

# **Island Adventure**

**At**

**Camp Cherry Valley**



**Leaders Guide**

**2008**

San Gabriel Valley Council  
Boy Scouts of America  
3450 E. Sierra Madre Blvd.  
Pasadena, CA 91107  
626-351-8815, Ext. 237 Maggie Gray

### **ABOUT CAMP CHERRY VALLEY**

Welcome to Camp Cherry Valley at Catalina Island. Please read this Leaders Guide before coming to camp. Its primary purpose is to assist your troop in preparing for a successful experience at camp. If you need further assistance, please feel free to call at (626) 351-8815 ext 237 or 249.

Operated by the San Gabriel Valley Council BSA, Camp Cherry Valley is located on the leeward side of Santa Catalina Island, twenty-two miles off the Southern California coast. Camp Cherry Valley encompasses 157 acres, much of which is covered by unique Catalina cherry trees. The calm crystal waters of Cherry Cove are located two coves west of the ferry landing at Two Harbors. At Cherry Valley the ocean is clear, clean and averages between 68 and 70 degrees.

Facilities include an enclosed restroom and shower complex, a dining hall, trading post, rifle and archery ranges, an outdoor discovery marine aquarium, a 170 year old silver mine, a fabulous campfire bowl, nature trails, an activities area, and troop sites with wall tents, cots, and mattresses.

Opportunities for fun and adventure are endless. The boat ride over is impressive, from the grand sea swell to the active sea life, such as whales, dolphins, seals, and many species of fish. The cove facilities are equipped for row boating, canoeing, kayaking, snorkeling, and ocean swimming. The ocean is teeming with marine life and the campsites are surrounded with unusual desert plants and animals.

Established in 1921 by Skipper Robinson and the Pasadena Council, Camp Cherry Valley is rich in tradition. As one of the hallmark camps in the western United States, excellence in Scouting is achieved through a dedicated summer staff personnel, a hardworking professional staff, an army of volunteers, and a camp program that will meet every boys camping goals. Teaching life skills, personal ethics, environmental responsibility, citizenship, and high moral values is at the core of the camping program.

### **Island Adventure**

The Island Adventure program is an exciting, weeklong, out of camp trek that involves hiking, war canoeing, and kayaking. Staff guides will be an integral part of the group as they lead a knowledgeable trek to the west end and interior of the island. Participants should be prepared for the intensity of this adventure, which is, while very approachable for a medium-leveled hiker, demanding in a unique and wonderful way. *A few major concerns that participants will want to anticipate are: blisters, dehydration, exhaustion, and seasickness.*

### **NONDISCRIMINATION CLAUSE**

Camp Cherry Valley does not discriminate against anyone on the basis of race, color, national origin, religion, sex, disability, or any other delineation of peoples.

### **2008 CAMP CHERRY VALLEY CALENDAR**

#### **Session Dates:**

Week 1– June 15-21  
Week 2– June 22-28  
Week 3– June 29-July 5

Week 4– July 6-12  
Week 5– July 13-19  
Week 6– July 20-26

Week 7– July 27-August 2  
Week 8– August 3-9  
Week 9– August 10-16

### **\*Health Information\***

**\*\* ALL CAMPERS MUST HAVE A CURRENT CLASS 3 MEDICAL FORM IN ADDITION TO A CURRENT CLASS 1 AND APPROPRIATE PERMISSION SLIPS. ANYONE ARRIVING IN CAMP WITHOUT THESE COMPLETED FORMS WILL NOT BE ALLOWED TO PARTICIPATE.**

**MEMBERS OF THE CHRISTIAN SCIENCE FAITH MUST PROVIDE THE CAMP WITH A WRITTEN LETTER FROM THE PRACTITIONER.**

### **CAMP FEES**

The BSA Island Adventure program is only \$470 per person for participants. If all payments are made by May 2nd, there is a \$10 discount per person. Brother discounts are \$10 off the second and third brother who attends together. This discount should be taken at time of final payment. All campers who travel to and from camp on other than the boats reserved by the council are responsible for covering their own transportation costs.

## **PAYMENT FEES**

A \$100 per person initial deposit is required upon making a reservation at Camp Cherry Valley. This is non-refundable upon cancellation of your reservation. Payments may be made in increments of \$100.00; however, payment in full is greatly appreciated.

