PROGRAM GUIDE

CASCADE PACIFIC COUNCIL
CAMP LEWIS

July 9-11
July 16-20
July 23-27
July 30-Aug 1
Aug 6-8

2018
Welcome to camping in the Cascade Pacific Council!

Summer camp is such an amazing opportunity for our Scouts and we want to make sure every Scout gets to come to learn, meet new friends, earn advancements, and most of all: have fun! At Camp Lewis we are focused on bringing the best program to your scouts. We have worked hard to make sure the program this year is packed full of advancement opportunity, meaningful lessons, and of course, fun!

We invite you to come join us and give your scouts the opportunity to have a great camp experience with us! Please let us know if you have any questions or concerns and we would be happy to discuss those with you.

CAMP DIRECTOR  Melissa Miller
971.409.7007
melissamiller060512@gmail.com

PROGRAM DIRECTOR  Holly Kinerk
360.619.2626
rjower@comcast.net

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Resources & Contact Information
Have questions? Need more information? This page can point where to go!

COUNCIL CONTACT INFORMATION  Address  Cascade Pacific Council  
2145 SW Naito Parkway  Portland OR 97201  
Website  www.cpcbsa.org  
Phone  503 226-3423  
Fax  503 225-5733

HAVE A QUESTION?  What is your question about?

Anything in a Planning Guide
• Making a reservation for camp
• Changing an existing reservation
• Online reservation system
• Paperwork and forms
• Camp fees
• Making payments
• Leadership Expectations
• Pre-ordering t-shirts (May/June)
• Post-camp follow up questions

Read  The Planning Guide  
Visit  www.cpcbsa.org/summercamp  
www.cpcbsa.org/campdownloads  
www.cpcbsa.org/daycamp  
www.cpcbsa.org/campfaqs  
Contact  Volunteer Services  
492.volunteerservices@scouting.org  
503 226-3423  
Camping Department  
492.camping@scouting.org

Anything in a Program Guide
• Programs
• Advancement  ...specific to a single camp
• Program Guide
• Special needs
• Camp schedule
• Maps of camp

Read  This Program Guide
Visit  The camp’s webpage  
www.cpcbsa.org/calapooiadc  
www.cpcbsa.org/chinookdc  
www.cpcbsa.org/eaglevalleydc  
www.cpcbsa.org/eastsidemetrodc  
www.cpcbsa.org/ireland  
www.cpcbsa.org/midcolumbiadc  
www.cpcbsa.org/lewis  
www.cpcbsa.org/willamettedc  
www.cpcbsa.org/campdownloads  
www.cpcbsa.org/summercamp  
Contact  The Camp Director  
Email contact on camp webpage

National BSA Online Resources
Guide to Safe Scouting  
www.scouting.org/filestore/pdf/34416.pdf

Cub Scout Rank Requirements  
http://www.scouting.org/filestore/program_update/pdf/Appended%20Requirements.pdf

Council Online Resources

www.cpcbsa.org/summercamp  
Main hub of information for CPC summer camping

www.cpcbsa.org/campdownloads  
Information: Council Leader Guide  
Maps to/of camp

Forms:  BSA Medical Form  
Opportunity Fund Application  
Refund Request Form  
Special Needs Form  
Unit Roster

www.cpcbsa.org/incidentreport
PRE-CAMP LEADER MEETING
Council staff and camp management will have an in-person meeting to share information about the upcoming camp season and to answer questions from adult leaders. Leaders and parents attending camp are all encouraged to attend. Pack leaders will also be able to pick up camp t-shirts that have been pre-ordered online before May 15.

SW Washington    Thursday, June 14th at 6:30pm
Camp Lewis, 27000 NE 147th Ave
Battle Ground, WA 98604

CAMP SCHEDULE
All campers and adults must check in each day.
Camp runs from 8:15am – 3:00pm

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tues-Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check-in</td>
<td>8:15am</td>
<td>8:15am</td>
</tr>
<tr>
<td>Departure</td>
<td>Mon-Thurs</td>
<td>3:00pm</td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>4:00pm</td>
</tr>
</tbody>
</table>

Daily Schedule
Allow extra time for check in on Monday Morning. We suggest arriving by 7:45am as we have more to go through on the first day of camp. We suggest carpooling as much as possible each day as parking is limited. After check in, you, your den and your den guide will go to your den site (we suggest you have a wagon or other way to carry supplies, including a cooler). Please be sure all belongings are marked with a name and a pack number. All belongings will be kept at your den site during each day. About 5 minutes before opening ceremony head to the flagpole for camp to begin.

