



11/19/2018



Camp Kootaga 2019

FORMS



Dianna Gatz

CAMP DIRECTOR

CAMP KOOTAGA PHONE 304-628-3766

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Summer Camp Registration & Fee Structure Worksheet

NEW!!! ON-LINE REGISTRATION AT:

<http://www.buckskin.org/Events/Scout-Summer-Camp-2019>

Number of youth dining hall _____ X \$255.00 = _____

Number of adult dining hall _____ X \$125.00 = _____

Total fees for those eating in dining hall == _____

Number of youth self-sufficient _____ X \$200.00 = _____

Number of adult self-sufficient _____ X \$65.00 = _____

Total fees for those self-sufficient campers == _____

Free leaders discount – unit paid in full before May 15, 2019

Number of youth ___ Fee to be deducted from final tally = _____

10 to 19 youth = 1 free leader 20 to 29 youth = 2 free leaders

30 to 39 youth = 3 free leaders 40 to 49 youth = 4 free leaders

Late Fee of \$25.00 will be Added After May 15, 2019

Number of youth and adults paying after May 15

Total campers ___ x 25.00 == _____

Total camping fee _____ subtract free leaders _____ add late fees _____ = _____

Note: additional leaders coming in for the day may purchase meal tickets in the trading post for meals served in the Dominion Dining Hall at \$7.50 per meal.

Refund Policy

The following refund policy will be in place for this camping season. Please read this carefully and if you have questions, don't hesitate to contact the Council Service Center.

Refund/overpayment requests should be made at check-in on your opening day at camp. A \$30.00 per person administrative fee will be assessed on all refunds, youth and adult.

In cases where a request is not made at check-in a written request explaining the reason must be submitted to the Council Service Center no later than August 15, 2018. Request received after the deadline will not be considered

CAMP TROOP FACT SHEET

Please complete and return one week prior to your arrival at camp.

Mail to: Camp Kootaga
79 Camp Kootaga Rd
Walker, WV 26180

Troop# _____ Chartered Organization _____

Town/City _____ Age of Troop _____

Your Troop will have (number of adults) _____ Continuous Leaders

_____ Rotating Leaders

Week in Camp (Please Circle): 1 2 3 4 5

Meal Plan _____ Dining Hall

_____ Self-Sufficient

Camp Troop Leader _____

Address _____ Phone _____

Assistant Camp Troop Leader _____

Address _____ Phone _____

Number of registered Scouts in your Troop _____

Number of Scouts attending camp _____

Number of Patrols coming to camp _____

Number of senior Scouts (14 and older) coming to camp _____

Number of junior adult leaders (18 to 21) coming to camp _____

Number of senior adult leaders (21 and older) coming to camp _____

Number of Scouts in your Camp Troop at each progress level:

_____ Scout _____ Tenderfoot _____ Star

_____ Second Class _____ First Class

_____ Life _____ Eagle

Number of Scouts that will participate in the First Year Camper Program _____

TROOP ROSTER

TROOP _____ District _____ Week at Camp _____

ADULTS

YPT DATE	NAME	ADDRESS	PHONE	AGE	POSITION	YRS at CAMP

All persons staying overnight with the troop must be registered leaders, with current Youth Protection Training, and a valid Annual Health & Medical History on file. At least two must be over 21 and if there are female Scouts present there must be at least one female leader in attendance as well.

TROOP ROSTER

TROOP _____ District _____ Week at Camp _____

YOUTH

AGE	NAME	ADDRESS	PHONE	RANK	PATROL / TROOP POSITION	YRS at CAMP

Copy for additional youth

CONFIDENTIAL

CAMP KOOTAGA
79 CAMP KOOTAGA RD
WALKER, WV 26180

BUCKSKIN COUNCIL
2829 KANAWHA BLVD E
CHARLESTON, WV 25311

Camper Dietary Restriction Inquiry Form

PLEASE PRINT ALL INFORMATION CLEARLY – ONE FORM PER INDIVIDUAL

Campers with dietary restrictions are advised to complete this form and return to the Council Office at least 3 weeks prior to the start of your camp week. Campers with certain severe allergies or individuals with multiple types of food allergies may be asked to provide their own substitutions.

