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Dear Parents:

It is time to begin planning for our trip to Cherokee Scout Reservation for summer camp this year. Cherokee Scout Reservation is located in Caswell County and is near Yanceyville, NC. Our troop plans to attend camp the week of: __________________________________________.

We will be leaving from the troop meeting site, ________________________, at _______ in order to arrive at camp before 2:00 p.m. Scouts will need to wear their class A uniform. Make sure you have signed your scout’s health history and that he has had a physical examination within the past 36 months. Without the health form, the scout will not be allowed into camp.

The fee for summer camp this year is $140.00.

In our troop meeting, we have talked with each scout individually to decide what programs he is going to participate in at camp. We have also discussed what he needs to pack. Scouts will need some spending money for materials for merit badge sessions, snacks, and souvenirs.

Thursday night is visitors’ night. Parents, relatives, and friends are invited to camp for a covered dish supper and campfire. Each family is asked to bring food to feed their scout and several others. We will have a covered dish dinner in the campsite. At 8:00 p.m., the campfire program will begin. Visitors may begin arriving at 5:30 p.m. The evening’s events will be over by 9:30 p.m. Please inform your son of your plans. If you cannot come, arrange for someone to show up. It’s awfully lonely on visitors’ day when no one comes to see you.

We will return to the troop meeting site around _______ a.m. on Saturday. Please be there to pick your son up.

In Scouting,

Scoutmaster, Troop ###
<table>
<thead>
<tr>
<th>Activity</th>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
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<th>Thursday</th>
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<th>Saturday</th>
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<td>Waiter Call 1</td>
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<td>Breakfast 1</td>
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<td>Waiter Call 2</td>
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<td>Flag Raising</td>
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<td>Breakfast2</td>
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<tr>
<td>Session 1</td>
<td>9:00</td>
<td>Leader’s Mtg (9:15)</td>
<td>Leader’s Mtg (9:15)</td>
<td>Leader’s Mtg (9:15)</td>
<td>Leader’s Mtg (9:15)</td>
<td>Leader’s Mtg (9:15)</td>
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<td>Session 2</td>
<td>10:00</td>
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<td>Session 3</td>
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<td>Lunch</td>
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<td>SPL Lunch Mtg</td>
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<td>Free Time</td>
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<td>SPL Mtg</td>
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<tr>
<td>Session 4</td>
<td>2:00</td>
<td>Check in (Medical Recheck, Camp Tour, Swim Test)</td>
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<td>Session 5</td>
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<td>Session 6</td>
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<tr>
<td>Free Time</td>
<td>5:00</td>
<td>SPL Mtg. in OA Lodge</td>
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<td>Waiter Call 1</td>
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<td>Supper 1</td>
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<td>Waiter Call 2</td>
<td>6:15</td>
<td>Flag Lowering (7:45)</td>
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<tr>
<td>Retreat</td>
<td>6:20</td>
<td>Campfire (8:00)</td>
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<td>Supper 2</td>
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<td>Vespers</td>
<td>7:00</td>
<td>Twilight</td>
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<tr>
<td>Twilight</td>
<td>7:20</td>
<td>Merit Badge Sign-up (7:45)</td>
<td>Leader’s Mtg (8:15)</td>
<td>Campfire (9:15)</td>
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<tr>
<td>Taps</td>
<td>10:00</td>
<td>Staff Meeting</td>
<td>OA Meeting</td>
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<td>Staff Meeting</td>
</tr>
</tbody>
</table>
Cherokee Scout Reservation

Application for Special Camp Program

Participants Information
Name: _______________________________________________________________________
Phone: _______________________________________________________________________
Age: _________________________ Unit # and City: _________________________________

I apply for participation in the following program:
☐ CSR Trail Crew (13 yrs old, current class 3 medical form)
☐ Project C.O.P.E.
☐ Mountain biking (must include application for cycling merit badge)
☐ BSA Lifeguard
☐ Kayaking BSA
☐ Snorkeling BSA
☐ Mile Swim BSA
☐ F.R.O.G.S. (new scout program)