WHAT TO BRING TO CAMP
It is essential to a great experience at camp that you and your pack come prepared. Here is a list of things to consider bringing:

☐ Medical form (Parts A & B)
☐ Jacket/Sweatshirt
☐ Lunch
☐ Water Bottle
☐ Sun Screen
☐ Bug Spray
☐ Cooler
☐ Shelter for Den Area
☐ Cub Scout 10 Essentials
☐ Den water Jug

All Scouts & leaders are required to bring a current and complete BSA Medical Form, with all required signatures, with them to camp.

Day Camps require that Parts A & B are filled out completely.

Do not use other medical reports or forms; use the official BSA Medical Form only.

ADULT VISITORS
Adults who are not signed up to volunteer during camp are considered visitors. Visitors need to check in with camp management upon arrival and receive a visitor’s badge. Visitor’s must also check out upon departure. This ensures the camp staff knows who is on property at all times.

DEN NAMES & FLAGS
Camp den names will be assigned by the camp and given out at the Pre-camp Meeting. This year flags will be provided by the camp, so it is not necessary to make your own. If you would like to work on getting the boys excited prior to camp, you can have them work on their den yell and den skit.

DEN YELLS & SKITS
Each camp den will come up with a den yell to use in response to roll call and as a spirit call. This also is lots of fun for the Scouts! Your den will be asked to prepare a skit or song to present during the final campfire.

CLOSING PROGRAM
Each den will present a skit or a song and the staff will also provide some entertainment. Awards and recognition will be presented along with camp patches. Medical forms are also returned to packs at this time.

TRADING POST
Between souvenirs, scout stuff, and refreshments, the average camper spends about $10-$25 per week in the camp Trading Post. Trading Posts are able to accept cash, personal checks, debit cards, and major credit cards. (debit cards and credit cards have a minimum $5 purchase). Hours will be posted at camp.

STILL HAVE QUESTIONS?
If you are still unsure about anything, please bring your questions to the pre-camp meeting. Keep in mind that the information in this packet is preliminary and is subject to change—any last-minute information updates will be made available when you arrive at camp. Remember to pass information along to all the adults who will be attending with your group.

WE ARE SO EXCITED YOU ARE COMING — SEE YOU SOON!

A HUGE thank you to everyone who has volunteered their time and skills to help make camp happen! Whether you help plan or you volunteer at camp, your help is very appreciated. The fun and energy you put into camp help our Cub Scouts create the memories they will remember all their lives!
CAMP ADVANCEMENT OPPORTUNITIES
These are the advancement opportunities that will be presented at camp. If your son participates in all the events, he should be able to earn all of them. It is up to the discretion of each den leader to work with each parent to decide if the materials presented qualify for rank advancement.

TIGER
- Back Yard Jungle
- Games Tigers Play
- Team Tiger
- Tiger Bites
- Tigers in the Wild
- Good Knights
- Stories in Shapes
- Safe and Smart
- Tiger Tag

Req. 1, 2, 3, 5
Req. 1b, 4
Req. 1, 5
Req. 4
Req. 3a, 3b, 3c, 4
Req. 5
Req. 1b
Req. 1c, 2a, 2b, 3
Req. 1, 2a, 2b

WOLF
- Call of the Wild
- Council Fire
- Howling at the Moon
- Paws on the Path
- Running With the Pack
- Finding Your Way
- Germs Alive
- Paws of Skill
- Hometown Hero’s

Req. 1, 2, 3, 5a, 5c, 7a, 7b
Req. 1
Req. 1, 2, 3, 5, 6, 7
Req. 1, 2, 3, 4, 5
Req. 1a, 3a, 3b, 5
Req. 1, 3
Req. 1, 2, 7
Req. 1, 2

BEAR
- Bear Claws
- Bear Necessities
- Fur, Feathers, and Ferns
- Grin and Bear It
- Paws For Action
- Baloo the Builder
- Bear Picnic Basket
- Beat of the Drum
- Critter Care
- Forensics

Req. 1, 2, 3
Req. 1, 2, 3, 4, 7, 8
Req. 1, 2, 4
Req. 1
Req. 2, 3b
Req. 1, 2, 3
Req. 1b, 2b
Req. 4
Req. 5
Req. 6

WEBELOS
- Cast Iron Chef
- First Responder
- Stronger, Faster, Higher
- Webelos Walkabout
- Build It
- Castaway

