



POCONO SUMMIT ADVENTURE CAMP

A week of Scouting adventures in the heart of the Pocono Mountains!

If you are a thrill-seeker looking for outdoor challenges and fun, then look no further than Minsi Trails Council's exciting **NEW Pocono Summit Adventure Camp** based at Camp Minsi in Pocono Summit, PA. Located in the heart of the Pocono Mountains, Camp Minsi serves Scouts and Venturers from throughout the region and across the country. This special week-long adventure program (or abridged Sunday to Thursday program) provides a variety of distinctive outdoor challenges and loads of excitement throughout the beautiful Pocono Mountains of Pennsylvania! Adventures include: whitewater rafting, mountain biking, hiking, climbing, zip-lining, sailing, pioneering, and much more!

PICK YOUR WEEK!

- **Session 1:** July 1-7, 2018
- **Session 2:** July 22-28, 2018

2018 CAMP FEES

\$520.00 per Youth (full week)	\$270.00 per Adult (full week)
\$380.00 per Youth (abridged week)	\$195.00 per Adult (abridged week)

Youth registered before April 1 will receive a \$25 early-registration discount.

PREPARE FOR ADVENTURE

Who can participate?	Scouts and Venturers must be at least 14-years-old (or 13-years-old and have completed the 8th grade) to participate. Participants must be able to pass the BSA Swimmer's Test in order to participate in water activities, including whitewater rafting.
What kind of leadership do we need?	Our program staff provides adult staff members and guidance for all Pocono Summit Adventure groups during each activity; however, we encourage adults to participate too (why should the kids have all the fun?). Units attending must provide the appropriate two-deep leadership in camp.
How do we get to all the activities?	The Pocono Summit Adventure Camp staff coordinates and provides transportation to and from the basecamp at Camp Minsi for all of the off-site activities in either buses or vans.
Where will we stay?	<p>Participants will stay at Camp Minsi in Pocono Summit, PA. Units will be housed in either traditional BSA campsites with canvas wall-tents and cots, or in the dormitory-style bunks of the Weytrex Lodge (co-ed housing option with indoor bathrooms and showers; first-come, first-serve at time of registration).</p> <p>Participants will also spend one night on an outpost (either at the Mule Pen at Trexler Scout Reservation or at the Ice House on Stillwater Lake) for a more rustic overnight experience.</p>
What kind of special gear do I need?	Pocono Summit Adventure Camp provides certified, high-quality gear for all of its activities. However, each program requires specific personal gear (see page 3) that helps to ensure your safety and enjoyment of the program: (A small backpack will be helpful for carrying gear to and from programs).
Are there additional costs for any of the activities?	No, all of the program expenses (such as transportation to all off-site adventures, passes for whitewater rafting, bicycle rental, etc.) are built-in to the camp fees for this specialty camp. However participants may want to bring some extra spending money for souvenirs and treats at the camp trading post throughout the week.
Do Scouts earn merit badges as part of this program?	This high adventure program is designed for the exhilaration of the older Scouts and Venturers. Select merit badge requirements and Venturing award requirements may be achieved as part of the activities, and Scouts maybe able to completed partial work towards some badges and awards, however, unlike traditional summer camp, the focus of the program is not advancement-driven.

MORNING JOURNEYS

Immerse yourself in a skill path for the week (Single track Monday-Thursday; Open choice Friday)



- Option A - Pocono Voyageur

Step back in time and spend your mornings at our rendezvous site participating in such activities as blacksmithing, woodsmithing, tomahawk and knife throwing, hot-iron branding, lumberjacking, pioneer games, finger weaving, backcountry exploration and navigation, Dutch oven cooking, canoeing the waters of Stillwater Lake, and much more.

Skill development topics include:

Metalworking, Woodworking, Living History, Exploration, Land-navigation, Pioneer, Cooking, and more!



- Option B - Stillwater Sailor

Set sail for adventure! Learn how to harness the cool mountain breeze to navigate the 314-acres of open water on Stillwater Lake as part of our advanced sailing program. Your week will include small-boat sailing and sailboarding, plus you'll be able to spend time stand-up paddle-boarding, canoeing, rowing, kayaking and swimming too!

Skill development topics include:

Watercraft, Small-boat Sailing, Kayaking, Swimming, Safety Afloat, and more!



