

Forms

The following forms are available on-line at the links indicated and also at the back of this Guide:

- Leaders Guide (this document):
<http://www.peterloon.danbeard.org/Leaders-Packets.htm>
- Registration Form:
<http://www.peterloon.danbeard.org/Registration.htm>
- Unit Roster:
<http://www.peterloon.danbeard.org/PDFs/Unit-Roster-P2010.pdf>
- T-Shirt Order Form:
<http://peterloon.danbeard.org/PDFs/T-Shirt-Order-Form-2010.pdf>
- Unit Volunteer Application:
<http://www.peterloon.danbeard.org/PDFs/VOL-SHEET-P08.pdf>
- Staff Volunteer Application:
<https://www.doubleknot.com/registration/calendardetail.asp?ActivityKey=841326>
- BSA Annual Health and Medical Record Form
<http://danbeard.org/pdf/annualhealth.pdf>
- Participant Agreement Form - also available on-line at
<http://peterloon.danbeard.org/Participant-Agreement-Form.htm>

Tour permits are not required for units within the Dan Beard Council. Other units should consult with your local council for their requirements. The following Tour Permit Applications are provided for your convenience.

- National Tour Permit Application - also available on-line at
<http://danbeard.org/pdf/General/NtITour.pdf>
- <http://www.danbeard.org/pdf/General/NtITour.pdf>
- Local Tour Permit Application - also available on-line at
<http://www.danbeard.org/pdf/General/LocalTour.pdf>

PETERLOON 2010

“Achievements of the Past – Foundations for the Future”

Peterloon Registration Form

Dan Beard Council

Boy Scouts of America

2010 PETERLOON REGISTRATION

Oct. 15 - 17, 2010 - Dan Beard Scout Reservation, Cub Scout Adventure World

Troop / Crew # _____ District _____ Council _____
 (circle one)

SEND ALL PETERLOON CORRESPONDENCE TO: (please type or print)

Leader's Name _____ Position in Troop/Crew _____

Address _____ City _____

State _____ ZIP _____ Cell # (_____) _____

Business Phone (_____) _____ Home Phone (_____) _____

Fax (_____) _____ Email _____

Attending Webelos coming from PACK # _____

Boy Scouts Attending # _____ X \$16 ea. = \$ _____

Webelos Attending # _____ X \$16 ea. = \$ _____

Adults Attending # _____ X \$16 ea. = \$ _____

Webelos Attending **SAT ONLY** # _____ X \$9 ea. = \$ _____

Per person late fee (if submitted after August 15) # _____ X \$3 ea. = \$ _____

AMOUNT DUE = \$

T-SHIRT WILL NOT BE INCLUDED IN REGISTRATION PRICE, YOU MUST PRE-ORDER ON T-SHIRT ORDER FORM

<http://peterloon.danbeard.org/PDFs/T-Shirt-Order-Form.pdf>

MAIL THIS FORM AND SEND CHECK (U.S. Funds) BY SEPTEMBER 15, 2010 TO:

Payable to: Dan Beard Council, BSA
 10078 Reading Rd.
 Cincinnati, OH 45241

Questions: (513) 577-7700 or 1 (888) 360-8572

<input type="checkbox"/>	Check box if special needs Vehicle Pass Application is needed Statement from physician will be required for medical disability.
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NOTE: ADVANCE REGISTRATION IS REQUIRED TO ATTEND PETERLOON! Due to limited parking, each unit will receive by mail, cargo vehicle passes to enter Peterloon campsite. Registration must be received by Sept. 15 to allow for mail delivery of your cargo vehicle passes. Vehicles without passes will not be admitted to the Peterloon campsite but will be routed to designated parking areas for both UNLOADING and PARKING. There will be no exceptions to this policy.

Registration must be in the Scout Achievement Center by 5:00 p.m. August 15, 2010 to avoid late fees and penalties regarding access to the Peterloon campsite. Registrations received after August 15 will require a \$3 per person late fee. Registrations end September 15, 2010.

PETERLOON - AMAZING RACE ENTRY FORM

To register your patrol for the competition, complete this form and submit it with your troop's pre-registration above. The pre-registration and Amazing Race entry forms are due by September 15, 2010. Only those patrols who have pre-registered will be eligible to compete.