Unit Leader Approval
Printed Name: __________________________________________________________________
Signature: __________________________ Date: __________________________
Address: ______________________________________________________________________
City: ______________________________ State: _________ Zip: ___________
Phone: (W) ________________ (H) _________________ e-mail: ________________________
MERIT BADGE APPLICATION
BOY SCOUTS OF AMERICA
FOR SUMMER CAMP USE ONLY

Troop# _______ Campsite ________________________ Merit Badge ______________________ Period ______

Art
Archery
Camping
Swimming
Nature
First Aid
Climbing

Please Print

Scout Application
Name __________________________________________ Age ________
Address ______________________________________ Grade ________
City/State/Zip ______________________________________ Rank ________
I respectfully make application for the merit badge listed above:
__________________________________________________________________
Signature of Scout Date

Approval of Unit Leader – Prior Merit Badge Preparation

I hereby certify that the applicant is eligible for counseling in the merit badge listed above and has
completed the following requirements before coming to summer camp:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Signature of Unit Leader Date

Approval of Counselor

The above named applicant has personally appeared before me and demonstrated to my satisfaction that:
[   ] All requirements have been completed
[   ] Partial requirements were completed. Requirements not completed at this time are:
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
Signature of Counselor Date
Individual Scout Equipment List

Each scout is responsible for his own personal gear. A suggested list follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>2 complete summer scout uniforms</td>
<td>flashlight with extra batteries and bulb</td>
</tr>
<tr>
<td>6 extra T-shirts</td>
<td>insect repellant</td>
</tr>
<tr>
<td>4 pairs of extra shorts / pants</td>
<td>pocket knife (if you have Tot “n” Chit)</td>
</tr>
<tr>
<td>8 pairs of socks</td>
<td>pencil and paper</td>
</tr>
<tr>
<td>8 sets of underwear</td>
<td>Scout handbook</td>
</tr>
<tr>
<td>2 handkerchiefs</td>
<td>merit badge pamphlets</td>
</tr>
<tr>
<td>hiking boots (water-resistant)</td>
<td>book of faith</td>
</tr>
<tr>
<td>close-toed shoes (no sandals)</td>
<td>laundry money (washer and dryer available)</td>
</tr>
<tr>
<td>swim trunks &amp; towel separate from bath towel</td>
<td>spending money</td>
</tr>
<tr>
<td>sleepwear</td>
<td>camera and film</td>
</tr>
<tr>
<td>1 pair of long pants</td>
<td>suntan lotion</td>
</tr>
<tr>
<td>sleeping bag (for overnighter)</td>
<td>camp chair</td>
</tr>
<tr>
<td>2 sheets and blanket / light-weight</td>
<td>toiletry kit containing:</td>
</tr>
<tr>
<td>pillow with case</td>
<td>2 bath towels</td>
</tr>
<tr>
<td>sweatshirt or jacket</td>
<td>1 wash cloth</td>
</tr>
<tr>
<td>raincoat or poncho</td>
<td>comb and brush</td>
</tr>
<tr>
<td>hat</td>
<td>soap and soap dish</td>
</tr>
<tr>
<td>day pack</td>
<td>toothbrush</td>
</tr>
<tr>
<td>watch with alarm</td>
<td>toothpaste deodorant</td>
</tr>
<tr>
<td>water bottle</td>
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</tbody>
</table>

All personal equipment and clothing should be clearly marked with the name and troop number of the owner. DO NOT leave valuables lying around in the troop area. Carry them along with you, even to the waterfront. On occasion, outsiders do come through the woods.