Date Attending _____ Troop / Unit # _____

Name: _____

Scout or Adult (circle) Troop # _____

Name of Parent / Legal Guardian _____

Phone # _____ Email: _____

Allergies and special diets are a common concern of our campers. Our food service providers are experienced with accommodating most diets, including food allergies, religious restrictions, and other health-related diets. We are happy to accommodate any diet for religious, medical or allergy needs; however, this form must be submitted at least three weeks prior to arrival at camp. Please complete and submit this form to Camp Kootaga at least 3 weeks prior to arrival at camp. It is the camp's expectation that by sending your child to camp, you are asserting that they have the necessary knowledge of their diet and can manage their food choices. If your child is attending Camp Kootaga we serve cafeteria style and offer self-serve bars. Camp cannot guarantee your child will not encounter foods he may be allergic to, or to other allergens. If your child has a severe allergy or dietary restriction, contact the camp directors to discuss if camp is properly equipped to manage your child's needs. While we work to meet all dietary requirements, food is prepared in an area with milk, egg, peanut, tree nut, wheat, soy, and fish, and cross-contamination can occur. Upon arrival at camp, and prior to the first meal eaten, it is the Scout's or Adult's responsibility to identify themselves to our kitchen staff, then cooperate in helping us meet their need(s).

Please identify and describe dietary restrictions on the back of this form

DIETARY INFORMATION SHEET



Date Attending _____ Troop / Unit # _____

Name: _____ youth or adult

Omitted Foods

Acceptable Substitutions

Parent / Legal Guardian Signature _____ Date _____

CAMP KOOTAGA

PRE-CAMP T-SHIRT ORDER FORM

We offer the convenience of pre-ordering this year's summer camp t-shirt. All orders that are received and paid by May 1st will be eligible for our discounted rate. All orders paid for prior to the May 1st deadline will be available for pickup at the pre-camp leaders meeting. Orders received after the May 1st deadline will be processed at the regular price and may be picked up in the camp Trading Post after you arrive at camp.

Troop Information

Troop # _____

Camp Session _____

Council _____

Leader Name _____

Phone _____

Secondary Phone _____

Email _____

Size	Price before May 1	Price after May 1
Small	\$12.00 + tax	\$14.00 + tax
Medium	\$12.00 + tax	\$14.00 + tax
Large	\$12.00 + tax	\$14.00 + tax
XL	\$12.00 + tax	\$14.00 + tax
2XL	\$14.00 + tax	\$16.00 + tax
3XL	\$14.00 + tax	\$16.00 + tax
4XL	\$15.00 + tax	\$17.00 + tax

SIZE	QUANTITY	X	PRICE	=	SUBTOTAL
Small	<input type="text"/>	X	\$12.00	=	<input type="text"/>
Medium	<input type="text"/>	X	\$12.00	=	<input type="text"/>
Large	<input type="text"/>	X	\$12.00	=	<input type="text"/>
X-Large	<input type="text"/>	X	\$12.00	=	<input type="text"/>
2X-Large	<input type="text"/>	X	\$14.00	=	<input type="text"/>
3X-Large	<input type="text"/>	X	\$14.00	=	<input type="text"/>
4X-Large	<input type="text"/>	X	\$15.00	=	<input type="text"/>

Mail payment to:
 Camp Kootaga, BSA
 79 Camp Kootaga RD
 Walker, WV 26180

SUBTOTAL	<input type="text"/>
Subtotal X 0.0725 TAX	<input type="text"/>
TOTAL DUE	<input type="text"/>

Office Use Only _____
 Date Received _____
 Account 1-6711-760-21

PERMISSION TO LEAVE CAMP

Troop number _____

We understand that there may be times when a Unit Leader or Scout must leave for one reason or another. We ask that all persons leaving camp notify the Camp Director and sign out.

