\_\_ Dining Hall Clean-up
- \_\_\_\_\_ Maintenance Work:
  - \_\_\_\_\_ Electrical
  - \_\_\_\_\_ Plumbing
  - \_\_\_\_\_ Outboards
  - \_\_\_\_\_ Truck Engines
  - \_\_\_\_\_ Other: \_\_\_\_\_

Please list background experience, qualifications, etc. that would help you in helping us in the areas you have checked here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## SPECIAL PROGRAMS

VIII. SENIOR PATROL LEADER TRAINING	PG. 35
IX. PIRATE PROGRAM	PG. 37
X. EMERALD PATROL	PG. 38
XI. PARTIAL DAY SCUBA PROGRAMS	PG. 39

# SENIOR PATROL LEADER TRAINING

## PROGRAM INFORMATION

Once at Emerald Bay participants will jump right into the exciting activities that are their orientation of Camp. These activities also serve to develop the participant's leadership and ethical choice-making skills. After several days of training, Senior Patrol Leaders will eagerly greet their troops on Sunday and lead them through their week at camp.

## HOW TO REGISTER:

Registration can be done online at [www.campemeraldbay.org/emerald-bay/senior-patrol-leader-training](http://www.campemeraldbay.org/emerald-bay/senior-patrol-leader-training).

## PAYMENT:

\$200.00 per person– This fee will be added to the unit invoice, and must be paid no later than the last billing cycle 16 days prior to coming to camp.

## WHAT TO BRING:

Participants should refer to the individual items listed in the “What to Bring” section of this packet. Participants **MUST** turn in their medical forms and youth permission forms to our staff member at the terminal. Participants who arrive without these documents **will not be allowed to come to camp**.

## TRANSPORTATION INFORMATION:

The SPLs and their buddies will depart from the Catalina Express Terminal in San Pedro on the Thursday prior to their troop's arrival to camp. Participants will arrive by 11:30am where they will check in with an Emerald Bay staff member. Participants will then take the 12:30pm boat to Two Harbors where they will be provided transportation to Camp Emerald Bay. **NOTE:** All participants must provide their own transportation to the Catalina Express Terminal in San Pedro.

Western Los Angeles County Council, B.S.A.  
16525 Sherman Way, Unit C-8, Van Nuys, CA 91406  
Council Headquarters: 818/785-8700  
Camping Department: 818/933-0130  
camping@bsa-la.org



## SENIOR PATROL LEADER TRAINING 2012 APPLICATION FORM

Senior Patrol Leader Training is open to each unit's SPL and one fellow Scout.

TROOP #: \_\_\_\_\_ COUNCIL: \_\_\_\_\_ DISTRICT: \_\_\_\_\_  
WEEK #: \_\_\_\_\_ TROOP RESERVATION #: \_\_\_\_\_

SPL's Primary Contact (parent) - (Please print all information legibly)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
NIGHT PHONE: ( ) \_\_\_\_\_ DAY PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Senior Patrol Leader - (Please print all information legibly)

NAME: \_\_\_\_\_

Buddy's Primary Contact (parent) - (Please print all information legibly)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
NIGHT PHONE: ( ) \_\_\_\_\_ DAY PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

SPL's Buddy- (The SPL's buddy is optional)

NAME: \_\_\_\_\_

### Program Information:

#### Payment: \$200 Per Participant

This fee will be added to the Unit Invoice, and must be paid no later than the last billing cycle 16 days prior to coming to Camp. We strongly recommend that this form be submitted to our office as soon as possible, and we prefer to receive a minimum of one month before your Troops' arrival on Catalina Island.

**What to Bring:** Participants should bring all the individual items listed in the Spring Leaders' Packet. Participants **MUST** turn their medical forms and youth permission forms into our Staff member at the terminal. Participants who arrive without these documents **WILL NOT BE ALLOWED TO COME TO CAMP.**

**Transportation Schedule:** The SPLs and their buddies will depart from the Catalina Express Terminal in San Pedro on the Thursday before their Troop comes to Camp. Participants will **arrive by 11:30 AM** where they will check in with an Emerald Bay Staff member. Participants will then take the 12:30 boat to Two Harbors where they will be provided transportation to Emerald Bay.