TROOP # _____ **DISTRICT** _____ **COUNCIL** _____

SENIOR PATROL NAME _____ **# OF SCOUTS IN PATROL** _____
 (Senior Patrol - 1st Class and above)

SCOUT PATROL NAME _____ **# OF SCOUTS IN PATROL** _____
 (Scout Patrol - Scouts up to 2nd Class)

COUNCIL REFUND POLICY:

Individuals or groups who cancel a program reservation 60 days prior to date of event will receive a refund of fees paid less 20% administration charge. No refund made after the 60 day cancellation deadline.

OFFICE USE ONLY - ACCT. # 6801-052

Amount Received \$ _____ By _____
 Date Payment Received/Postmarked _____

Revised 3/29/10

PETERLOON 2010

"Achievements of the Past – Foundations for the Future"

Unit Roster

2010 PETERLOON UNIT ROSTER

(PLEASE PRINT or TYPE)

DISTRICT _____ TROOP / CREW # _____ COUNCIL _____
(circle one)

Please complete this roster, mail it back with your registration form, and update on Friday night check-in.
(MAKE COPIES FOR YOUR RECORDS BEFORE SENDING TO COUNCIL)

On Site
Leader's Name _____ Cell Phone (_____) _____

YOUTH	Scout's Name	(check one)				UNIT #	Shirt Size
		Boy Scout	Venturer	Web 2	Web 1		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

ADULTS	Adult's Name					
1						
2						
3						
4						
5						
6						

T-SHIRT Order Form

PETERLOON 2010 T-SHIRT ORDER FORM

COUNCIL _____ DISTRICT _____ TROOP / CREW # _____

Leader's Name: _____ Cell Phone # _____

E-Mail _____

After filling out the UNIT ROSTER form for those Scouters wishing to purchase a PETERLOON T-SHIRT:

1. Add the numbers on the UNIT ROSTER form by size
2. Transfer them to this form
3. Compute Grand Total
4. Keep one copy of this form for your records and turn in a copy and a check to:
 Dan Beard Council, BSA
 10078 Reading Rd
 Cincinnati, OH 45241

ALL SIZES ARE ADULT

<u>#</u>	<u>SIZE</u>		<u>COST *</u>	= \$	<u>TOTAL \$</u>
_____	Small	X	\$6.00/EA *	= \$	_____
_____	Medium	X	\$6.00/EA *	= \$	_____
_____	Large	X	\$6.00/EA *	= \$	_____
_____	X-Large	X	\$6.00/EA *	= \$	_____
_____	XX-Large	X	\$8.00/EA *	= \$	_____
_____	XXX-Large	X	\$9.00/EA *	= \$	_____
_____	XXXX-Large	X	\$10.00/EA *	= \$	_____

GRAND TOTAL = \$

All T-Shirts must be ordered by 9/15/2010.
 After 9/15/2010, T-shirt orders are FINAL
 No Refunds or Exchanges at the event
 If you want to buy additional T-Shirts at Peterloon,
 they will cost \$4 more each over the prices shown above.

Unit Volunteers Application Form

BE A PART OF PETERLOON 2010

UNIT VOLUNTEERS

SCOUTMASTERS

WE NEED TWO ADULTS FROM YOUR UNIT FOR

4 HOURS EACH

on SATURDAY

(Note: This is in addition to any Unit or District events you might be signed up for.)
VOLUNTEERS RECEIVE A SPECIAL STAFF GIFT FOR WORKING 4 HOURS
(Not a hat)

----- RETURN THIS SECTION TO COUNCIL WITH YOUR UNIT REGISTRATION -----

PLEASE PRINT LEGIBLY OR TYPE TO INSURE PROPER REGISTRATION

(Circle One & Enter Unit #) Pack / Troop / Crew _____ DISTRICT _____

(* Cell Phone Numbers Preferred)

UNIT VOLUNTEER #1		UNIT VOLUNTEER #2	
NAME: _____		NAME: _____	
* PHONE # _____		* PHONE # _____	
EMAIL: _____		EMAIL: _____	
INDICATE PREFERENCE: (Circle One Below)		INDICATE PREFERENCE: (Circle One Below)	
SAT AM (8:30 – 12:30)	SAT PM (12:00 – 4:00)	SAT AM (8:30 – 12:30)	SAT PM (12:00 – 4:00)

ASSIGNMENTS AVAILABLE AT CRACKER BAREL FRIDAY NIGHT

PLEASE ARRIVE 15 MINUTES EARLY

ADDITIONAL VOLUNTEERS ARE WELCOME

ANY QUESTIONS E-MAIL TIM CARTER AT volunteer@peterloon.danbeard.org

PETERLOON 2010

“Achievements of the Past – Foundations for the Future”

Medical Form

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

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

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

For more information on medical risk factors, visit Scouting Safely on 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.