Below are permission slips for leaving camp. If you have someone who will need to leave, please fill out one of the forms below and present it to the Camp Director upon check in or in the Camp Office. (A Scout may be denied permission to leave camp if the permission slip is not signed by the parent or guardian.)

Scout _____ will be leaving camp on _____
_____ from _____ AM/PM until _____ AM/PM

For the following reason:

Note who the scout will be allowed to travel with: _____

I give the above Scout permission to leave camp on the above-mentioned date and time:

Parent/Guardian _____ Date _____

Leader signature _____ Date _____

Troop # _____ Campsite _____

For office use only:

Form received at check in? _____

If not reason for late delivery? _____

ID of person scout is leaving with:

Name _____

Driver's License# if not parent: _____

Time out: _____ Time in: _____

Q. Can 18-year-old Scouts transport other Scouts, if so, what are the qualifications for this?

A. Yes. Drivers must be currently licensed and at least 18 years of age. **Scouting youth (under age 18) are not insured under the Boy Scouts of America commercial general liability policy.** Transportation guidance can be found in the [Guide to Safe Scouting](#).

Provisional Camper Registration Form

For use only if you are attending camp without your troop

Personal Information

Troop # _____ Council _____

Scout's Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Scout's rank _____ Scout's age _____

Emergency Contact Information

Parent / Guardian Name _____

Day Phone _____

Night Phone _____

Parent / Guardian Signature _____ dare _____

Merit Badge Class Choice

9:00 am	First choice _____	Second choice _____	I agree, that I will follow the directions and rules of the camp and host troop.
10:00 am	First choice _____	Second choice _____	
11:00 am	First Choice _____	Second choice _____	
2:00 pm	First Choice _____	Second choice _____	
3:00 pm	First choice _____	Second choice _____	
4:00 pm	First choice _____	Second choice _____	

I will live, participate, and work with the host Troop as if I was a member of that Troop. I will live by the Scout Oath and Law.

Signature of Scout: _____

Provisional campers will pay an additional \$25.00

2020 CAMPSITE RESERVATION/DEPOSIT FORM

Unit # _____

Person Making Deposit _____

Position _____

Address _____

Phone# _____

WEEK REQUESTED (List Choices)

1st _____

2nd _____

3rd _____

SITE REQUESTED (List Choices)

1st _____

2nd _____

3rd _____

*Fees must be submitted no later than 10 days after receipt of form.

*No changes may be made until the Wednesday after Labor Day.

Office Use Only

Date Received _____

Received by _____

Fees _____

A.C.E. AWARD

(ADULT CAMPER EXTREMIST)

To receive this distinguished honor complete 10 of the activities listed below:

1. Assist in a program area at least 2 hours .
2. _____
Identify 8 constellations in the summer sky or 15 trees by their leaves. _____
3. _____
Be in camp for at least 4 nights. _____
4. _____
Participate in a camp-wide service project. _____
5. _____
Be present at All Leaders training sessions _____
6. _____
Be present at All Flag Ceremonies. _____
7. _____
Participate in 1 Polar Bear Swim or a troop boating trip. _____
8. _____
Assist a program area by going on an overnigher _____
9. _____
Shoot at the Archery / Rifle Range _____
10. _____
Complete the Camp Kootaga Orienteering or Geocache Course _____
11. _____
Participate in the Camp Kootaga Knot Club _____
12. _____
Earn the Kootaga Trails Award _____
13. _____
Climb/rappel the climbing tower or Wind Caves _____
14. _____
Complete Leave No Trace Training _____

PLEASE BE SURE TO HAVE A STAFF DIRECTOR INITIAL YOUR PARTICIPATION

Describe participation and date of completion.