**Remaining balance due by May 2nd for early discount. (\$10.00 per paying person).**

*Please Note:* Total camp fees are due at least four weeks prior to your scheduled arrival in camp. All campers who pay total fees by May 2nd will receive the \$10 per person discount. All campers who have not paid in full by May 6th will have to pay full campers fees, thus negating the discount.

## **REFUND POLICY**

The first two payments of \$100 are non-refundable and non-transferable. Payment-in-full is expected at least 30 days prior to your camp week. Any drop in the number of scouts or adults, after that point, **will result in no refund**.

## **🌀 Island Adventure Description 🌀**

### **Sunday**

Take swim check in the crystal clear waters of CCV, eat a hearty meal in the dining hall, attend the opening campfire, and spend the night under the beautiful cherry trees.

### **Monday**

After a hearty breakfast, get into the war canoes and kayaks travel to the west end and spend the night at Starlight beach. While there take a day hike to Silver Peak, the highest point on the west end, and third highest peak on the island. Spend the rest of the evening snorkeling, watching the animal life, and tending the fire.

### **Tuesday**

Wake up bright and early, eat breakfast, load the vessels, and navigate the waters of the west end. Pass the famous Eagle Rock and venture into the windward waters of the Pacific Ocean. Once on the windward side of the island, it's a straight shot riding the swells to Little Harbor. Once the canoes are beached at Little Harbor eat lunch and head out on the trail. It's a short hike to the Ben Weston, where the beautiful beach awaits. After a couple of hours playing in the waves, enjoy a nice meal around the fire and then stretch your sleeping bag out under the stars.

### **Wednesday**

Arise and a good eat breakfast. After packing up, hike out of Ben Weston back to Little Harbor. Load up the war canoes and head back to Two Harbors at the isthmus, at which point the canoes will be portaged from Catalina Harbor to Isthmus Cove. From there, it's a short paddle back to camp. Enjoy the rest of the day relaxing at base camp. After a good dinner, attend the commissioner campfires, and then get a good night's rest.

### **Thursday**

Wake up and eat breakfast. Pack up the kayaks and head out, once again, on the open ocean. Take in the scenery as you pass fishing boats on your way to White's Landing. Once at White's, beach your kayaks, unload your gear, and eat lunch. After lunch, hike up to the Blackjack campground and set up camp. Once camp is set up, embark to the highest peak of the island, Mt. Orizaba. Take in the awesome sight from atop the island, and then head back to Blackjack for dinner and a night of rest under the pines.

### **Friday**

Arise bright and early, eat breakfast, and head back to White's Landing. After loading the kayaks, head back to camp. Along the way, stop at designated points to swim and snorkel. Back at camp, eat lunch and spend the rest of free-time sailing the catamarans and sailboards. After free-time, eat dinner and receive your dose of entertainment at the closing campfire.

### **Saturday**

Go home.

## Week at a Glance

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:30		BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
8:00		WAR CANOE TO STARLIGHT BEACH	WAR CANOE TO LITTLE HARBOR	WAR CANOE TO CAT HARBOR	PACK KAYAKS	HIKE BACK TO WHITE'S LANDING	
8:45				PORTAGE CAT HARBOR AND ON INTO CAMP CHERRY VALLEY		RETURN TO CAMP CHERRY VALLEY	8:00 ALL LUGGAGE MUST BE ON PANTHER POST DOCK.
9:00					KAYAK TO WHITE'S LANDING		CLOSING FLAG CEREMONY
9:30							HIKE TO TWO HARBORS
11:00							11:00 BOAT DEPARTS TWO HARBORS
12:00	CHECK IN AT SAN PEDRO	LUNCH ON TRAIL	LUNCH ON TRAIL	LUNCH AT CAMP CHERRY VALLEY	LUNCH	LUNCH	
1:00	DEPART 1:30 PM		HIKE TO BEN WESTON BEACH				1:00 ARRIVE AT SAN PEDRO
2:00		SILVER PEAK HIKE		OPTIONAL HIKE TO GOAT'S WHISKER	2:00-5:00 HIKE TO BLACK JACK CAMPGROUNDS	2:00-5:00 FREE TIME IN CAMP	
3:00	3:30 ARRIVE AT TWO HARBORS , HIKE IN & ORIENTATION		BODY SURF AND PLAY IN WAVES				
5:00	5:15 DINNER			5:15 DINNER	DINNER	5:15 DINNER	
6:30	ORIENTATION AT YURT						
7:00	SWIM CHECK	DINNER	DINNER	7:30 FLAG CEREMONY & COMMISSIONER CAMPFIRE		7:30 FLAG CEREMONY & CLOSING CAMPFIRE	
8:00	SCOUT OWN RELIGIOUS SERVICE						
8:30	FLAG CEREMONY & OPENING CAMPFIRE						