Req. 1, 4e, 5
Req. 1, 2a-2e, 3,
Req. 1, 2a-2f
Req. 5, 7
Req. 1, 2
Req. 1a-1c, 2f,

2g
- Into the Woods
- Sportsman
- Into the Wild

Req. 1, 2, 3
Req. 1, 4a-4c
Req. 6, 7b, 7c

ARROW OF LIGHT
- Building a Better World
- Camper
- Scouting Adventure

Req. 1
Req. 2, 3a-3c, 5, 7
Req. 1c, 1e, 6

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CAMP LEWIS SCHEDULE

<table>
<thead>
<tr>
<th>Start Time</th>
<th>Activity</th>
<th>Last Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Arrive at Camp</td>
<td></td>
</tr>
<tr>
<td>8:30</td>
<td>Opening Flag</td>
<td>Closing Ceremony will go</td>
</tr>
<tr>
<td></td>
<td></td>
<td>from 2:15 to 3:00pm</td>
</tr>
<tr>
<td>9:00</td>
<td>Station 1</td>
<td></td>
</tr>
<tr>
<td>9:50</td>
<td>Station 2</td>
<td></td>
</tr>
<tr>
<td>10:35</td>
<td>Snack</td>
<td></td>
</tr>
<tr>
<td>11:05</td>
<td>Station 3</td>
<td></td>
</tr>
<tr>
<td>11:55</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>Special</td>
<td></td>
</tr>
<tr>
<td>12:35</td>
<td>Station 4</td>
<td></td>
</tr>
<tr>
<td>1:25</td>
<td>Station 5</td>
<td></td>
</tr>
<tr>
<td>2:15</td>
<td>Closing Flag</td>
<td></td>
</tr>
<tr>
<td>2:30</td>
<td>Camp Dismissed</td>
<td></td>
</tr>
</tbody>
</table>

Help the dinosaur through the dinosaur maze to find more trees to eat.
Part A: Informed Consent, Release Agreement, and Authorization

Full name: ________________________________________ Date: ____________________________

DOB: ____________

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.

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 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.

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

Participant’s signature: __________________________________________ Date: __________

Parent/guardian signature for youth: __________________________________________ Date: __________

(If participant is under the age of 18)

Second parent/guardian signature for youth: __________________________________________ Date: __________

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: ______________________________________ Telephone: __________

Name: ______________________________________ Telephone: __________

Adults NOT Authorized to Take Youth To and From Events:

Name: ______________________________________ Telephone: __________

Name: ______________________________________ Telephone: __________
Part B: General Information/Health History

Full name: __________________________________________
DOB: __________________________________________

High-adventure base participants: 
Expedition/crew No.: _______________________________
or staff position: ___________________________________

Age: ___________________________ Gender: ___________________________ Height (inches): ___________________________ Weight (lbs.): ___________________________

Address: __________________________________________________________________________________________________________________________________________
City: ___________________________ State: ___________________________ ZIP code: ___________________________ Telephone: ___________________________

Unit leader: ____________________________________________________________________________ Mobile phone: ___________________________

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Diabetes</td>
<td>Last HbA1c percentage and date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hypertension (high blood pressure)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all “yes” answers.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family history of heart disease or any sudden heart-related death of a family member before age 50.</td>
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<tr>
<td></td>
<td></td>
<td>Stroke/TIA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Asthma</td>
<td>Last attack date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lung/respiratory disease</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>COPD</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Ear/eyes/nose/sinus problems</td>
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<td></td>
<td></td>
<td>Muscular/skeletal condition/muscle or bone issues</td>
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<td></td>
<td></td>
<td>Head injury/concussion</td>
<td></td>
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<td></td>
<td></td>
<td>Altitude sickness</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Psychiatric/psychological or emotional difficulties</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Behavioral/neurological disorders</td>
<td></td>
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<td></td>
<td></td>
<td>Blood disorders/sickle cell disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fainting spells and dizziness</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Kidney disease</td>
<td></td>
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<td></td>
<td></td>
<td>Seizures</td>
<td>Last seizure date:</td>
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<td></td>
<td></td>
<td>Abdominal/stomach/digestive problems</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Thyroid disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Excessive fatigue</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Obstructive sleep apnea/sleep disorders</td>
<td>CPAP: Yes [ ] No [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>List all surgeries and hospitalizations</td>
<td>Last surgery date:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>List any other medical conditions not covered above</td>
<td></td>
</tr>
</tbody>
</table>

Prepared. For Life.
Part B: General Information/Health History

Full name: __________________________________________

DOB: __________________________________________

High-adventure base participants:
Expedition/crew No.: __________________________________
or staff position: __________________________________

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medication</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food</td>
<td></td>
</tr>
</tbody>
</table>

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 INDICATE ON A SEPARATE SHEET AND ATTACH.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

☐ 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 by the BSA. 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.