Include name, unit, and T-shirt size upon submission to Program Director

Your name _____ Unit Number _____

T-shirt size _____ Completion Date _____

BADEN-POWELL TROOP AWARD

To earn this award, the troop must complete 10 of the items, including an average of 90 points on the daily campsite inspection form. This form should be initialed by the Scoutmaster and turned in to the Program Director when all items needed have been completed.

1. Attend all camp-wide Flag Lowering ceremonies. _____

SM

2. Set and achieve Troop advancement goals as approved by Scoutmaster _____

SM

3. Attend Chapel service as a Troop. _____

Camp Director

4. Complete a Conservation Project as a Troop approved by Nature Director. _____

Nature Director

5. Compete in the Camp-wide Game. _____

Program Director

6. Complete five (5) or more of the following:

A. Participate in one of the following Aquatics Activities:

1. Canoe Trip _____
2. Troop choice approved by Waterfront Director. _____
3. Kootaga Camp wide games. _____

Aquatics Director

B. Participate in one of the following Scoutcraft Activities:

1. Pioneering Skill _____
2. Orienteering _____
3. Dutch Oven Cook-off _____

Scoutcraft Director

C. Participate in one of the following Nature Activities:

1. Nature Hike _____
2. Animal Tracking Skills _____
3. Troop choice approved by the Nature Director. _____

Nature Director

D. Participate in one of the following Shooting Sports Activities:

1. Troop Rifle Shoot _____
2. Troop Archery Shoot _____

Shooting Sports

E. Participate in one of the following Handicraft Activities:

- 1. Make a Patrol Flag if you do not have one. _____
- 2. Develop a Patrol Totem out of wood or leather. _____
- 3. Troop choice approved by the Handicraft Director. _____

Handicraft

F. Participate in an Inter-Troop Campfire _____

Other Unit SM

G. Participate in an Inter-Troop Sporting Event _____

(Basketball, soccer, etc.) SPL

H. Participate as a Troop in a Sporting Tournament _____

Sports Director

I. Participate as a Troop in a Camp-wide Campfire. _____

Program Director

7. Average Campsite Inspection Score _____

Camp Comm.

Troop# _____ SM/SP OK'd _____ Campsite _____

Camp Director Approval

Program Director Approval

BADEN-POWELL AWARD

THE PATROL METHOD: This award, named in honor of our founder, Lord Robert Baden-Powell, is designed to provide the Scouts in your Troop the chance to participate in the Patrol Method and have a quality camping experience during their stay at Camp Kootaga. We try to provide many opportunities for a Troop to distinguish itself for its achievements at camp. Contests and competition are an active and important part of the camp program and the Baden-Powell Award is an excellent tool to foster good Scout camping habits and a sense of competition

Listed on the Baden-Powell Troop award sheet is a space for the average campsite score. The Commissioner(s) will evaluate each campsite daily. Any Troop who completes the required 10 items and receives a weekly average of 90 or higher will be presented with a Baden-Powell Award Certificate at the end of the week

PAUL BUNYAN WOODSMAN AWARD REQUIREMENTS

Study the Boy Scout Handbook and the Camping merit badge pamphlet, and demonstrate to your Scoutmaster or other qualified person the following:

1. Show that you have earned the Totin' Chip

2. Help a Scout or patrol earn the Totin' Chip, and demonstrate to them the value of proper woods-tools used on a troop camping trip.

3. With official approval and supervision, do one of the following:
 - (a) Clear trails or fire lanes for two hours.

 - (b) Trim a downed tree, cut into four-foot lengths, and stack; make a brush pile with the branches.

 - (c) Build a natural retaining wall or irrigation way to aid in a planned conservation effort.

Troop# _____ SM/SP OK'd _____ Campsite _____

Camp Director Approval

Program Director Approval

Ranger Approval

KOOTAGA IRONMAN

SCOUT / SCOUTER, DO YOU HAVE WHAT IT TAKES TO BE A KOOTAGA IRONMAN?