**Program Schedule:** Once at Emerald Bay participants will jump right into the exciting activities that are their orientation of Camp. These activities also serve to develop the participant's leadership and ethical choice making skills. After several days of training Senior Patrol Leaders will eagerly greet their Troops on Sunday and lead them through their week at Camp.

**Note on Transportation:** All participants must provide their own transportation to the Catalina Express Terminal in San Pedro.



## CAMP EMERALD BAY, BSA

# EMERALD BAY PIRATE PROGRAM

To qualify for one of the awards in the Emerald Bay Pirate program, a scout must complete all the requirements for the appropriate award. All the requirements are signed off by the adult leaders and determinations on the requirements are up to their discretion. All requirements may be satisfied by the associated merit badge. Please let your ranger know if you be working on this award.

<b>Brigand</b>	<b>Buccaneer</b>	<b>Pirate</b>	<b>Anchorman</b>
1) First year at summer camp	1) Second year at summer camp	1) Three years at summer camp	1) 3 + years at summer camp 2 years at Emerald Bay
2) Do the following: (a) Hike to Arrow Point (b) Participate in Aquacade (c) Sea Lion Swim	2) Do the following: (a) Bouchette Canyon (b) Participate in Aquacade (c) Swim to Sandy's	2) Do the following: (a) Hike to Silver Peak (b) Participate in Aquacade (a) Mile Swim	2) Do one of the following: (a) Rugged E (b) BSA Lifeguard (c) Assist MB instruc. *
3) Complete three of the following requirements			
A) Tie six basic knots.  B) Score 20 points at Archery range. **  C) Canoe with friend to Indian Rock.  D) Identify 2 plants and 2 animals.  E) Make treasure map in Handicraft area.	A) Tie six basic knots in under 2 minutes.  B) Score 30 points at Archery range. **  C) Row to Indian Rock with a buddy.  D) Identify 4 plants and 4 animals.  E) Go snorkling with troop or during free session.	A) Tie six basic knots in under 1 minute.  B) 1 target grouping under the size of a quarter at rifle range.**  C) Canoe with friend to the end of the bay.  D) Identify 10 plants and 10 animals.  E) Do the Buffalo Run.	A) Tie six basic knots in under 45 seconds.  B) 1 target grouping under the size of a quarter at rifle range.**  C) Single Canoe to end of Bay  D) Learn the endemic plants of Catalina Island.  E) Teach A or D to another scout.
4) Have positive attitude during your camp week.	4) Have positive attitude during your camp week.	4) Have positive attitude during your camp week.	4) Have positive attitude during your camp week.

\* Please see your Commissioner about assisting in a merit badge class.

\*\* 6 arrows at the archery range or 5 bullets at the rifle range.

\*\*\* Substitutions can be made for Scouts who are unable to complete requirements, please see Program Director.



**CAMP EMERALD BAY  
EMERALD PATROL  
AWARD REQUIREMENTS**

TROOP: \_\_\_\_\_ CAMPSITE: \_\_\_\_\_ PATROL: \_\_\_\_\_

Each patrol should consist of four to eight scouts. When this form is complete turn into your adult leader.  
Awards are available for purchase @ the Camp Trading Post.

PATROL LEADER: \_\_\_\_\_

MEMBERS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART I - GENERAL** certified in at LEAST eight of the following ten items:

- |   |                            |
|---|----------------------------|
| A. Make a Patrol flag _____   | Handicraft Dir _____       |
| B. Patrol flags brought to ALL colors _____                                 | Senior Patrol Leader _____ |
| C. Sit by patrol for ALL meals _____  | Senior Patrol Leader _____ |
| D. Line up by patrol for ALL colors and meals _____                         | Senior Patrol Leader _____ |
| E. Patrol assigned to adjacent tents _____                                  | Senior Patrol Leader _____ |
| F. Patrol tents and surrounding area kept clean for a week _____            | Commissioner _____         |
| G. War canoe assignment by patrol _____                                     | Ranger _____               |
| H. At least five advancement skills taught by patrol leader to patrol _____ | Senior Patrol Leader _____ |
| I. Duty roster by patrol _____  | Senior Patrol Leader _____ |
| J. Patrol participate in campfire _____                                     | Senior Patrol Leader _____ |