What NOT to Bring:

<table>
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<tr>
<th>Item</th>
<th>Item</th>
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<tbody>
<tr>
<td>Bicycles</td>
<td>pets</td>
<td>hand held games</td>
</tr>
<tr>
<td>sheath knife</td>
<td>CB radio</td>
<td>fire works</td>
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<tr>
<td>radio transceivers</td>
<td>generators</td>
<td>CD and tape players</td>
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</table>

Troop Equipment

Patrol and troop flags, coolers, propane lanterns, plastic or tarps, footlocker and lock, troop library, props for skits, ropes for campsite improvements, articles for walkblock, scoutcraft tools
Campership Guidelines

1. A Scout must meet one of the following requirements established to receive a campership.
   a. A signed statement from his school Principal, or authorized school representative, that they qualify for reduced lunches or activity fee waiver, requested by the parent or guardian.
   b. Minister or employer, sign a statement that the Scout's parents have a financial or medical hardship that would prevent them from being able to pay for one week of Summer Camp, requested by the parent or guardian.
   c. Scout Executive approval.

2. The campership must be recommended and approved by the Scoutmaster.

   The Scout and a parent or guardian can select one of the above options (a,b,c) plus the approval of the Scoutmaster. All letters or statements should be attached to the application.

3. Camperships will be limited to one campership per Scout who would otherwise be unable to attend (which would include one session off Summer Camp, Webelos Camp or Day Camp program) at the Old North State Council Camp facilities. Camperships will be limited to one per year per Cub Scout or Boy Scout.

4. The reasons for the campership are as follows: Single parent family, medical hardship, income hardship, multiple youth from same family, etc. The unit the Scout is registered with, may provide 50% of the funding (can come from Scoutreach special funding). A Scout is thrifty, and by being thrifty, the Scout should plan to attend Summer Camp by working prior to camp to provide a portion of the camp fee.

5. A $10.00 deposit must be paid at the time the application is submitted for consideration. This fee is transferable, but not refundable. The transfer may only be made to another Scout that is attending on a normal fee basis.

6. Camperships approved are not transferable to another Scout attending Summer Camp.

7. Forms not properly completed will be returned to the leader of the respective unit and will not be considered by the Campership Committee until completed properly.

8. All campership requests must be properly completed and submitted to the Scout Service Center no later than May 15 of the year the request is made.

9. All requests will be considered by a Campership Committee of not less than five members of the Camping Committee appointed by the Chairman of the Camping Committee.

10. Anyone wishing to appeal a decision made by this committee may do so through the Assistant Scout Executive. All appeals will be reviewed by at least two of the following people: Council Camping Committee Chairman, Scout Executive, Vice President of Cub Scouting, Vice President of Boy Scouting, Vice President of Scoutreach.

11. Scouts and/or units should ask for only the amount of funds actually needed. By asking for more that is needed, the risk is run of not having enough funding to assist all of our needy Scouts. The Camp Director should be notified as soon as possible, but at least two weeks prior to the Scout’s unit attending Summer Camp if they are not able to attend camp.

   <<Continued on back>>
12. Each Scout receiving a Campership is expected to write a thank you note to the Camping Committee.

APPLICATION FOR CAMPERSHIP

Please Print!

District Day Camp _____  Webelos Resident Camp _____  Boy Scout Summer Camp _____

District ___________________________  Pack _________  Troop ____________

Week of Attendance ___________________________________________________________

Scout’s Name ________________________________________________________________

Address _____________________________________________________________________

City ___________________________  State ___________  Zip _____________

Ten Dollar Deposit Paid:  Date ____________________  Receipt # ______________________

Amount of Assistance Requested  $ _______________________________________________

As outline above this individual qualifies for a campership requirement 1a, 1b, or 1c (circle one). All must have the Scout Leader’s Approval. Please attach all letters or statements to this application.

Approval and Recommended by Scoutmaster _______________________________________

Address _____________________________________________________________________

City ___________________________  State ___________  Zip _____________

Phone (H) _________________________  (W) _______________________  Date __________

Camping Committee Approval ____________________________________________ Date __________

This is only an application and is not considered approved until confirmation is received.