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



BOY SCOUTS OF AMERICA.

PETERLOON 2010

“Achievements of the Past – Foundations for the Future”

Annual Health and Medical Record

(Valid for 12 calendar months)

Emergency contact No.:

Allergies:

DOB:

Last name:

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

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 (SEE PART C). 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 _____

MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization 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"/>	Tetanus _____
<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.

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.

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

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

PETERLOON 2010

“Achievements of the Past – Foundations for the Future”

Part B

PHYSICAL EXAMINATION

Height _____ Weight _____ % body fat _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff)				<input type="checkbox"/> Negative	<input type="checkbox"/> Positive		

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping
- Competitive activities
- Backpacking
- Swimming/water activities
- Climbing/rappelling
- Sports
- Horseback riding
- Scuba diving
- Mountain biking
- Challenge ("ropes") course
- Cold-weather activity (<10°F)
- Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
 - Uncontrolled psychiatric disorders.
 - Poorly controlled diabetes.
 - Orthopedic injuries not cleared by a physician.
 - Newly diagnosed seizure events (within 6 months).
 - For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 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

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
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.

Part B Last name: _____ DOB: _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

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.

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 to the adult in charge 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, including 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.

- Without restrictions.
- With special considerations or restrictions (list) _____

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 the event: (You must designate at least one adult. Please include a telephone number.)

1. _____
2. _____
3. _____

Adults NOT authorized to take youth to and from the event:

1. _____
2. _____
3. _____

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____ (if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



Part C Last name: _____ DOB: _____

Rev. 9/2009

Participant Agreement Form

Peterloon offers the opportunity to use established climbing and rappelling facilities.

We operate these facilities safely with trained and certified instructors, but we are required to have a signed Participant Agreement Form submitted for anyone who wishes to use these facilities. If you plan on climbing or rappelling, you must bring a completed and signed copy of the agreement form, shown on the following page, to the tower with you.

You can also pick up copies at the Dan Beard Scout Action Center or download a PDF copy of this form at <http://peterloon.danbeard.org/PDFs/participant-agreement-form.pdf>.

We will have a limited number of blank forms available at Peterloon that you can fill out and have your Scoutmaster or other authorized adult to sign for your parents or guardians if you are under 18 years old, but this will take time and require more coordination during the event, and in an event of this size we may run out of blank forms, so it will be better for you to bring a completed form to Peterloon with you.

In any case, you must have a properly completed copy with you. NO ONE will be permitted to climb or rappel without one.

See Participant Agreement Form on the following page!

PETERLOON 2010

“Achievements of the Past – Foundations for the Future”

Participant Agreement Form

(To be completed by all participants and submitted upon arrival to event)

Element of Danger Statement: As in any physical activity, there is an element of risk during the event. I understand there are inherent risks that cannot be eliminated from these activities. I have full knowledge of the nature and extent of the risks including, but not limited to:

1. Injuries resulting from falling from a height up to 60', collision with the Tower structure, high course events, low course events, or other obstacles.
2. Injuries resulting from rope abrasion, entanglement, and other injuries that may result from activities or other persons, including but not limited to slipping, trip and fall, climbing, rappelling, belaying, lowering on a rope, rescue or emergency activities, as well as injuries, abrasions, and cuts resulting from contact with the ground, equipment, and components of the program elements.
3. Failure of the ropes, harnesses, course hardware, anchor points, or any other part of the challenge course structure or equipment. Injuries from falling participants or equipment.
4. Injuries resulting from the *negligence* of other course participants, belayers, spotters, spectators or staff members.