**PART II - PROGRAM ACTIVITIES:** Certified in at LEAST five of the following eight items:

- |  |                             |
|--|-----------------------------|
| A. Aquatics - Aquacade _____   | Ranger _____                |
| B. Nature - Conservation Project _____   | Nature Director _____       |
| C. Field Sports - Shooting Skills _____  | Archery Range Officer _____ |
| D. Scoutcraft - Scout Skills _____   | Scoutcraft Director _____   |
| E. Each patrol member identify 4 trees, 4 plant, 4 animals & 4 constellations ____                   | Nature Director _____       |
| F. Scoutcraft - Compass Course _____   | Scoutcraft Director _____   |
| G. Each patrol member tie 5 of the 8 knots _____   | Scoutcraft Director _____   |
| (Square, tautline hitch, timber hitch, bowline, sheet bend, sheepshank, clove-hitch, two half-hitch) |                             |
| H. Service project _____   | Ranger _____                |

SIGNED: \_\_\_\_\_  
 Adult Leader

DATE: \_\_\_\_\_

# Partial Day Scuba Diving Programs At Camp Emerald Bay

Ranked as one of the top ten diving destinations in the world today, Catalina Island offers campers the chance to see a breathtaking underwater environment filled with a boundless array of life.

All programs are limited, and will be filled on a "first come, first served" basis.

Note: 1. Check age requirements are 12 years old for scuba. 2. Reservations for Rugged SCUBA and Rugged Oceanographers are underway. 3. Reservations for Discover Local Diving and BSA SCUBA will be accepted no earlier than March 5<sup>th</sup>, Monday at Malibu Divers.

- **SCUBA BSA - Half Day Experience For non-Certified Divers (4 hours)**



Are you taking merit badges, like the ocean, and want to check out some of the best diving in the world? For only a few hours of your time, you can explore the underwater world through **SCUBA BSA**. The **SCUBA BSA** program provides an opportunity for scouts to try diving without committing to a full week of instruction. Designed as an "experience only" program, **SCUBA BSA** is not certification, but allows scouts to dive with a minimum investment of time and money. Scouts must bring a bathing suit, towel, and shoes that can get wet. All other gear will be provided. The **SCUBA BSA** program requires half a day.

**MINIMUM AGE REQUIREMENT: 12 Years old**

- **DISCOVER LOCAL DIVING – 4 Certified Diver Expeditions**

Certified divers looking to enjoy some of the best waters in the world can participate in **Discover Local Diving (DLD)** under the guidance of Malibu Divers. Enjoy the kelp forest, colorful garibaldi, moray eel, halibut and other marine life unique to California. The Malibu Divers staff will lead all **DLD** dives. **National BSA policy requires an in-water skills review for all divers prior to participation.** Instructors are on hand to insure safety and maximum enjoyment of your dive. A minimum of two day dives and one night dive will be scheduled each week (weather, gear and personnel allowing). Boat and Night divers must make a day dive first. Tanks and soft weight are provided on all dives (divers are asked NOT to bring their own tanks and weights). All additional gear is available for rent.



**\*DAN Dive Insurance strongly recommended; *Critf kxgu* at Emerald Bay are guided dives, National Scout Policy.**

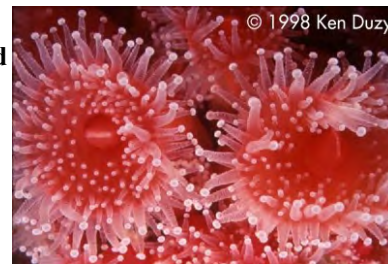
**Evaluation Check-out Dive (required); if not ready to dive or more than 4 years, must do SCUBA BSA (DSD) as a tune-up**

**Add - Additional Day Dive(s)**

**Add - Night Dive(s)**

**Add - Boat Dive(s)**

**Add - Specialty Dives & Non Dive Training\* MINIMUM AGE: 12 years old**



## **GENERAL PROGRAM INFORMATION:**

Scouts wishing to participate in above SCUBA programs must contact Malibu Divers directly. Malibu Divers is open 10am–6pm Monday–Friday and 8am–6pm Saturday, Sunday 10am–5pm. Telephone number (310)456-2396. Email may be sent to [malibudivers@gmail.com](mailto:malibudivers@gmail.com). All required paperwork and materials will be sent to scouts upon registration and payment of fees.