Office Use Only

Amount of Grant _____________

Date: _______________________

A-10
COUNSELOR IN TRAINING PROGRAM
CHEROKEE SCOUT RESERVATION

Purpose:
To provide qualified Scouts with a positive Scouting experience that will allow them to understand the multi-faceted roles and responsibilities of Scout Camp Staff Members; and to provide the camp with prospective camp staff members who have demonstrated positive leadership and instructional abilities.

Responsible to:
Counselors in Training are responsible to the camp program director, and directly supervised and evaluated by the director of the area to which they are assigned.

Basic Requirements:
1. Must be a registered Scout, fourteen years or older
2. Must submit a CIT application and a BSA Camp Physical Form (Class 2).
3. Must have unit leader endorsement based on observed leadership and instructional qualities
4. Must be interviewed by camp program director and camp director.
5. Recommendation by specific camp area directors will be helpful.

Job Description
1. CITs will be expected to help in the instruction of skills within their assigned program areas. They will, under no circumstances, be responsible for solo instruction of any skill or badge.
2. At the discretion of the program director, a CIT will either be assigned to one program area, or will “float” around between different areas.
3. CITs will be assigned to one or more of the following areas:
   a. Aquatics
   b. Handicraft
   c. Nature
   d. Scoutcraft
   e. Shooting Sports
   f. Commissary
4. CITs will receive no compensation other than room and board.

Restrictions:
1. CITs will not be allowed to earn merit badges
2. CITs will not serve during the week of his troop’s encampment
3. CITs will not leave camp at any time, except for a recognized emergency

Additional Information:
1. CITs will be provided with pre-set tentage in the staff area.
2. CITs will be expected to observe the same rules of conduct as staff members
3. CITs will under no circumstances be hazed or abused in any way.

Note: The Old North State Council and Cherokee Scout Reservation reserves the right to terminate a CIT’s service at any time should conduct or other circumstances warrant such action.

<< Continued on back >>
COUNSELOR IN TRAINING
APPLICATION

Cherokee Scout Reservation Boy Scouts of America

Requirements:
1. Registered in Scouting (Troop, Post, or Crew) 4. Be in good health and physically fit
2. Should be 14 years of age when in camp 5. Ability to teach others and know Scouting subjects
3. Have experience in unit leadership

(PLEASE PRINT)

Full Name___________________________ Age ________ Date of Birth ________________
Address_____________________________ City ______________ State _______ Zip _______
Phone #_____________________________ Unit _____________ e-mail __________________
Number of Years as:  Cub ___ Scout ___ Explorer ___ Venturer ___ O.A. ___ Camper ___
Leadership Positions Held: ______________________________________________________
Junior Leader Training ______________________ Average School Grade _________________
In what areas of Scouting do you fell qualified? _______________________________________
______________________________________________________________________________
What areas of Scouting do you like best? _____________________________________________
What are your hobbies? ___________________________________________________________
List Church activities _____________________________________________________________
List any special awards or recognitions ______________________________________________
______________________________________________________________________________
My 1st, 2nd, and 3rd choice of weeks are as follows: 1) __________ 2) ________ 3) _________
Signed________________________________  Signed _________________________________
Scout                                      Parent or Guardian

Unit Leader Endorsement:
I approve and recommend __________________________ for consideration as a Counselor-in-Training.
Date: __________ Signed ______________________________, Unit Leader Unit ______
Comments:
# Troop Attendance Report

*To be turned in at registration upon arrival*

Troop: _______________ District: ___________________ Council: ___________________

Senior Patrol Leader: ____________________________________________________________

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<th>Patrol Name:</th>
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Please indicate the leaders and days each will be staying in camp

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<th>Leader</th>
<th>Phone #</th>
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<th>Fri</th>
<th>Sat</th>
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WANT TO TEACH A MERIT BADGE?