The Ironman Challenge can be met two ways; by participating in various activities throughout the week or by participating in the Friday event that culminates the weeklong mile swim trial.

Details to be announced by our Sports Director

Swim a mile

Aquatics Director

Canoe or kayak 2 miles

Waterfront Director

Bike for 3 miles

Sports Director

Hike 4 miles

Scoutcraft Director or Sports Director

**ACTIVITY CONSENT FORM AND APPROVAL BY
PARENTS OR LEGAL GUARDIAN**



This form is for the consent and approval for Cub Scouts, Scouts, Venturers, and guests to participate in a trip, expedition, or activity.

First name of participant Middle Initial Last name

Birth date (month/day/year) _____ / _____ / _____ Age during activity _____

Address _____

City _____

State _____ Zip _____

Has approval to participate in (name of activity, orientation flight, outing trip, etc.)

From _____ to _____

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 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 my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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 including preparations for and transportation to and from the activity, 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. NOTE: 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. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions. List participant restrictions, if any:

Participant's signature _____ *Date* _____

_____ & _____
Parent / guardian printed name *and signature* *Date*

Area code and telephone number _____
(best contact and emergency contact)

Email _____
(for use in sharing more details about the trip or activity)

High Adventure / Application and Consent Form

Please Print

High Adventure Program

Scout's Name _____ Unit Type and Number _____

Address _____

City, State & Zip _____

E-Mail _____

Home Phone _____ Cell Phone _____

I am aware of the risks and benefits to my Scout by participating in High Adventure Program. I have reviewed the suitability of this program for my Scout and understand that all reasonable measures will be taken to assure the Scout's safety. I hereby grant my permission for my Scout to participate in this High Adventure Program and authorize the Camp Kootaga management staff to share all pertinent important information with the program leader.

Parent or Guardian printed name

Parent or Guardian Signature

Home Phone

Cell Phone

Other Contacts, printed name

Other Contact, Signature

Home Phone

Cell Phone

Scoutmaster approval printed

Scoutmaster Signature

Date _____

NOTES:

SCOUT'S PRE-CAMP CHECKLIST

Each Scout should bring the following items for his personal use at camp.
EVERYTHING should be marked with the Scout's name and Troop number.

CLOTHING

(Remember this is a six-day camp)

- Complete Scout Uniform(s): shirt, shorts, socks, belt, neckerchief, and slide
- Order of the Arrow sash (if a member)
- Hiking boots or sturdy footwear that provides ankle support
- Socks (bring extra changes)
- Sneakers or Tennis shoes, **NO OPEN TOE SHOES**
- T-Shirts (appropriate for a Boy Scout camp)
- Hat
- Long sleeve shirts (one for cool evenings)
- Shorts
- Light jacket or sweater
- Swimsuit
- Raincoat or poncho
- Long pants

EQUIPMENT

- Cot Sleeping Pad
- Backpack Sheath knives
- Pocketknife Illegal Drugs and Alcohol
- Canteen / water bottle Firearms of any kind (rifles, shotguns)
- Ground cloth Fireworks
- Compass **Radios, CD's or TV sets, cell phones,**
- Contacts or eye glasses **Electronic games, IPads**
- Flashlight with extra batteries Ammunition
- Watch Open toe shoes
- Insect Repellent (non-aerosol type)
- Medication (prescribed by doctor)
- Notebook, Pens, Pencils
- Scout Handbook & Merit Badge Books (also available for purchase in Trading Post)
- Sleeping bag or 2 sheets and 2 blankets and pillow
- Soap (hand and hair)
- Spending money for Program supplies, Handicraft items and Trading Post
- Sun lotion and sunglasses
- Toothbrush, toothpaste and floss
- Totin' Chip and Firem'n Chit Cards (If already earned)
- Towels (for pool use and for shower use) and washcloths

Current MEDICAL FORM, signed and dated by Doctor and parent in appropriate places

PHOTOCOPY THIS LIST AND GIVE TO EVERY SCOUT