PROGRAM GUIDE

CASCADE PACIFIC COUNCIL
CAMP IRELAND

July 9-13
July 16-20
July 23-27
July 30-Aug 3

2018
Welcome to camping in the Cascade Pacific Council!

Summer Camp Season is right around the corner and we are excited that you will join us at Camp Ireland! Our Camp is located a few miles north of downtown Hillsboro in a beautiful nature and wetland preserve. This area offers a great opportunity for our campers to experience the woods and outdoors in their community while engaging in fun activities.

Our summer day camp program is geared to be the first step into the summer camp experience for all levels of Cub Scouts. We offer 22 unique stations that include two BB and archery ranges, a STEM related station, an obstacle course, and tons of hands-on building and crafting areas. With 22 summer camp stations spread over 12 acres, there is plenty to keep the scouts active and learning while having fun in the great outdoors.

wW have also created an advanced program for the Webelos. Webelos are on their own modified track where they will be introduced to and learn many boy scouting skills such as fire making, knife safety, tent pitching, lashing, and patrol building. Webelos will also have the opportunity to perform a flag ceremony with help from the Camp Staff.

Each den has a covered area to call home for the day and enjoy lunch with your cub scouts before heading to the fire bowl for our daily specials. Daily specials are afternoon events where members of our community come in and present on various topics. Previous guests have included the fire department, the police department, and local horse stables. On Fridays, we finish up station rotations and then begin our “Friday Shenanigans.” At this time, we offer up multiple activities around camp before coming together for a final show put on by the camp staff.

Camp amenities include den site shelters, kybos/portable bathrooms, an open field for field game activities, and a nature trail to explore. There is a small camp trading post for summer camp necessities and summertime delights as well. Our staff of Boy Scout, Venture Crew, and Sea Scouts cannot wait to share their love of scouting with your campers and help build great memories that will last a lifetime.

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</tr>
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<td>11</td>
</tr>
</tbody>
</table>

CAMP DIRECTOR
Susan Royce
pack169den9@yahoo.com

PROGRAM DIRECTOR
Jake Evans
evansnj26@gmail.com

BUSINESS MANAGER
Christine Bruce
christine@bruce4.com
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

Anything in a Program Guide
• Programs
• Advancement
• Program Guide
• Special needs
• Camp schedule
• Maps of camp

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

Read
This Program Guide
Visit
The camp’s webpage
www.cpcbsa.org/calapoociad
www.cpcbsa.org/chinookad
www.cpcbsa.org/eaglevalleyad
www.cpcbsa.org/eastsidemetroad
www.cpcbsa.org/fortclatsopad
www.cpcbsa.org/ireland
www.cpcbsa.org/midcolumbialad
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

Program Updates
http://www.scouting.org/scoutsource/programupdates.aspx

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.

Ireland

Wednesday, June 6th or June 13th at 7:00pm
Camp Ireland, 31557 NW Camp Ireland Rd
Hillsboro, OR 97124

CAMP SCHEDULE

All campers and adults must check in each day. As campers and adults arrive, they will proceed through the following check-in tables:

<table>
<thead>
<tr>
<th>Check-in</th>
<th>Monday 8:00am</th>
<th>Tues-Fri 8:30am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Departure</td>
<td>Mon-Thurs 3:15pm</td>
<td>Friday 4:00pm</td>
</tr>
</tbody>
</table>

Monday 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 up to the campfire bowl for camp to begin.

Friday Schedule

On Friday our camp gates open at the normal time but we will have a later dismissal at 4:00 pm to accommodate the Friday Shenanigans.

Friday Shenanigans

After a full week of fun, Camp Ireland Scouts, parents and leaders are invited to join us for an afternoon of fun and mayhem. By now the boys should have the buddy system down pat and will have an afternoon of assorted activities around camp to put them into action.

There will be an opportunity for many Cubs to earn their Shooting Sports activity pins, field games, open time at the obstacle course and snow cones as well as a few other surprises for the boys to enjoy.

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
- Clothes Line
- Den water Jug
- Wagon

All Scouts & adults 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.

TOT LOT GUIDELINES

Children who are not currently registered with a pack attending camp may not stay in camp unless they meet one of these criteria:

- Siblings 3 to 6 years old may register in the Tot Lot program if a parent is volunteering that particular day. Cost is $10 per day.

  **— OR —**

- Non-Scout siblings 7 to 10 years old may register in the Junior Camper program if a parent is volunteering that particular day. Cost is $25 per day.

Contact the Camp Director before camp begins if any of your families would like to register for Tot programs. All Tot Lot children must be potty-trained.