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

Please list any additional information about your medical history:

<table>
<thead>
<tr>
<th>DO NOT WRITE IN THIS BOX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review for camp or special activity.</td>
</tr>
<tr>
<td>Reviewed by:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Further approval required: ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Reason:</td>
</tr>
<tr>
<td>Approved by:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Prepared. For Life.
Opportunity Funds are available from the Cascade Pacific Council for any Cascade Pacific Council Scout to attend one of the camps or programs listed on the back of this form. Funds come from donations from donors who wish to help Scouts attend camp.

Return forms to Cascade Pacific Council: 2145 SW Naito Parkway, Portland OR 97201. Phone: 503.226.3423 Fax: 503.225.5733

- Cascade Pacific Council adults are only eligible to apply for local Wood Badge assistance.
- Only one (1) Opportunity Fund request will be granted per applicant, per year, to allow us to serve as many people as possible. Cascade Pacific Council authorizes funds based on income and extenuating circumstances. The maximum amount of aid per camp and program is listed on the back of this form.
- Each person requesting financial aid must fill out a separate form.
- A reservation for a camp or program must be made before this request for financial aid will be processed. You may need to check with your unit to be sure a reservation has been made.
- Incomplete applications will be returned without processing.
- Programs such as the Philmont contingent and Jamboree have separate scholarship programs and applications, and are not eligible.
- Funds are not available for: out-of-council camps, Scouts or adults from other councils, or adult leader camp fees.
- Once awarded, Opportunity Funds are not transferable to another person. If a recipient does not attend the activity for which the funds were requested, the funds are forfeited and the fee due for the event at time of cancelation will still be due.
- Each recipient may be asked to complete a postcard thanking opportunity fund donors at the camp or activity.
- Turn in the application early to ensure consideration. Applications may be submitted after January 1, 2018. Limited Opportunity Funds are available each year and are granted on a first-come, first-served basis.
- All completed and signed requests for Opportunity Funds must be submitted on this form and may be submitted in place of the second summer camp payment. The latest date for submittal is May 1, 2018. Requests turned in after May 1, 2018 will only be considered if additional monies are available, but must be in the Portland Service Center no later than three weeks prior to the start of the camp or activity. Forms may be faxed to the Portland Service Center at the above number or mailed to the address above. It is the responsibility of the applicant to ensure that the form arrives in the Portland office on or before the deadline.
- Applications received less than three weeks before the camp or activity will be returned without processing.
- The family of the applicant will receive written notification of any decision, by mail, prior to camp.
- To be eligible for the Opportunity Fund program, the applicant’s family must be below the following Federal Poverty Guidelines (based on the total before tax income of the family and the number of people in the household):

<table>
<thead>
<tr>
<th>Size of family</th>
<th>150% Poverty Annual Before Tax Income</th>
<th>150% Poverty Monthly Before Tax Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$18,210</td>
<td>$1517</td>
</tr>
<tr>
<td>2</td>
<td>$24,690</td>
<td>$2057</td>
</tr>
<tr>
<td>3</td>
<td>$31,170</td>
<td>$2597</td>
</tr>
<tr>
<td>4</td>
<td>$37,650</td>
<td>$3137</td>
</tr>
<tr>
<td>5</td>
<td>$43,860</td>
<td>$3655</td>
</tr>
<tr>
<td>6</td>
<td>$50,610</td>
<td>$4217</td>
</tr>
<tr>
<td>7</td>
<td>$57,090</td>
<td>$4757</td>
</tr>
<tr>
<td>8</td>
<td>$63,570</td>
<td>$5297</td>
</tr>
</tbody>
</table>

Extenuating circumstances are taken into account when determining eligibility. For example, a family of four earning $38,000.00 could be approved, if they had “extraordinary” circumstances which reduced their disposable income at or below the range listed above. Please list any and all circumstances you would like taken into consideration on the reverse side of this form. Attach additional sheets if needed.
Opportunity Fund Application

Please type or print and fill in all areas so they are readable. ALL INFORMATION IS KEPT CONFIDENTIAL AND WILL NOT BE SHARED.