Certain medical conditions may limit a scout's ability to participate in these programs. These conditions include, but are not limited to asthma, diabetes and weight. A medical exam may be required beyond the BSA form. Priority in all programs is given to Scouts. Adult leaders wishing to sign up will be wait listed.

**Malibu Divers 21231 PCH, Malibu, CA 90265 Phone (310) 456-2396 Fax (310)456-3071**

**[www.malibudivers.com](http://www.malibudivers.com) - Open 7 days a week, M-F 10-6pm, Sat 8-6pm, Sun 10-5pm**



# NEW Partial Day Scuba Specialty Programs At Camp Emerald Bay

Campers have a unique opportunity to expand the potential of your scuba diving knowledge and skills with additional specialty dives. They will make you a better diver and further refine your dive abilities. Why not use your time to its fullest by taking advantage of receiving additional skills during your week away? You can add these additional PADI ratings on your way toward the highest recreational rating of **Master Scuba Diver** (5 Specialties & Rescue Diver, 50 dives logged)

All programs are limited, and will be filled on a "first come, first served" basis.

Note: 1. Check age requirements. 2. Reservations for Scuba Specialty programs will be accepted no earlier than March 5<sup>th</sup>, Monday at Malibu Divers. 3. Educational Materials & Certification Card included

- **Peak Performance Buoyancy: 2 dives;** one of the most important courses you can take.

Divers who've mastered the highest performance levels in buoyancy stand apart. You've seen them underwater. They glide effortlessly, use less air and ascend, descend or hover, almost as if by thought. They interact gently with aquatic life and affect their surroundings minimally. This course refines the basic skills you learned and elevates them to the next level.

- **Night Diver Specialty: dive light rental, 3 dives**

This course covers: night dive planning, organization, procedures, techniques and potential problems. How to control your buoyancy at night; entries, exits and underwater navigation at night; nocturnal aquatic life, since many of the plants and animals you'll see are different.

- **Digital U/W Photographer: camera rental, 1-2 dive** If you want to take better digital photos underwater, this course will teach you how.

- **U/W Navigation Diver Specialty: 3 dives**

Underwater navigation can be challenging, but in the Underwater Navigator Specialty course, you master the challenge. You learn the tools of the trade, including navigation via natural clues and by compass.

- **Fish Identification Specialty: 2 dives**

You'll find you enjoy your dives even more when you recognize the creatures that you see. The fun part about this course is you can use the skills you learn on every scuba dive because once you learn the main fish families and characteristics it will help you decipher the species you see all over the world.

- **Project Aware Specialty: no dives, no age limit**

Learn about some of the most pressing problems facing these vulnerable environments and everyday actions you can take to help conserve them. It's informative, interesting and most importantly, you learn how to make a difference. You can become a partner in the efforts to preserve the underwater environment.

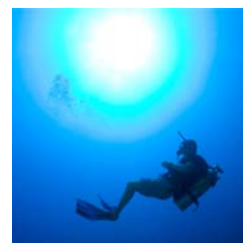
- **First Aid for Hazardous Marine Life Injuries: no dives, PADI Distinctive Specialty, no age limit**

Although serious hazardous marine life injuries are rare, most divers experience minor discomfort from unintentional encounters with fire coral, jellyfish and other marine creatures at some point in their dive careers. Knowing how to recognize and minimize these injuries helps you reduce diver discomfort and pain.

- **BLS, Basic Life Support & First Aid: no dives, no age limit**

The DAN Basic Life Support (CPR & AED) and First Aid (BLSFA) course provides entry-level training in providing basic life support (BLS) to adults with life-threatening injuries while activating emergency medical services (EMS).

- **O2 ADMINISTRATION & FIRST AID: no dives, PADI Distinctive Specialty, no age limit** As a recreational diver, you can receive training to provide vital first aid that can make a difference to a scuba diver with decompression illness. The DAN Oxygen Provider Course provides entry-level training in the recognition and management of possible diving-related injuries using emergency oxygen first aid.