A large majority of your time will be spent on the waters of the Pacific Ocean, and while the day hikes only take two to three hours, the elevation gains are great. BE PREPARED! It is important to pack lightly and it is suggested that you pack all of your gear into an internal framed backpack. All of your gear will be loaded into dry bags before heading out on the ocean, so the larger the backpack, the harder it will be to keep your things dry. The following is a suggested list to bring on the Island Adventure:

### **Personal Equipment List**

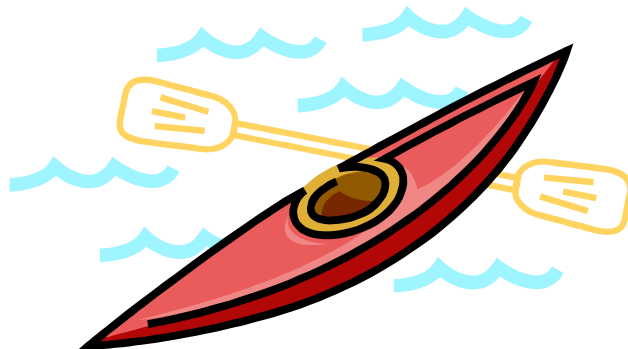
- 1) Medical Exam – Signed and Complete Class 3
- 2) Comfortable lightly packed backpack, recommended pack weight varies depending on your weight and physical condition. Ideal weight is  $\frac{1}{4}$  of your body weight, but remember the hikes are small day hikes that take two to three hours to complete.
- 3) Sturdy hiking boots (make sure your boots are well worn and hike ready)
- 4) Good water shoes (also for ocean activities, i.e. kayaking)
- 5) Lightweight but warm sleeping bag (temperatures are temperate, rarely, if ever, dropping below 50 degrees)  
Tight packing bag required!
- 6) Adequate warm layers of clothing for possible cool weather
  - a) Possibly: Windbreaker
    - (i) Long-sleeve pullover/sweatshirt
    - (ii) Avoid the big and bulky!
- 7) Class B uniform
- 8) Swim trunks and towel
- 9) Toilet kit:
  - a) Toothbrush and toothpaste
  - b) Soap (biodegradable)
- 10) Chapstick (with SPF)
  - a) Personal medications etc.
- 11) Pocketknife/multitool
- 12) Matches (in waterproof container)
- 13) Flashlight (waterproof)
- 14) Compass
- 15) Change of clothes (long pants, shorts, and at least two long sleeve shirts)-one for water, one for sun
- 16) Underwear
- 17) Socks (at least 3 pair)
- 18) Broad brim hat
- 19) Sunscreen (15 SPF or greater) and sunglasses (both a necessity)
- 20) Insect repellent lotion
- 21) Watch (waterproof)
- 22) Canteen or water bottle (camelbacks are recommended)
- 23) Groundcover for sleeping bag
- 24) Camel Pack

### **Optional Items May Include:**

- ❖ Reading Materials
- ❖ Binoculars (waterproof)
- ❖ Camera (waterproof)

### **Camp Provides:**

- Camp stoves
- Trail journal
- Food
- Firewood







**SAN GABRIEL VALLEY COUNCIL  
BOY SCOUTS OF AMERICA**

At the council's camps, the children have the opportunity to participate in the activities listed below. However, to participate, they must have the consent of their parent or guardian. Please indicate with a check mark, those activities which will apply to your child and the camp he/she is attending, sign and date the form and send it to camp with your child.