Circle the type of unit the applicant is a registered member of: Pack Troop Team Crew Post Ship

Unit Number (Required)
(Pack #, Troop#, Crew #, Team #, Post #, Ship #)

District (Required) (not Council)

Circle ethnicity of applicant: (optional)
African American
American Indian
Asian
Caucasian
Hispanic
Other

Dates attending Camp:

Date of Birth: (Month / Day / Year)

County: (i.e. Multnomah County)

Name of person attending camp: (one person per form)

Mailing Address:

Cell Phone Number:

City: State: Zip:

Home Phone Number:

List names and ages of other children in the home (only children under 18 years of age):

How many people live in the household? Total average monthly family income before taxes: $ per month

Additional information that affects your need for Opportunity Fund Assistance (Be specific and attach additional sheets if needed):

Did your family participate in the Friends of Scouting Campaign?* Yes No

Did this youth participate in the Council candy sale?* Yes No

Did this youth participate in the Council popcorn sale?* Yes No

* For statistical purpose only. Participation is not required

Circle the name of the camp or program attending (only one camp or program may be circled):

BS Resident Rover Cub Scout Resident Metro Day Camp Outlying Day Camp Youth Leader Training Other Programs
Baldwin Meriwether Camp Clark Metro East Side Calapooia NYLT Horse Trek
Meriwether Camp Clark All Pack Ireland Chinoe Adult Wood Badge
Pioneer Butte Creek Lewis 5-Day Camp Eagle Valley
Canby 4-Day Camp Fort Clatsop
Lewis 3-Day Camp Mid Columbia
Willamette 4-Day Camp Tillamook

Use this chart to determine the maximum amount you may request.

Camp / Activity Maximum Funds Camp / Activity Maximum Funds Camp / Activity Maximum Funds
5-Day Resident Camp (Including NYLT) $165.00 5-Day Day Camp $59.00 Wood Badge $135.00
Meriwether Rover $175.00 4-Day Day Camp $43.00 Horse Trek $332.00
3-Day Resident Camp $110.00 3-Day Day Camp $38.00
4-Day Resident Camp $149.00

Using shaded chart above to determine the maximum amount you may request, please list amount of aid you are requesting:

Amount of Aid Requested $________________

Signature of Parent / Guardian

Print name here

Daytime Phone # Date

OFFICE USE ONLY
Approved or Denied: Date: Amount Awarded $ Initial: Date Denied

(______) ____________________ ____________________
This form is to be used to notify the Cascade Pacific Council of any health, mobility, disability or special dietary needs your unit will have at camp or at the activity you are attending. The Cascade Pacific Council will make every reasonable effort to accommodate your special needs. It is the responsibility of parents and/or adults attending to make sure the person has everything they need for the time of the activity. This form will be submitted to the camp or activity personnel. Please be specific in explaining the needs and attach additional sheets if necessary. The contact person you list below may be contacted if event staff have any questions. Please use a separate sheet for each individual requiring accommodations. The menus for the resident camps will be published on our website in late April. Please submit this form by May 15 for summer camp but no later than three weeks prior for other activities.

<table>
<thead>
<tr>
<th>Person Needing Accommodations</th>
<th>Youth or Adult</th>
<th>Dates of camp/activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pack_Troop_Team_Crew_Ship</td>
<td></td>
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</tr>
<tr>
<td>Circle type of Unit</td>
<td></td>
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</tr>
<tr>
<td>Unit Number</td>
<td>District</td>
<td>Council</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Contact Person</th>
<th>Contact Person</th>
<th>Contact Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime Phone Number</td>
<td>Evening Phone Number</td>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

Please check those that apply.

- [ ] Mobility  - [ ] Dietary*  - [ ] Allergies*  - [ ] Asthma  - [ ] CPAP Machine  - [ ] Sensory*  - [ ] ASD/ADHD etc.*  - [ ] Other

*Camp menus will be published at www.cpcbca.org in late April. If the menu doesn’t meet this person’s dietary needs then, accommodations might need to come from home. For sensory/ASD/ADHD please explain situations that need to be avoided or what the staff can do if a melt down/shutdown does occur. The Camp will be contacting you directly to discuss concerns, needs or availability of special dietary foods. See the reverse side for common special needs and assistance.