## GENERAL PROGRAM INFORMATION:

Scouts wishing to participate in above SCUBA programs must contact Malibu Divers directly. All required paperwork and materials will be sent to scouts upon registration and payment of fees. Certain medical conditions may limit a scout's ability to participate in these programs. These conditions include, but are not limited to asthma, diabetes and weight. A medical exam may be required beyond the BSA form. Priority in all programs is given to Scouts. Adult leaders wishing to sign up will be waitlisted.



Malibu Divers 21231 PCH, Malibu, CA 90265 Phone (310) 456-2396 Fax (310)456-3071  
www.malibudivers.com - Open 7 days a week, M-F 10-6pm, Sat 8-6pm, Sun 10-5pm





## MERIT BADGE SIGN-UP

XII. MERIT BADGE REGISTRATION	PG. 42
XIII. MERIT BADGE DIFFICULTY CHART	PG. 43
XIV. MERIT BADGE PREREQUISITE FORM	PG. 44
XV. MERIT BADGE SCHEDULING WORKSHEET	PG. 46
XVI. PROGRAM PLANNER	PG. 47



# MERIT BADGE REGISTRATION

## EMERALD BAY WEBSITE

Scouts, Scouters, and parents can access the Camp Emerald Bay Spring Leader's Packet on the Emerald Bay website ([www.campemeraldbay.org](http://www.campemeraldbay.org)). Merit Badge registration directions for the Scoutmaster will be posted here and emailed to you by March 31st, 2012.

## BLUE CARDS

In lieu of blue cards, Camp Emerald Bay issues advancement completion reports to each individual and a summary report for the troop. You do not need to bring blue cards with you to camp. If you have any questions or concerns about this procedure, contact the Program Director Adam Hunt at [adam.hunt@scouting.org](mailto:adam.hunt@scouting.org)

## PROGRAM SHEETS

Scouts can also access the 2012 Merit Badge Guide at [www.campemeraldbay.org](http://www.campemeraldbay.org) for a more detailed description of the merit badge offerings. Included in this packet are hard copies of merit badge program information to help Scouts prepare for camp. They are:

- Merit Badge Difficulty Chart– Scouts should pay close attention to these recommendations to avoid receiving partial completions at the end of their week.
- Merit Badge Prerequisite Form– This form is required to be signed and turned into merit badge instructors at the start of the week. All Scouts participating in Camping, Energy, SCUBA, and Aquatic merit badges are required to have this signed and completed by their parent or guardian as well as the troop's Scoutmaster.
- Merit Badge Scheduling Worksheet- Scouts complete this sheet and turn it in to their Scoutmaster who can visit the website for further registration information.
- Program Planner– A general schedule of the weeks activities at camp to help you plan.



# MERIT BADGE DIFFICULTY CHART

Scouts should be successful in acquiring the information and mastering the skills necessary to complete the requirements for merit badges offered at Emerald Bay. Therefore, to assist leaders and help Scouts choose appropriate merit badge classes, we have assigned levels representing the relative difficulty of each class offered.

- Level 1: Scouts of any age.
- Level 2: Scouts 12 and above or who have completed the Second Class rank.
- Level 3a: Scouts age 13 and above, or who have developed good study skills including report writing.
- Level 3b: Scouts age 13 and above, or who have developed the strength and coordination usually associated with 13 year olds.
- Level 4: Scouts age 14 and above, or who have developed the strength, coordination, and study

## LEVEL 1 CLASSES

Art	Leatherwork	Pottery
Basketry	Mammal Study	Swimming
Canoeing	Nature	Woodcarving

## LEVEL 2 CLASSES

Camping	Kayaking	Rowing
Energy	Orienteering	Soil and Water Con.
Geology	Pioneering	Wilderness Survival

## LEVEL 3 CLASSES

Astronomy (a)	Lifesaving (b)	Pottery (b)
Environmental Science (a)	Motorboating (a)	Small Boat Sailing (b)
Fish and Wildlife Mgmt (a)	Oceanography (a)	

## LEVEL 4 CLASSES

Archery	Rifle Shooting	Shotgun Shooting
---------	----------------	------------------

# MERIT BADGE PREREQUISITE FORM

ALL SCOUTS MUST HAVE A SEPARATE FORM SIGNED FOR EACH BADGE WITH A PREREQUISITE.