- Option C - Scout Responder

The motto of Scouts has always been to "Be Prepared." Earn American Red Cross First Aid and CPR/AED certifications and develop a greater understanding of first Aid and emergency response principles. You'll get to work with members of the Pocono Mountain Regional Police department and local fire departments too!

Skill development topics include:

First Aid, CPR, Emergency Preparedness, Search & Rescue, Law Enforcement, Fire Safety, and more!

AFTERNOON ADVENTURES

Set out on a different (and exciting) adventure each day (Monday-Friday)



- Monday - Hickory Run Expedition

Explore the majestic 25-foot Hawk Falls and traverse the bolder field (a National Natural Landmark) at the nearby Hickory Run State Park.



- Tuesday - Whitewater Rafting

Enjoy an exciting rafting trip on the Lehigh River. The 8-mile trek gives you an afternoon of fun on the river interspersed with a touch of Class III rapids.



- Wednesday: Option 1 - Hawkeye Action COPE & Outpost

Reach new heights as you navigate a high ropes COPE course that consist of a 60-foot climbing tower, cargo nets and a 175-foot zip-line!

You'll then spend the evening on an overnight outpost at the Mule Pen at Trexler Scout Reservation.



- Wednesday: Option 2 - Minsi Muck Hike & Stillwater Outpost

Here's is an experience you'll never forget! Trek through muddy swamps of the Poconos as you hike (and occasionally swim) through thick mud.

You'll then spend the evening on a special canoe outpost to the Ice House on Stillwater Lake.



- Thursday - Mount Minsi Hike

Ascend 1,500 feet to the summit of Mount Minsi in the Delaware Water Gap. The 6-mile hike provides impressive views and breathtaking vistas.



- Friday - Mountain Biking

Ride through the Lehigh River Gorge. As you pedal the 25-mile trail, you'll see fantastic rock formations, waterfalls, historic sites, and wildlife.

YOUR WEEK IN THE POCONOS!

Sunday (Check-In)

- Arrive at the Camp Minsi basecamp anytime between 10AM and 3PM. You will be directed to your unit site to unload gear. Then report to the administration building to formally check-in.
- A Staff Guide will take the group to the Health Lodge for medical checks and to the Waterfront for swim tests. All participants must complete Part A, B and C of the BSA Annual Health and Medical Record. All Pocono Summit Adventure participants must pass a swim test with a "swimmer" proficiency in order to go whitewater rafting or participate in other aquatics activities (canoeing, sailing, etc.).
- After completing swim checks, participants are free until dinner (5:45PM). After dinner, participants will gather for a program orientation, ice-breakers, and an opening campfire program.

Monday - Friday

- Your specific daily schedule will depend upon which activities you have selected. All the activities will start after breakfast, so be prepared and bring all the items necessary for that day's adventures.
- Each morning will consist of a 3-hour immersive program track (Pocono Voyager, Stillwater Sailor, or Scout Responder). The morning program tracks run each day Monday through Thursday (Friday is an open morning where participants can sample and experience the activities of the other morning journey program centers). After the morning program block, you'll then grab lunch and travel to an exciting afternoon adventure in the Pocono Mountains.
- You'll return to basecamp in time for a dining hall dinner (around 6PM), followed by a selection of various relaxing evening program options or enjoy free time as a unit.
- On Wednesday evening, you'll also participate in an overnight outpost adventure at either at the Mule Pen of Camp Hawkeye at the Trexler Scout Reservation in Jonas, PA (if you choose the Hawkeye Action COPE adventure) **or** at the Ice House of Stillwater Lake at Camp Minsi in Pocono Summit, PA (if you choose the Minsi Muck Hike adventure).
- Those in the abridged week program will conclude their week on Thursday morning (departing before lunch). They will miss out on the Mount Minsi Hike, Mountain Biking through the Lehigh Gorge, and the fun of the open program centers on Friday morning.

Friday Night / Saturday Morning (Check-Out):

- After dinner, pack up gear and belongings except those needed for Friday night and Saturday morning.
- Complete a check-out with your unit's Staff Guide. Complete the camp evaluation form and check to make sure you received the correct number of participant's patches.
- After checking out with their Staff Guide, units may leave either Friday night (any time after 8PM) or on Saturday morning. An open continental breakfast will be served on Saturday from 7:30AM to 9AM, units can grab breakfast to-go and depart anytime between 8AM and 11AM.