DEN NAMES & FLAGS

Camp den names will be assigned by the camp and given out at the Pre-camp Meeting. Each den should make a den flag before you get to camp or be prepared to make it on the first day of camp before the opening ceremony.

The den flag should reflect the spirit of the den’s camp name which you will receive at the pre-camp den leader’s meeting. We encourage the boys to help design and construct their den flag.

*NEW THIS YEAR! Webelos dens will receive a special Camp Ireland flag for their den! They will not need to make a flag prior to arriving at camp.*

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.

DAILY FUN THEMES

Boys, leaders, and parents are encouraged to participate in our daily fun themes! More information on these will be address at the Pre-camp Meeting.

- Mustache Monday
- Teddy Bear Tuesday
- Wacky Hat and Socks Wednesday
- Den Leader Dress Up Thursday
- Field Games Friday
CAMPFIRE PROGRAM
Closing. “Campfire” will begin at 3:10 after den sites get a final sweep by the dens. Scouts will perform the skits and songs they have learned through the week.

If you den will not be staying through closing, please make arrangements with the camp office to pick up your patches, certificates and medicals forms.

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. When you arrive at camp you will be given the most recent map and schedule for your group. Remember to pass information along to all the adults who will be attending with your group.

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.

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 the leader to work with each parent to decide if the materials presented qualify for rank advancement.

TIGERS  My Tiger Jungle  Req 1, 2
Games Tigers Play  Req 1a, 1b, 1c
Team Tiger  Req 4
Tiger Bites  Req 2
Tigers in the Wild  Req 3a, 3b, 3c, 4, 6
Good Knights  Req 1, 6
Tiger-iffic  Req 3, 6

WOLVES  Call of the Wild  Req 1c, 3a, 3b, 5
Council Fire  Req 2
Paws of the Path  Req 4
Motor Away  Req 3

BEARS  Bear Necessities  Req 1c, 5
Grin and Bear it  Req 1
Marble Madness  Req 4a
Robotics  Req 4
Super Science  Req 3

WEBELOS/ ARROW OF LIGHT
Cast Iron Chef  Req 3
First Responder  Req 2, 3
Stronger, Faster, Higher  Req 1
Webelos Walkabout  Req 3
Outdoorsman  Option A 2, 3, 4, 5
Scouting Adventure  Req 1a, 1b, 1c, 5a, 5b, 6
Castaway  Req 1b

CAMP IRELAND SCHEDULE

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday Times</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>M no earlier than</td>
<td>Arrive at Campus</td>
<td>Arrive at Campus</td>
<td>Arrive at Campus</td>
<td>Arrive at Camp</td>
<td>8:30</td>
<td>Arrive at Camp</td>
</tr>
<tr>
<td>8:15</td>
<td>Check-in</td>
<td>Check-in</td>
<td>Check-in</td>
<td>Check-in</td>
<td></td>
<td>Check-in</td>
</tr>
<tr>
<td>T-Th no earlier than</td>
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<td></td>
<td></td>
<td></td>
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<td>8:30</td>
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<tr>
<td>9:00—9:25</td>
<td>Den Site Time</td>
<td>Den Site Time</td>
<td>Den Site Time</td>
<td>Den Site Time</td>
<td>9:00—9:25</td>
<td>Den Site Time</td>
</tr>
<tr>
<td>9:55—10:30</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>9:55—10:30</td>
<td>Opening</td>
</tr>
<tr>
<td>10:35—11:10</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>10:35—11:10</td>
<td>Den Showcases</td>
</tr>
<tr>
<td>11:15—11:50</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>11:15—11:50</td>
<td>LUNCH (earlier than normal)</td>
</tr>
<tr>
<td>12:30—1:20</td>
<td>Daily Special</td>
<td>Daily Special</td>
<td>Daily Special</td>
<td>Daily Special</td>
<td>12:30—2:45</td>
<td>Friday Shenanigans</td>
</tr>
<tr>
<td>1:25—2:00</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>2:45—3:05</td>
<td>Den Site &amp; All Camp Clean-up</td>
</tr>
<tr>
<td>2:05—2:40</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>Station</td>
<td>3:05—4:00</td>
<td>Closing Campfire and Skits</td>
</tr>
<tr>
<td>2:45—3:15</td>
<td>Closing</td>
<td>Closing</td>
<td>Closing</td>
<td>Closing</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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!