I give consent for \_\_\_\_\_, who is my son/daughter or ward, to use the following equipment:

Offered at all three camps

- Archery
- B.B. Guns
- .22 Rifles (Boy Scouts/Adults only)
- Shot Guns (Boy Scouts/Adults only)
- Black Powder (Boy Scouts 14 yrs. and older/Adults only)

At

- Camp Cherry Valley
- Camp Trask
- Camp Holcomb Valley

**Offered ONLY at Holcomb Valley**

(14 yrs and older for activities listed below)

- Horseback riding
- Mountain biking
- Climbing/Rappelling
- Black Powder

Parent/Guardian \_\_\_\_\_

\_\_\_\_\_ Date

**Photo Release**

I hereby give my permission for the San Gabriel Valley Council to use pictures taken of me and /or my son for the promotion of the Scouting program in the San Gabriel Valley Council.

Full Name of Participant: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Or

Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_





# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1 AND CLASS 2

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_

### CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

#### IDENTIFICATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name of personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Personal health/accident insurance carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

**GENERAL INFORMATION:** Yes No Yes No Yes No

ADHD (Attention-Deficit

Hyperactivity Disorder)   Convulsions/seizures   Hemophilia

Asthma   Diabetes   High blood pressure

Cancer/leukemia   Heart trouble   Kidney disease

Explain: \_\_\_\_\_

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: \_\_\_\_\_

\_\_\_\_\_

List any **medications to be taken at camp**, including drug, dosage, route (oral, injection, etc.), and frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

\_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: \_\_\_\_\_

**Immunizations:** (Give date of last inoculation.)

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_

OR DPT \_\_\_\_\_ OR MMR \_\_\_\_\_ \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Varicella \_\_\_\_\_ OR Chicken pox \_\_\_\_\_

Hepatitis B \_\_\_\_\_

I give permission for full participation in BSA programs, subject to limitations noted herein.

**In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

Date updated \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

**Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.**

NAME

TROOP

CAMP SITE

**Class 1 (update annually for all participants).** Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

**Class 2 (required once every 36 months for all participants under 40 years of age).** Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

**Note:** Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a \*licensed health-care practitioner. This **medical evaluation** (physical examination) also is **required** if your **child** is currently **under medical care**, takes a **prescribed medication**, requires a **medically prescribed diet**, has had an **injury** or **illness during the past 6 months** that limited activity for a week or more, **has ever lost consciousness** during physical activity, or has **suffered a concussion from a head injury**.

\*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-01).**

### CLASS 2 MEDICAL EVALUATION

(Read additional requirements outlined on front of form.)

Name \_\_\_\_\_ Age \_\_\_\_\_

**NOTE TO LICENSED HEALTH-CARE PRACTITIONERS\*:** The person being evaluated will be attending one or more weeks of camp that may include sleeping on the ground and participating in strenuous activities such as hiking, boating, and vigorous group games. Please review the health history with the participant for any interim changes. **Explain any "abnormal" evaluations.**

**PHYSICAL EXAMINATION** (To be filled out by a licensed health-care practitioner\*)

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_

VISION: Normal \_\_\_\_\_ Glasses \_\_\_\_\_ Contacts \_\_\_\_\_

HEARING: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Explain \_\_\_\_\_

Check box:	N	Abn		N	Abn		N	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary system	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

#### Limitations

Activity restrictions \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Comment on any need for medical assistance devices: \_\_\_\_\_

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_  
Licensed health-care practitioner\*

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**\*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.**

INTERVAL RECORD	SCREENING EXAMINATION	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
#34414B		
PHOTOCOPYING THIS FORM IS PERMITTED.		