Certification of Fitness: All material pre-existing health conditions and physical limitations of the participant will be disclosed by the participant or the participant's parent or guardian in writing before beginning any activity. I have listed below any medical conditions which may hinder my abilities in the selected activities.

1. Do you have any limiting physical disability, or conditions (temporary or permanent)? **YES NO**
If yes, identify and explain: _____
2. Are you currently taking medication (prescribed or otherwise)? **YES NO**
If yes, identify and explain: _____
3. Please list any allergies to food, medicine, plant, animal, insect, other: _____

4. Have or subject to: (Check if yes) Asthma Fainting Spells Convulsions Diabetes
Angina Epilepsy Drug Reactions Bleeding Disorders Heart Trouble Prosthesis
Explain any checked boxes: _____

Medical Permission: This health information is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me or a physician. In the event of an emergency, I understand a reasonable attempt will be made to reach my emergency contact. If unable to reach that contact, I hereby give permission to the physician, selected by the adult leaders in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication.

Talent Release: I grant permission to the Dan Beard Council, or its' assignees to use and publish my likeness in photo/video format or electronic representation for event and corporate promotional use. I release the Dan Beard Council, BSA from all associated liability and waive the right to compensation.

I HAVE READ THIS PARTICIPANT AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME. I HEREBY RELEASE AND HOLD HARMLESS, AND WAIVE ALL CLAIMS I MAY HAVE AGAINST BOY SCOUTS OF AMERICA, DAN BEARD COUNCIL, BSA, ACTIVITY CORDINATOR(S), ALL EMPLOYEES, VOLUNTEERS, OR OTHER ASSOCIATED ORGANIZATIONS.

<i>Participant's Signature</i>	<i>Printed Name</i>	<i>Date</i>
<i>Parent or Guardian (If under 18 years old)</i>	<i>Printed Name</i>	<i>Date</i>
Address: _____ City: _____ State: _____ Zip: _____		
Home Phone: _____ Alternate Phone: _____		
Emergency Contact: (Name) _____ Phone: _____		

Bring your completed copy of this form to the tower with you!

PETERLOON 2010
"Achievements of the Past – Foundations for the Future"

National Tour Permit Application

NATIONAL TOUR PERMIT APPLICATION

LOCAL COUNCIL TIME STAMP	REGIONAL TIME STAMP
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A National Tour Permit is required for all groups traveling to areas 500 miles or more one way from home area (local council camp excepted), or crossing national boundaries into the territory of other nations. This application should be submitted, typed or printed, to the local council service center for approval at least one month before your tour. Then the council service center will forward it to the regional service center for further approval. It is essential that you read *Tours and Expeditions*, No. 33737C, before filling out this form. For trips and overnight camps less than 500 miles one way, use Local Tour Permit Application, No. 34426B.

FOR TOURS 500 MILES OR MORE AND TOURS OUTSIDE THE U.S.A.

Current date _____
 Council name _____ Type of unit _____ No. _____
 Council address _____
 Purpose of this trip is _____
 From (city and state) _____ to _____
 Mileage round trip _____ Dates / / to / / Total days _____
 Is accident insurance in force for this unit? Yes No Company _____ Policy no. _____

LEADERSHIP AND PERSONNEL (Boy Scouts of America policy requires at least two adult leaders on all camping trips and tours. Coed Venturing crews must have both male and female leadership.)

1. The adult leader in charge of this group must be at least 21 years old.
 Name _____ Age _____ Scouting position _____ Expiration date _____
 Street or R.F.D. _____

City _____ State _____ Zip code _____
 Home phone () _____ Business phone () _____

List experience and training for this responsibility. _____

I have in my possession a copy of *Guide to Safe Scouting*, No. 34416B, and have read it. _____ Adult leader's signature

2. Associate adult leader name(s) (minimum age 18) Age _____ Scouting position _____ Expiration date _____
 Address _____ Phone () _____
 Address _____ Phone () _____

Attach a list with additional names and information as outlined above.