WE ARE SO EXCITED YOU ARE COMING — SEE YOU SOON!
**Part A: Informed Consent, Release Agreement, and Authorization**

**Full name:** ____________________________________________

**DOB:** __________________________

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**Informed Consent, Release Agreement, and Authorization**

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

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

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

**List participant restrictions, if any:**

List participant restrictions, if any:

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**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:** __________________________________________

**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/cheat 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>
<td></td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
<td>Stroke/TIA</td>
<td>Last attack date:</td>
</tr>
<tr>
<td>![ ]</td>
<td>![ ]</td>
<td>Asthma</td>
<td></td>
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<tr>
<td>![ ]</td>
<td>![ ]</td>
<td>Lung/respiratory disease</td>
<td></td>
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<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>
<td></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>
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<td>![ ]</td>
<td>![ ]</td>
<td>Altitude sickness</td>
<td></td>
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<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>
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<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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<tr>
<td>![ ]</td>
<td>![ ]</td>
<td>Seizures</td>
<td>Last seizure date:</td>
</tr>
<tr>
<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>
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<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>

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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>
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<tbody>
<tr>
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</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)

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>
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<td></td>
<td>Pertussis</td>
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<td></td>
<td>Diphtheria</td>
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<td></td>
<td>Measles/mumps/rubella</td>
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<td></td>
<td></td>
<td></td>
<td>Polio</td>
<td></td>
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<td></td>
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<td>Chicken Pox</td>
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<td>Hepatitis A</td>
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<td>Hepatitis B</td>
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<td>Meningitis</td>
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<td>Influenza</td>
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<td>Other (i.e., Hib)</td>
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<td></td>
<td>Exemption to immunizations [form required]</td>
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</table>

Please list any additional information about your medical history:

_____________________________________________

_____________________________________________

_____________________________________________

_____________________________________________

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by: __________________________________________

Date: ________________________________________________

Further approval required: ☐ Yes  ☐ No

Reason: ____________________________________________

Approved by: ______________________________________

Date: ________________________________________________

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>
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<tr>
<td>5</td>
<td>$43,860</td>
<td>$3655</td>
</tr>
<tr>
<td>6</td>
<td>$50,610</td>
<td>$4217</td>
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<tr>
<td>7</td>
<td>$57,090</td>
<td>$4757</td>
</tr>
<tr>
<td>8</td>
<td>$63,570</td>
<td>$5297</td>
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</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**

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

Date of Birth:  
(Month / Day / Year)

County: (i.e. Multnomah County)

**Mailing Address:**

**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):

**BS Resident  Rover  Cub Scout Resident  Metro Day Camp  Outlying Day Camp  Youth Leader Training  Other Programs**

<table>
<thead>
<tr>
<th></th>
<th>Metro East Side</th>
<th>Calapooia</th>
<th>NYLT</th>
<th>Horse Trek</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baldwin</td>
<td>Meriwether</td>
<td>Camp Clark</td>
<td></td>
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<tr>
<td>Meriwether</td>
<td>Camp Clark All</td>
<td>Ireland</td>
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<tr>
<td>Pioneer</td>
<td>Butte Creek</td>
<td>Lewis 5-Day Camp</td>
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<td>Canby 4-Day Camp</td>
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<td></td>
<td></td>
<td>Lewis 3-Day Camp</td>
<td></td>
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<td></td>
<td>Willamette 4-Day Camp</td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Camp / Activity</th>
<th>Maximum Funds</th>
<th>Camp / Activity</th>
<th>Maximum Funds</th>
<th>Camp / Activity</th>
<th>Maximum Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Day Resident Camp (Including NYLT)</td>
<td>$165.00</td>
<td>5-Day Day Camp</td>
<td>$59.00</td>
<td>Wood Badge</td>
<td>$135.00</td>
</tr>
<tr>
<td>Meriwether Rover</td>
<td>$175.00</td>
<td>4-Day Day Camp</td>
<td>$43.00</td>
<td>Horse Trek</td>
<td>$332.00</td>
</tr>
<tr>
<td>3-Day Resident Camp</td>
<td>$110.00</td>
<td>3-Day Day Camp</td>
<td>$38.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-Day Resident Camp</td>
<td>$149.00</td>
<td></td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Daytime Phone #</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
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>
</table>

<table>
<thead>
<tr>
<th>Pack</th>
<th>Troop</th>
<th>Team</th>
<th>Crew</th>
<th>Ship</th>
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</thead>
<tbody>
<tr>
<td>Circle type of Unit</td>
<td>Unit Number</td>
<td>District</td>
<td>Council</td>
<td>Name of camp/activity attending</td>
</tr>
</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.cpcbsa.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 campsites which provides easier wheelchair access to tents, outhouses, and other campsites 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.
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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</table>

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: ____________