**PERSONAL HEALTH AND MEDICAL RECORD FORM—Class 3**

**I. IDENTIFICATION** Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth\*  
 Name \_\_\_\_\_  
 Last name First name Initial Mo. Day Year  
 Address \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Health/Accident insurance \_\_\_\_\_ Policy no. \_\_\_\_\_

**IN AN EMERGENCY NOTIFY:**  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home phone \_\_\_\_\_  
 City & State \_\_\_\_\_ Business phone \_\_\_\_\_  
 Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

**III. PARENTAL STATEMENT**  
 Has it ever been necessary to restrict applicant's activities for medical reasons?  No  Yes Does applicant take medicine regularly or have special care?  No  Yes If yes, explain.  
 \_\_\_\_\_  
 To the best of my knowledge, the information in sections I, II, III, IV, and VI is accurate and complete. I request a licensed health-care practitioner to examine applicant, to give needed immunization, and to furnish requested information to other agencies as needed. I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.  
 Parent or guardian \_\_\_\_\_  
 (Must sign if applicant is 18 or younger)  
 Applicant's signature \_\_\_\_\_  
 Date signed \_\_\_\_\_  
 Updated \_\_\_\_\_ Signed \_\_\_\_\_ Parent or guardian  
 Updated \_\_\_\_\_ Signed \_\_\_\_\_ Parent or guardian

**IV. IMMUNIZATIONS**  
 If disease, put "D" and year. Last year given  
 Tetanus \_\_\_\_\_  
 Diphtheria \_\_\_\_\_  
 Pertussis \_\_\_\_\_  
 Measles \_\_\_\_\_  
 Mumps \_\_\_\_\_  
 Rubella \_\_\_\_\_  
 Polio \_\_\_\_\_  
 Chicken Pox \_\_\_\_\_

Religious preference \_\_\_\_\_

**BOY SCOUTS OF AMERICA**  
 All Class 3 activities require a health examination within the past 12 months by a licensed health-care practitioner.\* This includes youth and adult members participating in high-adventure activities, athletic competition, and world jamborees. Annually, this form is to be used by adults 40 years of age or older for all activities requiring a physical examination and applies to *all* Wood Badge participants/staff regardless of age.

**II. EMERGENCY MEDICAL INFORMATION**  
 Has or is subject to (check and give details):  
 Allergy to a medicine, food†, plant, animal, or insect toxin  
 Any condition that may require special care, medication, or diet  
 ADHD (Attention Deficit Hyperactive Disorder)  
 Asthma  Convulsions  Heart trouble  Contact lenses  
 Diabetes†  Fainting spells  Bleeding disorders  Dentures  
 EXPLAIN \_\_\_\_\_

**V. LICENSED HEALTH-CARE PRACTITIONER'S EVALUATION AND ADVICE**  
 Approved for participation in:  
 Hiking and camping  Water activities  
 Competitive sports  All activities  
 Specify exceptions \_\_\_\_\_  
 Recommendations (explain any restrictions OR limitations): \_\_\_\_\_  
 \_\_\_\_\_  
 Date \_\_\_\_\_  
 Signed \_\_\_\_\_  
 \*Licensed health-care practitioner

\*Examinations conducted by licensed health-care practitioners other than physicians will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

**PLEASE TYPE OR PRINT.**  
 NAME \_\_\_\_\_  
 UNIT \_\_\_\_\_  
**NOTE:** Keep original form for your personal record. Make reproductions for agency use. Be sure information and signatures are legible on reproduced copies. This upper section may be reproduced and carried with you for emergency identification and care.

**VI. MEDICAL HISTORY**

**Parent (or applicant if 18 or older):** Fill in sections I, II, III, IV, and VI *before seeing a licensed health-care practitioner.* Check immunizations to be given at this time. Be sure to include any emergency information and restrictions or special care that should be observed. Especially be sure to record any injuries, illnesses, surgery, or significant changes in condition of health of applicant since last complete examination.

- Date of most recent complete physical examination (month and year) \_\_\_\_\_ 20\_\_\_\_
- Are you aware of any current health problems?  No  Yes
- Now under medical care or taking medicines?  No  Yes
- Has there been any surgery, injury, illness, allergy, or change in health status since last complete physical examination?  No  Yes

Give dates and full details below for any "yes" answers.