List any additional information and/or explanations as needed:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

FORM MUST BE SUBMITTED BY MAY 15 FOR SUMMER CAMP NO LATER THAN 3 WEEKS BEFORE OTHER ACTIVITIES

Revised: 5/31/2016
Common Requests and Solutions for Special Consideration at Council Activities
Cascade Pacific Council camps make every reasonable effort to meet the needs of campers/participants and have developed standard solutions for common requests:

Food
Camp menus are posted online (www.cpebsa.org) a few months before camp. Although menus are subject to change, they give a good idea of the menu items planned. Camps can substitute many items for sugar free, vegetarian, dairy free and gluten free. If major departures from the menu are required, it is suggested that campers bring substitute ingredients and speak with the camp cook on arrival day. Campers are not permitted in the kitchen per state health department regulations, but the cook may be able to assist with minor menu substitutions. **Please submit a Special Needs Form to enable the camp to anticipate the need.**

Wheelchair access/ Limited-Mobility
Each camp has at least one campsite which provides easier wheelchair access to tents, outhouses, and other campsite features. **Submit a Special Needs Form to enable the camp to place the unit in an appropriate campsite.** Be sure to submit the form several weeks prior to camp. Reminder: Camp trails are usually rough. Although, it is possible to make it to most areas of camp with a normal wheelchair it is suggested to have a wheelchair with off road tires to make mobility easier.

Vehicles in Camp
Private vehicles are NOT PERMITTED in camp. The ONLY exception made is for persons with severe mobility limitations. A state-issued disabled parking permit is required and approval from the camp director MUST be granted in the form of a vehicle pass displayed at all times on the vehicle dashboard. As vehicles present a safety hazard for pedestrians on camp roads, this rule is strictly-enforced; only extreme circumstances warrant a vehicle pass.

CPAP machine (night-time breathing machine)
For campers with CPAP machines, please know that campsites do not have electricity and sleeping is not available in buildings at camp. To prepare for camp, two options are suggested:

1) Avid campers may consider purchasing a battery-operated CPAP machine (one model known to be reliable at camp is the Transcend Travel CPAP Machine; many other models are also on the market). A good source for battery-powered CPAP machines is www.cpap.com. If charging a battery-operated CPAP is required during daytime hours, the camp will provide an outlet.

2) Those who use a machine that requires 120v AC power (household current) can bring an inverter and an automobile battery.
This is a proven method for many campers over the past several summers. Camps will provide an outlet where automobile batteries can be recharged during daytime hours. Vehicles cannot be parked in or near campsites for the purpose of powering CPAP machines. **Please submit a Special Needs Form to enable the camp to anticipate the need.**

Injections
Camp personnel are not authorized to administer regular injections. Campers who require injections need to administer their own injections or be accompanied by an adult trained and authorized (by parent/guardian in the case of a minor) to administer injections for that camper.

Sensory/ADHD/ASD etc.
Each camp strives to offer a positive camp experience for each youth. If the camp staff are aware of specific sensory or other ASD/ADHD needs, the camp will do their best to minimize possible issues. In the event that a meltdown or shut down can not be avoided the camp staff would like to know how best to resolve that situation. **Please submit a Special Needs Form to enable the camp to anticipate the need.**

Other
Each camp strives to offer a positive camp experience for each youth and adult. Please use this form for any other need that you feel the camp staff should know about before your arrival at camp. The camp staff will make every reasonable effort to accommodate your needs.

Revised: 5/31/2016
Day Camp Den Roster

3 copies of this form are required

Presented by Cascade Pacific Council

Camp Attending ______________________ Pack # ______________________ District ______________________

Reservation # _______________ Week in Camp _______________ Camp Den Name_______________________

Please return these forms to your Camp Director at your camp’s pre-camp meeting or other designated time.

<table>
<thead>
<tr>
<th>Adults/ Den Chiefs in Camp</th>
<th>DC</th>
<th>Days in Camp</th>
<th>Adults/ Den Chiefs in Camp</th>
<th>DC</th>
<th>Days in Camp</th>
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Please check the DC box if the person listed is a Den Chief.

Medical Alert: Place a check mark on those youth who have a medical condition noted on part A of the medical form. Place “A” for Absent and “P” for Present for Each Scout, Each Day.

<table>
<thead>
<tr>
<th>Name of Scout</th>
<th>Phone</th>
<th>Medical Alert</th>
<th>Grade &amp; Rank</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thu</th>
<th>Fri</th>
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Membership Checked By: ____________ Date: ____________