Routinely, Scout Leaders are able to supplement the summer camp program with special skills that they possess. If you are a council approved merit badge counselor for a specific merit badge that you would like to offer at camp, please let us know!

If we know before May 1, we will mail out a notice to all units attending camp that week so they can plan their schedules accordingly.

Please mail in the following information to the address below:
Cherokee Scout Reservation
Summer Camp Program Director
Old North State Council, BSA
PO Box 29046
Greensboro, NC 27429-9046

<table>
<thead>
<tr>
<th>Name: _______________________________</th>
<th>Troop: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: ___________________________</td>
<td></td>
</tr>
<tr>
<td>City: _______________________________</td>
<td>State: _______ Zip: __________</td>
</tr>
<tr>
<td>Phone: (H) _________________________ (W) _______________ e-mail: __________________</td>
<td></td>
</tr>
<tr>
<td>Merit Badge I’d like to offer: ____________________________________________________</td>
<td></td>
</tr>
<tr>
<td>Session(s): 1st_____ 2nd_____ 3rd_____ 4th_____ 5th_____ 6th_____ Twilight:_______</td>
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The Eyes of Cherokee
The Official Camp Song of Cherokee Scout Reservation

Words by: Allan “Doc” Lewis

(Sung to the tune of I’ve Been Working on the Railroad)

The Eyes of Cherokee are upon you
All the live long day
The Eyes of Cherokee are upon you
You cannot get away
Do not try to escape them
At night or early in the morn’
The Eyes of Cherokee are upon you
‘Till Gabriel blows his horn
We’re open year-round!

Ever thought about coming to Cherokee for a weekend camping trip?

There are over 1,500 acres of wilderness on Cherokee Scout Reservation, much of which has not been developed. There are several miles of hiking trails that circle the perimeter of the camp and run through it. There are 15 established campsites, an outpost camp across the lake (with a hand pump well!), a wilderness campsite area adjacent to the C.O.P.E. course (with running water), not to mention the hundreds of acres that are at your disposal to do some backcountry camping! All of our facilities are available for use during the off-season (water is cut off to most buildings during the winter).

So for your unit’s next camping trip, why don’t you come out to explore the “hidden” side of Cherokee and see what is waiting for you and your unit!

Clay Hemric Scout Reservation / Camp Donald E. Robinson

The Old North State Council leases property located on Kerr Reservoir on the NC/VA border. This camp is only accessible by boat most of the year. *When was the last time that your troop went camping and had a whole island to yourself??* Camp Donald E. Robinson has a dining hall, bunk house, shower house, and waterfront that are all available for your troop to use. The dining hall is powered by natural gas, and has hot water and gas lighting. This camp has been around since the 1950’s, and is truly an experience from years gone by!

Charles T. Hagan Sea Scout Base

Hagan Sea Base is located on High Rock Lake in Davidson County. We have owned this property for quite some time, but have started developing this camp adding a administration/dining facility, cabins, and docks. We will be running a summer camp program out of the sea base in years to come. Troops can camp at the sea base on weekends outside of the summer season.

Contact the council office (336-378-9166) for more information about the council’s camps and to file a facility use permit to use camp at any of our council camps.
Merit Badge Pre-Registration Form

Week of Camp (Sunday’s Date MM/DD/YY): _____________________________

Unit # ________________________________

Instructions: Enter the information in the order requested. Please PRINT legibly and separate the class numbers with commas, per the example line. Attach additional copies of this form if necessary. If we can’t read it, you may not get your first choice of classes!!