Specific Personal Gear Needed for Pocono Summit Adventure Programs

<u>Minsi Voyageur (AM)</u> <ul style="list-style-type: none"> • Pocket Knife • Water bottle • Leather gloves for woodworking 	<u>Stillwater Sailing (AM)</u> <ul style="list-style-type: none"> • Bathing suit and towel • Sunscreen 	<u>Scout Responder (AM)</u> <ul style="list-style-type: none"> • Notebook with pen/pencil • Water bottle • Personal first aid kit
<u>Hickory Run Expedition (Mon-PM)</u> <ul style="list-style-type: none"> • Sturdy hiking boots/shoes • Water bottle • Compass and/or GPS • Camera 	<u>Whitewater Rafting (Tue-PM)</u> <ul style="list-style-type: none"> • Bathing suit and towel • Closed-toe shoes that can get wet • Sunscreen • Water bottle 	<u>Hawkeye Action COPE (Wed-PM)</u> <ul style="list-style-type: none"> • Sturdy long pants • Closed-toe shoes • Water bottle • Overnight bag with change of clothes, toiletries & sleeping bag
<u>The Minsi Muck Hike (Wed-PM)</u> <ul style="list-style-type: none"> • Old closed-toe shoes and clothing that can be thrown away (<i>swamp mud will permanently stain clothing and shoes</i>) • Duct tape (<i>to secure loose clothing</i>) • Change of clothes, toiletries and a towel • Overnight bag with either a sleeping bag and ground cloth or a hammock 	<u>Mount Minsi Hike (Thu-PM)</u> <ul style="list-style-type: none"> • Sturdy hiking boots/shoes • Water bottles • Camera 	<u>Mountain Biking (Fri-PM)</u> <ul style="list-style-type: none"> • Closed-toe shoes • Water bottle • Camera



Appendix & Forms

BSA Annual Health and Medical Record

Whitewater Rafting Waiver

Mountain Biking Waiver

Special Dietary Needs Form

Connect and Get Additional Resources at:

www.campminsi.org/PSAC



Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____
DOB: _____

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

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.

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 I 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

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

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: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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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?

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



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Part B: General Information/Health History

B

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?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

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.

Medication	Dose	Frequency	Reason

☐ 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.

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

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: _____



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Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.



Examiner: Please fill in the following information:

		Yes	No	Explain	
Medical restrictions to participate					

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches): _____ Weight (lbs.): _____ BMI: _____ Blood Pressure: _____ / _____ Pulse: _____

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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NAME (FIRST/LAST)

1519 State Route 903, Jim Thorpe, PA 18229

RELEASE OF LIABILITY - READ BEFORE SIGNING

[illegible]

This is record of payment, do not lose!

ADDRESS

[illegible]

CITY

STATE

ZIP

[illegible]

▼ E-MAIL ADDRESS BELOW

RECEIVE EMAIL SPECIALS?

YES ☐NO ☐[illegible]

I HAVE READ THE ABOVE WAIVER AND RELEASE BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE POCONO
 WHITEWATER, LTD FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH BY NEGLIGENCE OR ANY OTHER
 CAUSE. TO THE FULLEST EXTENT PERMITTED BY LAW.

X / Date Signed: X

PARTICIPANTS SIGNATURE

AGE

PARENT/GUARDIAN SIGNATURE

(print name)

Pocono Whitewater Biking Liability

NOTE: This form must be read and signed before the participant is allowed to take part in biking.