FULL NAME: \_\_\_\_\_ WEEK OF CAMP: \_\_\_\_\_  
TROOP NUMBER: \_\_\_\_\_ COUNCIL: \_\_\_\_\_  
MERIT BADGE APPLYING FOR: \_\_\_\_\_

The Scout named above realizes that certain designated merit badges cannot be completed at Camp Emerald Bay unless prerequisite requirements are met prior to arriving at camp. He also realizes that this form must be completed correctly, signed, and given to the camp merit badge instructor as verification that the requirements have been met. The camp can then grant the merit badge upon successful completion in the camp course in the above mentioned merit badge.

I certify that the above named Scout has met the following requirements:

**CIRCLE ONLY ONE MERIT BADGE PER FORM.**

- |                |  |
|----------------|--|
| 1. For Energy  | Requirements 4A, 4B                    |
| 2. For Camping | Requirements 9A, 9B                    |
| 3. For SCUBA   | PADI Online Course (via Malibu Divers) |

SWIMMING MERIT BADGE IS REQUIRED FOR SCOUTS TAKING LIFESAVING, BSA LIFEGUARD, SCUBA, SMALL BOAT SAILING, AND MOTORBOATING MERIT BADGES. I CERTIFY THAT THE ABOVE NAMED SCOUT HAS OBTAINED THE SWIMMING MERIT BADGE ON: \_\_\_\_\_

_____	_____	_____
Parent or Guardian	Merit Badge Counselor	Scoutmaster
_____	_____	_____
Date	Date	Date

Must have two of the three signatures

# MERIT BADGE PREREQUISITES (cont)

## Field Sports Merit Badge Prerequisites (Archery Rifle Shooting Shotgun Shooting)

Field Sports Merit Badges are among the most difficult offered at Camp Emerald Bay. Pre-camp study is highly recommended in the curriculum. Careful completion of the material substantially increases the Scout's acquisition and retention of the knowledge. The study material is the same as that used by many merit badge counselor elsewhere in the country. While we will have some blank copies of homework available at Camp, we urge anyone who signs up for these merit badges to download the forms and complete the work before coming to camp. These are to be handed in at the first class session. The homework sheets can be downloaded at [www.meritbadge.org](http://www.meritbadge.org).

Select Archery, Rifle Shooting, or the Shotgun Shooting merit badge title as appropriate. Either Doc. #1 or the PDF #1 will do. Then print the downloaded forms and do the studies. Those who gain a good grasp of the information before coming to camp will be able to spend more time with the practical skills.

Please note that current revised edition copied of the merit badge pamphlets are necessary to complete the work. The current revised edition of Archery, Rifle Shooting, and Shotgun Shooting were printed in 2008.

# SCOUT MERIT BADGE SIGN-UP FORM

(WEEK 10)

## Scheduling Worksheet

CAMP EMERALD BAY

WLACC, BSA

1. Use this form to place the Merit Badges you wish to take.
2. Only fill in the sections that are not shaded. These are the class sessions offered.
3. After you have completed the form return it to your Scoutmaster.