IS THERE DISEASE OF (OR PAST OR PRESENT HISTORY OF):

	No	Yes	Year	Details/Medicines
Serious illness	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Serious injury	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Deformity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Surgery	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Skin, glands	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ears, eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nose, sinus	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Teeth, tonsils	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Dentures	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bridge	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Chest, lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Murmur	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stomach, bowels	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Kidneys or urine	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Albumin	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sugar	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Infection	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Menstrual problems	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hernia (rupture)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Back, limbs, joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Nervous condition	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (explain)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used:  
 \_\_\_\_\_  
 \_\_\_\_\_

**VII. HEALTH EXAMINATION**

**Licensed Health-Care Practitioner:**

The applicant will be participating in a strenuous activity that will include one or more of the following conditions: athletic competition, adventure challenge or wilderness expedition (afloat or onfoot) that may include high altitude, extreme weather conditions, cold water, exposure, fatigue, and/or remote conditions where readily available medical care cannot be assured.

- Please insist applicant furnish complete medical history (VI) before exam.
- Review immunizations; for youth (18 or younger) tetanus and diphtheria toxoids, measles, mumps, and rubella vaccines, and trivalent oral polio vaccine are required; youths and adults must have had tetanus booster within 10 years. A measles booster is recommended at age 12.
- After completing section VII, summarize any restrictions and/or recommendations in sections II and V, above, and sign.

VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_  
 Date \_\_\_\_\_ Normal \_\_\_\_\_  
 Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Glasses \_\_\_\_\_ Abnormal \_\_\_\_\_  
 B.P. \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ Contacts \_\_\_\_\_

- Check box if normal; circle if abnormal and give details below:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Growth, development | <input type="checkbox"/> Teeth, tonsils         | <input type="checkbox"/> Genitourinary    |
| <input type="checkbox"/> Skin, glands, hair  | <input type="checkbox"/> Respiratory            | <input type="checkbox"/> Skeletomuscular  |
| <input type="checkbox"/> Head, neck, thyroid | <input type="checkbox"/> Cardiovascular         | <input type="checkbox"/> Neuropsychiatric |
| <input type="checkbox"/> Eyes, ears, nose    | <input type="checkbox"/> Abdomen, hernia, rings | <input type="checkbox"/> Other (specify)  |

**COMMENTS**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FOR THOSE ATTENDING PHILMONT OR NATIONAL HIGH-ADVENTURE BASES:**  
 \* The minimum age for all participants is 13 by January 1 of the year of participation, or have completed the seventh grade. No exceptions.  
 † Trail food is by necessity a high-carbohydrate, high-calorie diet. It is high in wheat, milk products, sugar, corn syrup, and artificial coloring/flavoring. Dinner meals contain meat. If these food products cause a problem in your diet, you need to bring appropriate substitutions with you and so advise base personnel.  
**Note:** Licensed health-care practitioners representing high-adventure bases reserve the right to deny access to the trails or other program activity on the basis of a medical evaluation performed at the base after arrival.

**REVIEW FOR CAMP OR SPECIAL ACTIVITY**

DATE	AGENCY AND ACTIVITY	BY	"OK"	PHYSICIAN RECHECK NEEDED	RESULTS OF RECHECK	INITIAL

**INTERVAL RECORD**

(CAMP, CAMPOREE, TOURNAMENT, TRAVEL, ETC.)

DATE, TIME, PLACE, ETC.	FINDINGS, DIAGNOSES, TREATMENT, INSTRUCTIONS, DISPOSITION, ETC.	BY:

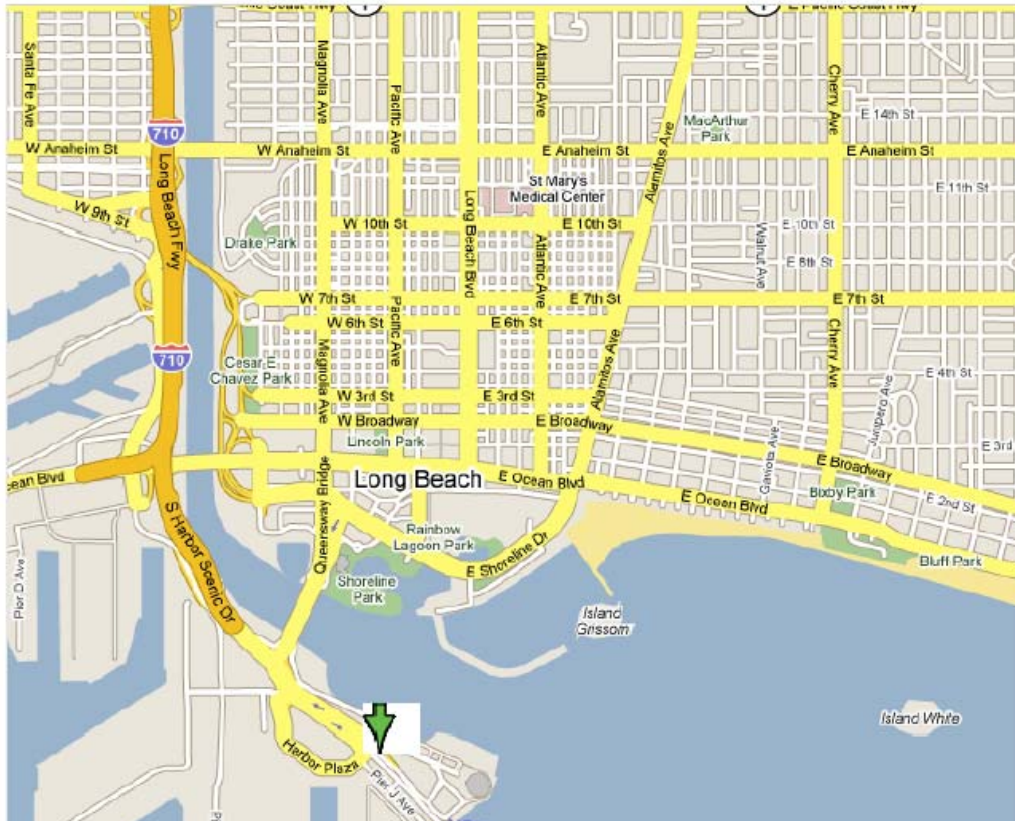
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## **Catalina Classic Cruises**

Will be departing/returning from  
The Catalina Express Terminal located by the **Queen Mary**  
Port of Long Beach Queen Mary  
1046 Queens Highway, Long Beach, CA



### **Parking Fees:**

- \$15 daily per 24 hours and any part of 24 hours after the first day.

**PAYABLE IN CASH ONLY**

**ATM AVAILABLE AT TERMINAL**

### **Directions:**

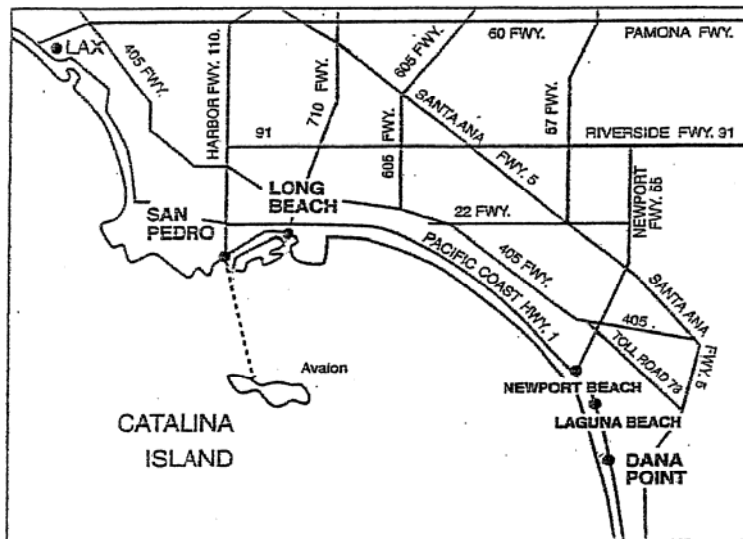
Take the 710 FWY South. Stay in the right lane; follow the signs to Queen Mary which will lead you to the Catalina Express Terminal in the Queen Mary parking area. You will be met by staff.

# Monday and Mid-week Travel

## Directions

Catalina Sea & Air Terminal Berth 95, San Pedro  
110 Freeway (Harbor Fwy.) South to Harbor Blvd. exit and follow signs to the Catalina Sea & Air Terminal.  
Catalina Express – San Pedro  
Catalina Sea & Air Terminal  
Berth 95  
San Pedro

## Important Boat Information



**Note:** You will return to Long Beach on Saturday, (after departure from San Pedro).