3. Party will consist of (number):
 _____ Cub Scouts
 _____ Boy Scouts
 _____ Varsity Scouts
 _____ Venturers—male
 _____ Venturers—female
 _____ Adults—male
 _____ Adults—female
 _____ Total

4. Party will travel by:
 Car
 Bus
 Train
 Plane
 Canoe
 Van
 Boat
 Foot
 Cycle

If traveling by other methods, please specify:

 Party will travel with another crew that has a male or female (circle one) leader. This leader will be responsible for the Venturer(s) of my crew.
 Advisor _____
 Other crew's no. _____
 Council _____

TRANSPORTATION

5. You will enforce reasonable travel speed in accordance with state and local laws in all motor vehicles.
 6. If traveling by motor vehicle:
 a. **Driver qualifications:** All drivers must have a valid driver's license that has not been suspended or revoked for any reason, and must be at least 18 years of age. **Youth-member exception:** When traveling to an area, regional, or national Boy Scout activity, or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) No record of accidents or moving violations; (3) Parental permission has been granted to leader, driver, and riders.

NATIONAL TOUR PERMIT THIS IS TO CERTIFY THAT **COUNCIL NUMBER** _____
 Permission is granted to:
 Tour leader _____ Date Issued _____
 Type of unit _____ No. _____ Council _____
 Council address _____
 For trip from _____ to _____
 Dates _____ to _____, 20_____

This permit is granted with the understanding that the group is prepared to meet its own expenses and that no soliciting of funds or of special concessions because of its connection with the Boy Scouts of America will be permitted en route.

Any person to whom this permit is presented is advised that proper assurance has been given to approved representatives of the Boy Scouts of America that members of this group are qualified campers and are familiar with the standards and objectives of good Scouting and will conduct themselves accordingly.

Regional authorization _____

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"Achievements of the Past – Foundations for the Future"

- b. If the vehicle to be used is designed to carry more than 15 persons (including driver), the driver must have a commercial driver's license (CDL).
Name _____ CDL expiration date _____
- c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops. If only one driver, then reduce driving time and stop more frequently.
- d. Seat belts are provided, and must be used, by all passengers and driver. Exception: A school or commercial bus, where not required by law.
- e. Passengers will ride only in the cab if trucks are used.

INSURANCE

All vehicles MUST be covered by a public liability and property damage liability insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit.) Any vehicle carrying 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles, the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle. All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.

KIND YEAR AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER*	DOES EVERYONE HAVE SEAT BELTS?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY		PROPERTY DAMAGE
					Each Person	Each Accident	
					\$	\$	\$

*All drivers must have a valid driver's license that has not been suspended or revoked for any reason.

- 7. If traveling by public carrier, plane, or boat:
 - a. Operations are in accord with state and federal laws.
 - b. Insurance coverage is adequate.

HEALTH—SAFETY—AQUATICS—CLIMBING/RAPPELING—SANITATION—WILDERNESS USE POLICY—YOUTH PROTECTION TRAINING

- 8. a. Where swimming or boating is included in the program, Safe Swim Defense, No. 34370A, and/or Safety Afloat, No. 34368B, standards are to be followed. If climbing/rappelling is included, then Climb On Safely, No. 3206 (which recommends the American Red Cross's standard first aid and When Help is Delayed or equivalent course), must be followed.

One adult in the group must be trained as outlined:

NAME	AGE	SAFE SWIM DEFENSE EXPIRATION DATE	SAFETY AFLOAT EXPIRATION DATE	CLIMB ON SAFELY DATE TAKEN

At least one person must be trained in CPR from any recognized agency for Safety Afloat and Climb On Safely.

NAME	AGE	CPR TRAINING	AGENCY	EXPIRATION DATE

- b. Our travel equipment will include: first-aid kit, road emergency kit.
- c. Units going into the wilderness or backcountry must carry and abide by the Wilderness Use Policy, No. 20-121.
- d. The group leader will have in his or her possession the appropriate health and medical forms for every leader and participant.
- e. All registered adults participating in any nationally conducted event or activity must have completed the BSA Youth Protection Training.
- f. At least one registered adult who has completed BSA Youth Protection Training must be present at all other events and activities that require a tour permit.

Itinerary. It is required that the following information be provided for each day of the tour: (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required.

DATE	From	TRAVEL To	MILEAGE	OVERNIGHT STOPPING PLACE (Check if reservations are cleared.)	✓

THE INTERNATIONAL LETTER OF INTRODUCTION

Individuals wanting an International Letter of Introduction for travel to another country alone or with family members should use the International Letter of Introduction Application, No. 22-12B, available from your local council service center. (See "Planning an International Experience" in *Tours and Expeditions*, No. 33737C, for tips on planning international tours.)