Last name, First name, middle initial, class list separated by commas

0. Bedlow, Homer T.  100, 204, 406, 759, 811, 900

1. __________________________________________

2. __________________________________________

3. __________________________________________

4. __________________________________________

5. __________________________________________

6. __________________________________________

7. __________________________________________

8. __________________________________________

9. __________________________________________

10. __________________________________________

11. __________________________________________

12. __________________________________________

13. __________________________________________

14. __________________________________________

15. __________________________________________

16. __________________________________________

17. __________________________________________

18. __________________________________________

19. __________________________________________

20. __________________________________________

We will also accept this information on a diskette as an ASCII text file named TROOP#.TXT, as in 999.txt for Troop 999.
Scout Leader Opportunities

- While you are at Cherokee this summer, Scout leaders will have several opportunities for fun and relaxation:
  - Horseshoe tournament
  - Dutch oven cook-off
  - Belly flop contest
  - Project C.O.P.E. tour
  - Teach an additional merit badge at camp
  - Mile swim
  - Kayaking BSA
  - Leader’s roundtable
  - Leader’s appreciation breakfast on Friday
  - Friday night Campfire skit, song, or cheer
  - Service project (approved by the camp director)
  - Safe Swim Defense training
  - Safety Afloat training
  - Climb on Safely training
  - Trek Safely training
  - Youth protection training
  - Leave No Trace camping instruction
PERSONAL HEALTH AND MEDICAL RECORD
CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Class 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

Note: Some states require an annual precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (physical examination) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

This form is not to be used by adults over 40, by high-adventure participants (use Form No. 34412A), or for National Scout Jamboree (use Form NSJ-34412-97).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY
(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION
Name__________________________ Date of birth__________ Age_______ Sex_______
Name of parent or guardian________________________ Telephone________________
Home address________________________ City_______________ State__________ Zip________
Business address________________________ City_______________ State__________ Zip________

If person named above is not available in the event of an emergency, notify
Name________________________ Relationship__________ Telephone________________
Name________________________ Relationship__________ Telephone________________
Name of personal physician________________________ Telephone________________

Personal health/accident insurance carrier________________________ Policy No.________

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date________________________ Signature of parent/guardian or adult______________________________

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.
Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

**ALLERGIES**: Food, medicines, insects, plants  Yes ☐ No ☐ Explain: ____________________________________________________________

**GENERAL INFORMATION**:  Yes  No  Yes  No  Yes  No
ADHD (Attention-Deficit Hyperactivity Disorder) ☐ ☐  Convulsions/seizures ☐ ☐  Hemophilia ☐ ☐
Asthma ☐ ☐  Diabetes ☐ ☐  High blood pressure ☐ ☐
Cancer/leukemia ☐ ☐  Heart trouble ☐ ☐  Kidney disease ☐ ☐

Explain: ____________________________________________________________

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used: ____________________________

List any medications to be taken at camp: ________________________________

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: ____________________________________________

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: ____________________________________________________________

**Immunizations**: (Give date of last inoculation.)
Tetanus toxoid  ____________________________  Measles  ____________________________  Polio  ____________________________
Diphtheria  ____________________________  Mumps  ____________________________  Pertussis  ____________________________

CLASS 2 MEDICAL EVALUATION
(Read additional requirements outlined on front of form.)

Name ____________________________  Age__________________________

**NOTE TO LICENSED HEALTH-CARE PRACTITIONERS**: The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. Explain any "abnormal" evaluations.

**PHYSICAL EXAMINATION** (To be filled out by a licensed health-care practitioner*)

Height ____________________________  Weight ____________________________  BP _________/_________  Pulse ____________________________

VISION: Normal ☐ Abnormal ☐  Glasses ☐  Contacts ☐  Explain: ____________________________

HEARING: Normal ☐  Abnormal ☐  Explain: ____________________________

Check box: N  Abn  N  Abn  N  Abn
Growth development ☐ ☐  Teeth ☐ ☐  Genitalia ☐ ☐
Skin ☐ ☐  Cardiopulmonary system ☐ ☐  Musculoskeletal ☐ ☐
HEENT ☐ ☐  Hernia ☐ ☐  Neurobehavioral ☐ ☐