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

Tent Buddy: \_\_\_\_\_

Advancement Classes (Choose one row from each column for the entire week. Write X in white box.)							
	Sess A	Sess 1	Sess 2	Sess 3	Sess 4	Sess 5	
begin	6:00	9:00	10:45	2:00	3:30	7:00	Prerequisites & Comments
end	7:15	10:15	Noon	3:15	5:30	8:00	
<b>Aquatics</b>							
Canoeing MB							BSA Swim Test- Swimmer, clothes (Long Pants, Long Shirt)
Kayaking MB							BSA Swim Test- Swimmer
Lifesaving MB							Swimming MB, clothes (Long Pants, Long Shirt)
Motorboating MB							Swimming MB & Lifesaving MB & either Rowing or Canoeing MB
Rowing MB							BSA Swim Test- Swimmer, clothes (Long Pants, Long Shirt)
Small Boat Sailing MB							Swimming MB & Lifesaving MB & either Rowing or Canoeing MB
Swimming MB							Clothes (Long Pants, Long Shirt)
BSA Lifeguard							Age 14+, Swimming MB, Lifesaving MB & Rowing MB, CPR, 30 hrs.
Snorkeling BSA							BSA Swim Test- Swimmer- Flexible Schedule, 3rd Session for Leaders Or
Mile Swim BSA							BSA Swim Test- Swimmer
<b>Field Sports</b>							
Archery MB							Prior experience, Age 14+ recommended
Rifle Shooting MB							Prior experience, Age 14+ recommended
Shotgun Shooting MB							Prior experience, Age 14+ recommended, Approx \$20 for Materials
<b>Handicraft</b>							
Art MB							
Basketry MB							Approximately \$12 - \$16 for projects
Leatherwork MB							Approximately \$14 - \$25 for projects
Pottery MB							Approximately \$15 - \$25 for projects
Woodcarving MB							Approximately \$5 - \$15 for projects
<b>Marine Science</b>							
Oceanography MB							Age 13+ recommended
BSA Aquarist							
BSA Oceanographer							Oceanography Merit Badge
<b>Nature</b>							
Astronomy MB							Monday or Tuesday evening star party
Energy MB							Requirement 4
Environmental Science MB							
Fish & Wildlife Mng. MB							
Geology MB							
Mammal Study MB							
Nature MB							
Soil & Water Cons. MB							
BSA Naturalist							Environmental Science & two 'nature' MB's required
<b>Scoutcraft</b>							
Camping MB							Requirements 9 A,B
Orienteering MB							
Pioneering MB							
Wilderness Survival MB							
Totin' Chip							Drop-in program - Registration not required
Fireman Chit							Drop-in program - Registration not required
1st Yr. Rank Advancement						*	*Indiv. Prog. / For Scouts needing only a few skills
<b>SCUBA Diving</b>							
Scuba MB							Swimmer. Age 12 up (Contact Malibu Divers 310-456-2396)
BSA SCUBA							Swimmer. Age 12 up (Contact Malibu Divers 310-456-2396)
Discover Local Diving							PADI Cert, Swimmer. Age 12 up (Contact Malibu Divers 310-456-2396)

Please do not write in the shaded boxes.