We hereby verify that we consider the leadership of this tour adequate in every way, that the foregoing statements are correct, and that we will comply with the policies and procedures for tours and expeditions as established by the Boy Scouts of America. **In the event of any serious injury or fatality occurring during this activity, we will notify our local council immediately.**

Signatures Required:

Approved _____ Unit no. _____ Date _____
(Chairman of committee)

Approved _____
(Tour leader)

Send this entire application to your local council service center for approval at least one month prior to the activity.

Approved _____ Council no. _____ Date _____
(Scout executive)

For Regional Use Only:
Approved by _____ Region W C S NE Date _____



4419C
2009 Boy Scouts of America

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Local Tour Permit Application



TOUR PERMIT APPLICATION FOR TRIPS AND CAMPS UNDER 500 MILES

Local permit No. _____ Date received _____ Date approved by council _____

A local tour permit is granted by the council for trips of less than 500 miles or travel to a council-owned camp. A National Tour Permit is granted by the region after approval of the council and is required for trips in excess of 500 miles one way or for any trips outside the United States of America. A council needs the application at least two weeks in advance of the activity for local permits. Councils may require additional time for special activities, and unit leaders completing this application should plan accordingly. Units are strongly encouraged to utilize MyScouting to file all permits electronically. Print or reproduce on legal or ledger-size paper.

Unit title _____ Unit No. _____ Chartered organization: _____
 Council name/number: _____ / _____ District: _____
 Purpose of this trip is _____
 From (city and state) _____ to _____
 Mileage round trip _____ Dates _____ to _____ Total days _____
 Is accident insurance in force for this unit? Yes No Company name and policy No. _____

Itinerary: It is required that the following information be provided for each day of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites and routes and include maps for wilderness travel.

Date	Travel		Mileage	Overnight stopping place (Check if reservations are cleared)	<input checked="" type="checkbox"/>
	From	To			

Type of trip: Day trip Short-term camp (less than 72 hrs.)
 Long-term camp (longer than 72 hrs.) (Furnish copy of program and menus.) High-adventure activities

Leadership and Youth Protection Training: Boy Scouts of America policy requires at least two adult leaders on all camping trips and tours. Coed Venturing crews must have both male and female leadership. The adult leader in charge of this group must be at least 21 years old. All registered adults participating in any nationally conducted event or activity must have completed BSA Youth Protection Training. At least one registered adult who has completed BSA Youth Protection Training must be present at all other events and activities that require a tour permit. Effective for tours beginning January 1, 2009, Youth Protection Training will be valid for two years from the date completed.

1. The adult leader in charge of this group must be at least 21 years old.
 Name _____ Age _____ Scouting position _____ Expiration date _____
 Address _____
 City _____ State _____ Zip code _____
 Phone _____ E-mail _____ Youth Protection Trained Yes No

As the tour leader, I certify that appropriate planning has been conducted, qualified and trained supervision is in place, permissions are secured, and I have read and have in my possession a copy of Guide to Safe Scouting and other appropriate resources. _____
 Adult leader's signature

2. Assistant adult leader name(s) (minimum age 18 or 21 for Venturing crews)
 Name _____ Age _____ Scouting position _____ Expiration date _____
 Address _____
 City _____ State _____ Zip code _____
 Phone _____ E-mail _____ Youth Protection Trained Yes No

Attach a list with additional names and information as outlined above.

 Signed by member of unit committee

 Signed by tour leader

Signatures must be from two different people.

RETAIN IN COUNCIL SERVICE CENTER

OFFICIAL LOCAL TOUR OR CAMP PERMIT
BOY SCOUTS OF AMERICA

This permit should be in the possession of group leader at all times and displayed when requested by Scouting officials or other duly authorized people.

Permit issued to _____ No. _____ Town _____
Type of unit
 Name of tour leader _____ Age _____ Address _____
 Name of tour leader _____ Age _____ Address _____
 Permit covers all travel between _____ and _____
 Dates of trip from _____ to _____
 Total youth _____ Total adults _____

This group has given the local council every assurance that they will conduct themselves according to the best standards of Scouting and observe all rules of health, safety, and sanitation as prescribed by the Boy Scouts of America and as stated in the Pledge of Performance on the reverse side of this permit.