NAME (FIRST/LAST)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS

APT.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

CITY

STATE

ZIP

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

▼ E-MAIL ADDRESS BELOW

RECEIVE EMAIL SPECIALS? YES ☐ NO ☐

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DATE OF BIRTH

--	--	--	--	--	--

I recognize that there is an element of risk in biking. I'm also aware of the risks and dangers inherent in bicycling, bicycle touring and mountain biking. Knowing of the inherent risks (such as, but not limited to, exposure, snake bites, equipment failure, hazards of the road, traffic, changing weather conditions, etc.) and rigors required of said activities. I certify that I am fully capable of participating in the said activity. Therefore, I assure full responsibility for myself, for bodily injury, death and loss of personal property and expenses thereof. I possess at least the following prerequisites for participating in this activity: a.) I know how to ride a bicycle: b.) I am in good mental and physical health. c) I am able to read a map and/or follow directions. I accept for use, as is, the equipment in good condition and accept full responsibility for care of equipment while in my possession. I will be responsible for the prompt replacement at full retail value of all rental equipment not returned or damaged, other than reasonable wear and tear. I agree to return rental equipment by agreed date in clean condition to avoid additional charges. All instruction on the use of rental equipment have been made clear to me and I understand the function of the equipment. I release and hold harmless for whatever reason, including negligence, POCONO WHITEWATER, LTD., it's officers, employees and agents from any action related to these risks and dangers. These terms shall serve as a release and assumption of risk for my heirs, all members of my family and for any minors that accompany me. Said acknowledgement shall further assign to POCONO WHITEWATER, LTD., all rights to use photographs of me taken relative to said bike trip including - but not limited to - use in or on brochures, catalogs, media advertisements, posters and the like.

I HAVE READ THE ABOVE WAIVER AND RELEASE BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE POCONO WHITEWATER, LTD FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH BY NEGLIGENCE OR ANY OTHER CAUSE, TO THE FULLEST EXTENT PERMITTED BY LAW.

X _____ / _____ Date Signed: _____ X _____
PARTICIPANTS SIGNATURE AGE PARENT/GUARDIAN SIGNATURE
(print name) _____,,

PLEASE NOTE: Take note of today's shuttle pick up times posted on the board. You can enjoy the trail at your own pace, however you are responsible to meet the return shuttle at one of the posted times. **Failure to meet the last posted shuttle of the day will result in a lengthy wait for you plus a \$60.00 surcharge** to cover the cost of an unscheduled vehicle and driver to pick you up if you are riding our bikes. If you are riding your own bikes, you will be on your own!

Bike Rental Damage Waiver

☐ Paid

\$1.

This wavier covers renters liability in the event of damage, does not include willful damage or loss of equipment.

SIGNATURE: _____

FOOD ALLERGY AND RELIGIOUS DIETARY INFORMATION Rev. 3/10/2017

The foodservice department at the Minsi Trails Council is committed to ensuring that all participants have the best meals that we could provide. We understand that many people are allergic to foods that we use everyday in our kitchens. Because we are committed to serving you, we are implementing a food allergy and religious dietary need information sheet. A scout should always be reverent, so we are also implementing this form for those participants that must follow dietary guidelines of their religion.

If you have any allergies to food, please complete the form below. This form is very important to the foodservice department. We want everyone to have enough food. In order for you to have adequate food, we need to know if there are any allergies we need to work around. It is also very important for us to know if you have a severe allergy, so that we may ensure that you do not come into contact with that particular food. Please take the time to answer the few questions below. Return the form no later than two weeks prior to your camping week. Mail the form to: Minsi Trails Council, PO Box 20624, Lehigh Valley, PA 18002. Or email to Paul.oswald@scouting.org

This form is designed to address religious and allergy concerns. Because of the volume of food we prepare on a daily basis we cannot accommodate each person based on likes and dislikes. Filling out this form does not in any capacity guarantee that the camp will provide food for a given individual; rather it is to inform kitchen personnel of a participant's situation. Please note although we make every effort to accommodate all campers dietary needs we cannot guarantee we are able too. In some cases the participant may be required to bring foods to replace a food they are allergic too. Parents are encouraged to obtain a menu prior to attending camp and/or communicate with the camp cook to discuss any issues there may be.

Food Service Department -Minsi Trails Council

Please return this form NO LATER than two weeks prior to your visit to our camps.

Participants Name: _____ Troop/Pack: _____

Council: _____ District: _____

Home Contact Info: Name: _____ Phone: _____

Camp Name (circle one) Akelaland Camp Minsi Settlers Camp

Date/Week Attending: _____

Food Allergies: YES NO

What are they?: _____

How severe is the allergy?: MODERATE STRONG SEVERE

Suggested food replacements: _____

Any other information that we need to know? _____

Religious Needs: YES NO

What can we do to help?: _____