# Program Schedule

	Sunday	Monday	Tuesday	Weds	Thurs	Fri	Sat
6:00a		6:00 - 7:30 Swim Tests	6:00 - 7:15 Session A Sea Lion Swim, Mile Swim, Buffalo Run	6:00 - 7:15 Session A Sea Lion Swim, Mile Swim	6:00 - 7:15 Session A Sea Lion Swim, Mile Swim	6:00 - 7:15 Session A Sea Lion Swim, Mile Swim	6:00 - 7:15 Session A Sea Lion Swim, Mile Swim
7:00a		7:45 - 8:00 (Waiters 7:15) Colors & Breakfast	7:00 - 7:45 Leaders' Coffee*		7:00 - 7:45 Leaders' Coffee*		7:30 - Begin bringing gear to Barge Loading
8:00a		8:00 - 9:00 Swim Tests (cont.)	7:45 - 8:30 Colors & Breakfast (Waiters' Call @ 7:15)	7:45 - 8:30 Colors & Breakfast (Waiters' Call @ 7:15)	7:45 - 8:30 Colors & Breakfast (Waiters' Call @ 7:15)	7:45 - 8:30 Colors & Breakfast (Waiters' Call @ 7:15)	7:30 - 9:00 MB Reconciliation*
9:00a		9:30 - 10:30 1st Session 9:30 - 10:45 Leader Training: This is Scouting*	9:00 - 10:15 1st Session Leader-Specific Training*	9:00 - 10:15 1st Session Leader-Specific Training*	9:00 - 10:15 1st Session Leader-Specific Training*	9:00 - 10:15 1st Session Leader-Specific Training*	9:00 - 10:00 Colors & Breakfast, (Waiters' Call @ 8:30) "So Long" Song
10:00a		10:45 - 12:00 2nd Session 9:00 - 12:00 - Leaders' Bike Rides*	10:45 - 12:00 2nd Session 9:00 - 10:15 - Adult Fishing	10:45 - 12:00 2nd Session 9:00 - 10:15 - Adult Fishing	10:45 - 12:00 2nd Session 9:00 - 10:15 - Adult Fishing	10:45 - 12:00 2nd Session 9:00 - 12:00 - Leaders' Bike Rides*	10:30 Radio Free EB
11:00a		11:00 - 12:00 <b>Required Leaders' Meeting*</b>	11:00 - 12:00 <b>Required Leaders' Meeting*</b>	11:00 - 12:00 <b>Required Leaders' Meeting*</b>	11:00 - 12:00 <b>Required Leaders' Meeting*</b>	11:00 - 12:00 <b>Required Leaders' Meeting*</b>	11:15 - Pick up Lunches, Leaders' Packets*
12:00p		12:30 - Lunch (Waiters' Call @ 12:00)	12:30 - Lunch, Song (Waiters' Call @ 12:00)	12:30 - Leaders' Lunch (Waiters' Call @ 12:00)	12:30 - Lunch (Waiters' Call @ 12:00)	12:30 - Lunch (Waiters' Call @ 12:00)	~11:30 Flyer Arrives, Boat Loading
1:00p	1:00 Small Boat Arrives	1:00 - 2:00 Rest Period	1:00 - 2:00 Rest Period 1:00 - 2:00 CPR Refresher	1:00 - 2:00 Rest Period 1:00 - 2:00 CPR Refresher	1:00 - 2:00 Rest Period 1:00 - 2:00 CPR Refresher	1:00 - 2:00 Rest Period 1:00 - 2:30 Dutch Oven Cookoff* (Outdoor Leader Trainees required)	~1:30 Small Boat Arrives, Boat Loading
2:00p	2:15 - 4:30 Flyer Arrival & Unloading	2:00 - 3:15 3rd Session Outdoor Leader Training	2:00 - 3:15 3rd Session Outdoor Leader Training	2:00 - 3:15 3rd Session Outdoor Leader Training	2:00 - 3:15 3rd Session Outdoor Leader Training	2:00 - 3:15 3rd Session Outdoor Leader Training	
3:00p	3:00 - 4:30 Leaders' Meet*	3:30 - 4:30 Session 4A Free Session	3:30 - 4:30 Session 4A Free Session	3:30 - 4:30 Session 4A Free Session	3:30 - 4:30 Session 4A Free Session	3:30 - 4:30 Session 4 Free Session	
4:00p	~4:30 - 5:30 Round Robin / Waterfront Demo	4:30 - 5:30 Session 4B Snorkeling (ends 5:00)	4:30 - 5:30 Session 4B Snorkeling (ends 5:00)	4:30 - 5:30 Session 4B Snorkeling (ends 5:00)	4:30 - 5:30 Session 4B Snorkeling (ends 5:00)	4:30 - 5:30 Session 4B Snorkeling (ends 5:00)	3:30 - 5:30 Aquacade Qualifying shoots (MB classes only)
5:00p	~5:45 - Fire Drill						
6:00p	6:00 - 7:00 Colors & Dinner (Waiters' Call @ 5:15)	6:00 - 7:00 Colors & Dinner (Waiters' Call @ 5:30)	6:00 - 7:00 Colors & Dinner (Waiters' Call @ 5:30)	6:00 - 7:00 Colors & Dinner (Waiters' Call @ 5:30)	6:00 - 7:00 Colors & Dinner (Waiters' Call @ 5:30), Patrol Flag Competition	6:00 - 7:00 Colors & Dinner, (Waiters' Call @ 5:30), Patrol Flag Competition	
7:00p	7:00 - 8:00 SPL / Ranger Meeting in Staff Lounge	7:00 - 8:00 5th Session Safe Swim Defense, Safety Afloat PMSC Open	7:00 - 8:00 5th Session Leaders' Shoot* (Archery) PMSC Open	7:00 - 8:00 5th Session Leaders' Shoot* (Rifle) PMSC Open	7:00 - 8:00 5th Session 7:00 - OA Retreat Leaders' Shoot* (Shotgun) PMSC Open	7:00 - 8:00 5th Session 7:00 - OA Retreat Leaders' Shoot* (Shotgun) PMSC Open	7:00 - 8:00 Staff Interest / Rugged Adventures Meet
8:00p	8:15 - 9:15 Campfire (Staff)			8:15 - 9:15 Scout Campfire		8:15 - 9:15 Campfire (Staff)	
9:00p		9:00 - 9:45 Star Party	9:00 - 9:45 Star Party			Leaders - Review Merit Badge Records	

**Note:** Additional activities will be scheduled by your SPL and Ranger. Actual times of arrival and departure are dependent upon Catalina Express.

\* Leaders Only

# CAMP CONTACT INFORMATION

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