These spaces are for the signatures and comments of officials where the group camps or stays for one night or more. Signatures indicate that the cooperation and conduct of the Cub Scout, Boy Scout, Varsity Scout, or Venturing group were satisfactory in every way.

Date	Place	Signature	Comment

Local Permit No. _____
 Date Issued _____

Council Stamp

Not official unless council stamp appears here.

Council name and address

Council phone no.

Signed for the council



3. Party will consist of (number):
 Cub Scouts Boy Scouts Varsity Scouts
 Venturers—male Venturers—female
 Adults—male Adults—female Total

4. Party will travel by:
 Car Bus Train Plane
 Canoe Van Boat Foot
 Bicycle

If traveling by other methods, please specify: _____
 Party will travel with another unit/crew that has a male or female (circle one) leader. This leader will be responsible for the Venturer(s) of my crew.

Advisor _____ Other crew's no. _____ Council _____

Tour involves: Swimming Boating Climbing Orientation flights (attach Flying Permit, No. 19-672, required)
 Wilderness or backcountry (must carry Wilderness Use Policy and follow principles of Leave No Trace Camping)

Activity Standards: Where swimming or boating is included in the program, Safe Swim Defense and/or Safety Afloat standards are to be followed. If climbing/rappelling is included, then Climb On Safely must be followed. At least one person must be trained in CPR from any recognized agency for Safety Afloat and Climb On Safely. At least one adult on a pack overnighiter must have completed Basic Adult Leader Outdoor Orientation (BALOO) Effective for tours on January 1, 2009, at least one adult must have completed Planning and Preparing for Hazardous Weather training.

Name	Age	Safe Swim Defense expiration (two years from date taken)	Safety Afloat expiration (two years from date taken)	Climb On Safely date taken
Name	Age	CPR training	Agency	Expiration Date
Name	Age	Date BALOO Training Completed	Planning and Preparing for Hazardous Weather Training valid until (two years from date completed)	Youth Protection expiration (two years from date taken)
Name	Age	NIA Instructor and/or RSO		
		<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun		

INSURANCE

All vehicles MUST be covered by a liability and property damage insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. (It is recommended, however, that coverage limits are at least \$50,000/\$100,000/\$50,000 or \$100,000 combined single limit.) Any vehicle designed to carry 10 or more passengers is required to have limits of \$100,000/\$500,000/\$100,000 or \$500,000 combined single limit. In the case of rented vehicles the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	LIABILITY INSURANCE COVERAGE		
					LIABILITY Each Person	LIABILITY Each Accident	PROPERTY DAMAGE
					\$	\$	\$

The local council may allow a list of the above information to be attached to the permit in order to expedite the process. Each unit may circle the names of the drivers for an event or an activity.

TRANSPORTATION GUIDELINES

- You will observe reasonable travel speed in accordance with state and local laws in all motor vehicles.
- If by motor vehicle:
 - Driver Qualifications: All drivers must have a valid driver's license and be at least 18 years of age. **Youth Member Exception:** When traveling to an area, regional, or national Boy Scout activity or any Venturing event under the leadership of an adult (21+) tour leader, a youth member at least 16 years of age may be a driver, subject to the following conditions: (1) Six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted); (2) no record of accidents or moving violations; (3) parental permission has been granted to leader, driver, and rider.
 - If the vehicle to be used is designed to carry more than 15 people (including driver) the driver must have a commercial driver's license (CDL).

Name: _____
 C.D.L. expiration date: _____
 c. Driving time is limited to a maximum of 10 hours and must be interrupted by frequent rest, food, and recreation stops.
 d. Seat belts are provided, and must be used, by all passengers and driver. Exception: A school or commercial bus, when not required by law.
 e. Passengers will ride only in the cab if trucks are used.