Explain: ____________________________

**Limitations**
Activity restrictions: ____________________________
Diet restrictions: ____________________________

Signature ____________________________  Licensed health-care practitioner* ____________________________  Date ____________________________
Address ____________________________  Phone ____________________________

City, State, Zip ____________________________

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**INTERVAL RECORD**
Date, Time, Place, Etc. ____________________________

**SCREENING EXAMINATION**
(Findings, diagnoses, treatment, instructions, disposition, etc.) ____________________________

By ____________________________

PHOTOCOPING THIS FORM IS PERMITTED.
## PERSONAL HEALTH AND MEDICAL RECORD FORM—Class 3

### I. IDENTIFICATION
- **Age** __________
- **Sex** __________
- **Date of Birth** ____________
- **Name**
  - **Last name**
  - **First name**
  - **Initial**
- **Address**
- **City & State**
- **Zip** __________
- **Health/ACCIDENT insurance**
  - **Policy no.**

### II. EMERGENCY MEDICAL INFORMATION
- **Has or is subject to (check and give details):**
  - Allergies to a medicine, food, plant, or animal toxin
  - Any condition that may require special care, medication, or diet
  - ADHD (Attention Deficit Hyperactive Disorder)
  - Asthma
  - Convulsions
  - Heart trouble
  - Contact lenses
  - Diabetes
  - Fainting spells
  - Bleeding disorders
  - Dentures

### III. PARENTAL STATEMENT
- **Has it ever been necessary to restrict applicant's activities for medical reasons?**
  - ☐ No
  - ☐ Yes
  - **Does applicant take medicine regularly or have special care?**
    - ☐ Yes
    - ☐ No
  - **If yes, explain.**

### IV. IMMUNIZATIONS
- **If disease, put “D” and year.**
  - **Tetanus**
  - **Diphtheria**
  - **Pertussis**
  - **Mumps**
  - **Rubella**
  - **Chicken Pox**

### V. LICENSED HEALTH-CARE PRACTITIONER’S EVALUATION AND ADVICE
- **Approved for participation in:**
  - Hiking and camping
  - Water activities
  - Competitive sports
  - All activities

### VI. MEDICAL HISTORY
- **Parent or guardian:**
  - **(Must sign if applicant is 18 or younger)**
- **Applicant’s signature**
- **Date signed**

### VII. HEALTH EXAMINATION
- **Licensed Health-Care Practitioner:**
  - **Signed** _______________________________________________________________
  - **Licensed health-care practitioner**

### VIII. FOR THOSE ATTENDING PHILMONT OR NATIONAL HIGH-ADVENTURE BASES:
- **The minimum age for all participants is 13 by January 1 of the year of participation, or have completed the seventh grade. No exceptions.**
- **Trail food is by necessity a high-carbohydrate, high-calorie diet. It is high in wheat, milk products, sugar, corn syrup, and artificial coloring-flavoring. Dinner meals contain meat. If these foods cause a problem in your diet, you need to bring appropriate substitutions with you and so advise base personnel.**
- **Note:** Licensed health-care practitioners representing high-adventure bases reserve the right to deny access to the trails or other program activity on the basis of medical evaluation performed at the base after arrival.
## REVIEW FOR CAMP OR SPECIAL ACTIVITY

<table>
<thead>
<tr>
<th>DATE</th>
<th>AGENCY AND ACTIVITY</th>
<th>BY</th>
<th>&quot;OK&quot;</th>
<th>PHYSICIAN RECHECK NEEDED</th>
<th>RESULTS OF RECHECK</th>
<th>INITIAL</th>
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## INTERVAL RECORD

(CAMP, CAMPOREE, TOURNAMENT, TRAVEL, ETC.)

<table>
<thead>
<tr>
<th>DATE, TIME, PLACE, ETC.</th>
<th>FINDINGS, DIAGNOSES, TREATMENT, INSTRUCTIONS, DISPOSITION, ETC.</th>
<th>BY:</th>
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