



Onteora Scout Reservation & Onteora Alumni Association

Theodore Roosevelt Council, Boy Scouts of America

Onteora Family, Friends and Alumni CAMPING WEEKEND APPLICATION

July 8-10, 2011 - Onteora Scout Reservation, Livingston Manor NY

Check-in Friday after 6pm and before 9pm, or after 9am on Saturday. Check-out Sunday by 10 am.

Registration Deadline: No later than Tuesday, July 5th, 2011

Please note:

- A completed Annual Health & Medical Record (see: http://www.scouting.org/filestore/pdf/34605_Letter.pdf) is required at check-in. This includes Sections A & B (note: doctor's signature is *not* required).
- All meals provided by camp; we do not want any food in campsites as it attracts unwelcome and dangerous wildlife.
- Cars must be left in the parking lot by the Administration Center; the camp staff will transport your gear to and from your campsite.
- Campsites will be assigned; 9' x 9' wall tents and cots will be provided. Some campsites may have one or more lean-tos.
- The rifle and archery ranges will be open from 9:30-11 am on Saturday. You must be 12 or older to use a rifle and 14 or older to use a shotgun in New York State.
- The waterfront will be open from 2-4pm on Saturday. You must take a swimming ability test to use watercraft.
- Camp office telephone: 845-439-5239; Other Questions? Contact Rick Balla at 516-678-0032 or rpb11570@yahoo.com

Name _____ E-mail _____

Address _____ Phone # _____

Town _____ State _____ Zip _____

- Participant 12 years and older (\$35.00) Includes camp activities, tent/cot, 3 meals Saturday & breakfast Sunday
- Participant under 12 years old (\$25.00) Includes camp activities, tent/cot, 3 meals Saturday & breakfast Sunday
- Special Food – A note stating restrictions must accompany this form and be received by the council office by **July 1, 2011**

Please enclose a check for the appropriate amount, makes check payable and mail to:

Theodore Roosevelt Council, BSA; 544 Broadway; Massapequa, NY 11758-5010

PLEASE NOTE: It is the Council policy that anyone (youth or adult) leaving camp **MUST SIGN OUT** before leaving camp and sign in again upon return.

The Theodore Roosevelt Council, BSA standard refund policy is in effect for this activity.

In compliance with the Americans with Disabilities Act, Onteora Scout Reservation will make all reasonable efforts to accommodate persons with disabilities at their activities. Please call the council service center (516-797-7600) with your request.

To be filled out by parent or guardian:

Please print in INK

Name _____ Date of Birth _____ Age _____ Sex _____

Name of Parent or Guardian _____ Telephone _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

PARENTAL STATEMENT: To the best of my knowledge, this information is accurate and complete, I the undersigned parent of above named minor, do hereby authorize the adult leadership, as my agent(s) to consent to any diagnostic procedures or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon at 1) Catskill Regional Medical Center – Harris, NY or: 2) Crystal Run Urgent Care Center – Middle Town, New York, when such diagnosis or treatment is rendered at said hospital or doctor's offices. It is understood that this authorization is given in advance of any specific need for treatment but is given to provide authority on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital/office care which the physician in the exercise of his or her best judgement may deem advisable. This authorization shall remain in effect until one year after the signed date below, unless sooner we deliver to said agent(s).

Date _____ Signature of parent/guardian or adult _____