OUR PLEDGE OF PERFORMANCE

- We will use the Safe Swim Defense in any swimming activity. Safety Afloat in all craft activity on the water, and Climb On Safely for climbing activity.
- We will use trucks only for transporting equipment—no passengers except in the cab. All passenger cars, station wagons, recreational vehicles, and cabs of trucks will have a seat belt for each passenger.
- We agree to observe reasonable travel speed (in accordance with national, state, and local laws) and use only vehicles that are in safe mechanical condition.
- We will verify that tires are inflated at all times.
- We will apply for a fire permit from local authorities in all areas where it is required.
- We will at all times be a credit to the Boy Scouts of America and will not tolerate swagging or un-Scoutlike conduct, keeping a constant check on all members of our group.
- We will maintain high standards of personal cleanliness and orderliness and will operate a clean and sanitary camp, keeping it in a better condition than we found it.
- We will not litter or bury any trash, garbage, or tin cans. All rubbish that cannot be burned will be placed in a bio-filter bag and taken to the nearest recognized trash disposal or all the way home, if necessary.
- We will not deface trees, rock formations, or other objects with initials or writing.
- We will respect the property of others and will not trespass.
- We will not cut standing trees or shrubs without specific permission from the landowner or manager.
- We will collect only souvenirs that are gifts to us or that we purchase.
- We will pay our own way and not expect concessions or entertainment from any individual or group.
- We will provide every member of our party an opportunity to attend religious services on the Sabbath.
- We will observe the courtesy to which you states to persons who assisted us on our trip.
- We will, in case of backcountry expeditions, read and abide by the Wilderness Use Policy of the BSA.
- We will notify, in case of serious trouble, our local council service center, our parents, or other local contact.
- If more than one vehicle is used to transport our group, we will establish rendezvous points at the start of each day and not attempt to have drivers closely follow the group vehicle in front of them.

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Peterloon Evaluation & Feedback Form

District:

Troop/Crew/Pack:

At Peterloon 2010 we worked to maintain many of the most popular jamboree type events from previous Peterloons and add some new activities and programs as well – focusing on patrol competition, reinforcing the Patrol Method, and highlighting our theme this year of *“Achievements of the Past – Foundations for the Future.”* We also tried to make progress in overcoming some of the logistical challenges inherent with an event of this size, which turned out to be our largest Peterloon ever. Your feedback will help us understand what worked well and what we can try to improve at the next Peterloon.

Please complete and mail this evaluation to the Program Office of the Dan Beard Council by Oct. 24, 2010.

Peterloon 2010
 Program Office
 Dan Beard Council BSA
 10078 Reading Road, Cincinnati, OH 45241

Your input is appreciated.

1. Considering everything about the Peterloon events you have attended, which did you prefer?

		(CHECK ONE)	Comments
a.	Preferred this Peterloon	<input type="checkbox"/>	
b.	Preferred other Peterloons	<input type="checkbox"/>	
c.	N/A - This is our first Peterloon	<input type="checkbox"/>	

2. Please tell us everything you LIKED about Peterloon 2010:

3. Please tell us everything you **DISLIKED** about Peterloon 2010 and how you think it could be improved: *(use additional pages if necessary – learning from mistakes is how we improve)*

4. Please rate each of the following items by typing a number in the box that best represents your view and give us comments to help us better understand why you selected your rating.:

EXCELLENT POOR

	5	4	3	2	1	Comments
<u>Information & Registration:</u>						
a. Leader's Guide						
b. Guide Book						
c. Web Site						
d. Registration Process						
e. Check-In						
f. Cost						
g. Saturday On-Site Info						

	5	4	3	2	1	Comments
<u>Physical Arrangements / Support Services:</u>						
a. Parking						
b. Shuttle System						
c. Camping Arrangements						
d. Port-O-Lets / Water						
e. Time of Year (weather)						

f. Location (Cub World)						
g. First Aid Services						
h. Trash Containers						
i. Staff						
j. Security						

	5	4	3	2	1	Comments
Programs / Events / Activities:						
a. Trading Post Inventory						
b. Trading Post Locations						
c. Food Concessions						
d. Saturday Activities						
e. Midway						
f. Competition Events Campsites, Gateways, Patrol Flags, Tug-O-War; Amazing Race						
g. District Sponsored Events						
h. Arena Show Setup &Program						
i. Religious Services Setup						
j. Event Queuing (Lines)						

	5	4	3	2	1	Comments
OVERALL RATING:						

Optional contact information if you wish:

_____ (name) _____ (phone) _____ (email)