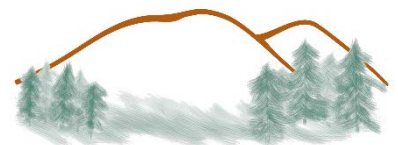
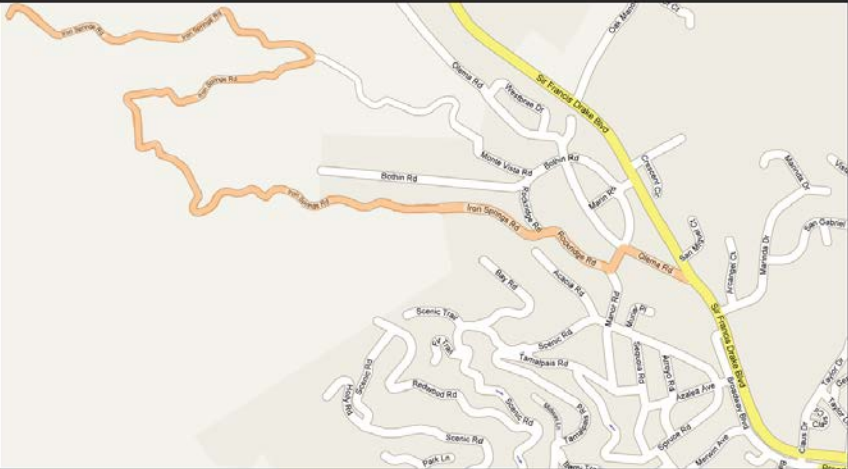


# "ON THE WESTERN TRAIL" CUB SCOUT DAY CAMP

Please review all of this information so you will know what to expect in July 2025:

- **Mandatory Forms:** Include completed BSA annual Health & Medical Record, parts A/B approved by a physician, and a Range & Target Activities Consent Form signed by parent/guardian.
- **Driving Directions:** **DO NOT USE** a digital-mapping service for directions to camp --- these are often incorrect and will lead you to locked gates on private roads. Instead, follow the map on the attached pages. Please arrive and park in the main camp lot by 3:45pm each day before the campers are dismissed!
- **Bus Schedule:** Bus schedules are sent out just before camp week starts to all parents at the email address provided during your registration. *Buses run Monday through Friday once each morning and afternoon only.*  
**Please be considerate of the volunteer bus monitors and arrive at your child's stop on time!**
- **Bus Monitors:** Mornings: text/call the onsite Camp Director Trish Ferenz (510-634-1577) if there are any bus issues. Afternoons: make sure all the campers are picked up at their stop and no one is left by themselves.
- **Camper T-Shirts:** On Monday the youth will be given a camp t-shirt to wear for the week. This is our way of identifying the campers on the property, so plan to have your child wear the t-shirt each day.
- **Daily Packing:** Please send your camper with a swimsuit and towel, lunch, snacks, and a refillable water bottle each day. You may also want to pack a hat and light jacket or long-sleeved shirt as Camp Tamarancho can be windy, foggy, and cold. **Only closed-toe shoes are allowed in camp; SANDALS are NOT ALLOWED.** Camper t-shirts will be issued on Monday and are the camp "uniform" that must be worn all week for camper identity. Remember to write your child's name on all clothing and other items brought to camp.
- **Medications:** If your camper uses an inhaler or carries an epi-pen, this information must be reported on their health form; please make sure these items are brought to camp every day. If there is a medication that must be taken during camp time, make sure the medication is clearly marked in the original bottle in a plastic bag.
- **Archery, BB Gun & Slingshot Ranges:** ALL campers must have a completed permission form, and then are required to go through safety briefings the first time they are at the ranges. Once the safety briefing is completed, any camper not participating in these activities will be given an alternate activity to do. **Campers must be on their best behavior during any Range & Target Activities. Any camper misbehaving will be removed from the range for the rest of the week and provided with an alternate program.**
- **Swimming at the Pond:** Swim tests (usually conducted Monday & Tuesday) are required of all swimmers. Your camper does not have to do the swim test if they are not going to swim; they will still have the opportunity to wade in the shallowest part of the swimming pond. Certified lifeguards oversee our waterfront operation.
- **Camper Pairings:** Each camper is placed in a DEN rotation with other campers of the same gender and grade and Pack. Two dens of campers travel together to most of the activity areas. If you feel your camper is in the wrong group, don't wait until the end of the week to inform us. Sometimes we have large groups of campers that all want to be together making the den too big, so we will split them up but pair the dens together.
- **Friday Campfire Program:** Summer Day Camp concludes with a Friday afternoon campfire program. This is the highlight of the week for many campers, so please try to have your child attend. Parents and siblings are invited to join us beginning at 2:30 pm.
- **Cancellations:** Day Camp fees become non-refundable as of June 1. Any refund inquiries must be requested in writing to our Council office.
- **Emergency Contact:** This email address [cubcamping@boyscouts-marin.org](mailto:cubcamping@boyscouts-marin.org), is used during camp weeks and checked daily. If you need immediate attention, please contact the Council Office below:





Coming from San Rafael or San Anselmo:

- 1) In Fairfax, turn left on Olema Road (just after St. Rita's Catholic Church)
- 2) Turn left on Manor Road
- 3) Turn right on Rockridge Road
- 4) After approx. 0.1 miles, turn left (actually stay straight) onto Iron Springs Road.
- 5) Travel on Iron Springs Road until you reach the end (approx. 2 miles)
- 6) After passing through the gate at Tamarancho, take the left fork to the parking lot.

**Do not use your GPS; you will be misdirected. Do not use Monte Vista Road. It is a private, gated road.**

**DIRECTIONS TO  
CAMP  
TAMARANCHO**

# CUB SCOUT RANGE & TARGET ACTIVITIES

## Parent/Guardian Approval/Authorization Form

*(Consent for Minor to use Archery & Slingshot equipment, and BB Guns)*

Pack # \_\_\_\_\_ Scout Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_  
*(circle: mobile / home / work)* *(circle: mobile / home / work)*

Secondary address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

We, the undersigned parent(s) or legal guardian(s) of: \_\_\_\_\_,  
a minor, do hereby authorize Marin Council, BSA to furnish the following range equipment for:

**Archery** (bows/arrows) \_\_\_\_\_ **BB** (guns) \_\_\_\_\_ **Slingshot** \_\_\_\_\_

*(approval for Cub Scout to participate in activity only with parent/guardian initials)*

to the minor named above for the purpose of instruction in the safe handling and shooting of firearms, target shooting, and related activities under the supervision of the Range & Target Activities Director and staff. This authorization will remain in effect for said minor while he is participating in any Marin Council, Scouting America program or activity related to firearms, archery, or slingshot unless revoked in writing by the undersigned and said revocation delivered to the Marin Council office. ***This signed authorization expires December 31, 2025.***

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Archery and Slingshot equipment, and BB guns  
are to be used by Cub Scouts  
at Council-sponsored events ONLY  
per BSA Program Safety Policy!**

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

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

### Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.


**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**

 **NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.**

List participant restrictions, if any: \_\_\_\_\_  None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If participant is under the age of 18)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

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

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

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

#### Adults NOT Authorized to Take Youth to and From Events:

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

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



## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

**In case of emergency, notify the person below:**

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

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



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

**DO YOU USE AN EPINEPHRINE AUTOINJECTOR?** Exp. date (if yes) \_\_\_\_\_  YES  NO

**DO YOU USE AN ASTHMA RESCUE INHALER?** Exp. date (if yes) \_\_\_\_\_  YES  NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

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

Check here if no medications are routinely taken.  If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			Exemption to immunizations <b>(form required)</b>	

**Please list any additional information about your medical history:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO NOT WRITE IN THIS BOX.**  
 Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

