

Island Adventure

At

Camp Cherry Valley



Leaders Guide

2011

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 (626) 351-8815 ext 237.

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.

2011 CAMP CHERRY VALLEY CALENDAR

Session Dates:

Week 1– June 12-18
Week 2– June 19-25
Week 3– June 26-July 2

Week 4– July 3-9
Week 5– July 10-16
Week 6– July 17-23

Week 7– July 24-30
Week 8– July 31-August 6
Week 9– August 7-13

Health Information

**** ALL CAMPERS MUST HAVE A CURRENT BSA ANNUAL HEALTH AND MEDICAL RECORD ANYONE ARRIVING IN CAMP WITHOUT THIS COMPLETED FORM WILL NOT BE ALLOWED TO PARTICIPATE. PLEASE COMPLETE PART A, B AND C.**

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

REFUND POLICY

The first two payments, \$75 and \$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 well-prepared supper 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 kayaks and travel to Parsons Landing on the west end of Catalina. 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 and enjoying the solitude of this remote part of the island.

Tuesday

Wake up bright and early, eat breakfast, load the vessels, and kayak to Starlight Beach. Unload the kayaks and prepare for an ocean adventure at lands ends. Pass the famous Eagle Rock and venture into the windward waters of the Pacific Ocean. After a couple of hours playing in the waves, return to Starlight Beach and enjoy a nice meal stretch your sleeping bag out under the stars.

Wednesday

Arise and eat a good breakfast. Load the kayaks for a return trip to Cherry Cove. Enjoy lunch in the quiet of camp while the rest of Cherry Valley is hiking the island. After lunch load the war canoes and prepare for the trip to Little Harbor. Take the canoes to Two Harbors at the isthmus, where they will be portaged from Isthmus Cove to Catalina Harbor. Once on the windward side of the island, it's a straight shot riding the swells to Little Harbor. Set up camp and then go explore the surf on the sandy beaches at Shark Harbor or take a short hike over to Ben Weston. In the evening, enjoy a nice meal around the fire and then stretch your sleeping bag out under the stars.

Thursday

Wake up and eat breakfast. And prepare for a hike on the Trans-Catalina Trail. You will hike from Little Harbor to the Blackjack campground and set up camp. The hike is about 7 miles. 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 Little Harbor. Load the war canoes and head back to camp, have lunch, and spend 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.

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 list of items to bring on the Island Adventure:

Personal Equipment List

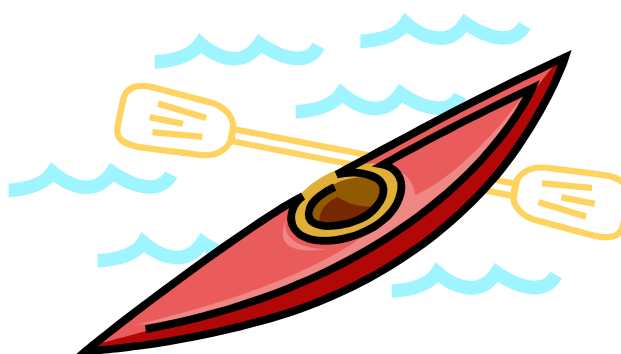
- 1) Annual Health and Medical Record – Signed and Completed (part A, B and C)
- 2) Comfortable lightly packed backpack, recommended pack weight varies depending on your weight and physical condition. Ideal weight is ¼ of your body weight. You will be hiking to Silver Peak, a day hike of about 8 miles round trip, and to Black Jack campground, which will be an overnight hike about 7 miles one way.
- 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

Optional Items May Include:

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

Camp Provides:

- Camp stoves
- Food
- Firewood



Week at a Glance 2011

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	ALL LUGGAGE MUST BE ON PANTHER POST DOCK
8:45				PORTAGE CAT HARBOR AND ON INTO CAMP CHERRY VALLEY		RETURN TO CAMP CHERRY VALLEY	
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 1:00 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 CAMPFIRES		7:30 FLAG CEREMONY & CLOSING CAMPFIRE	
8:00	SCOUT OWN RELIGIOUS SERVICE						
8:30	FLAG CEREMONY & OPENING CAMPFIRE						



**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:

The following are offered at all three camps, but not for all programs; refer to the camp guide for the program you will be attending.

- Archery
- B.B. Guns
- .22 Rifles (Boy Scouts/Adults only)
- Shot Guns (Boy Scouts/Adults only)

Pack Troop Team Crew Post

Unit Number: _____

At

- Camp Cherry Valley
- Camp Trask

Parent/Guardian Signature

Date

Print Name

Photo Release

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

Print Full Name of Participant: _____

Address: _____ City: _____ St: _____ Zip: _____

Signature of Adult Participant: _____ Date: _____

Or

Signature of Parent/Guardian: _____ Date: _____

Phone #: _____

Annual BSA Health and Medical Record Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

HEALTH HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I 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 claims or liability arising out of this participation.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the local council and the Boy Scouts of America 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

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, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

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

Part C

TO THE EXAMINING HEALTH-CARE PROVIDER (Certified and licensed physicians [MD, DO], nurse practitioners, and physician's assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program at one of the national high-adventure bases, please refer to Part D for additional information.

(Part D was made available to me. Yes No)

PHYSICAL EXAMINATION

Height (inches) _____ Weight (pounds) _____ Maximum weight for height _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____ Percent body fat (optional) _____

If you exceed the maximum weight for height as explained on this page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle-accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisors of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health-care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a water-displacement test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs							
Neurological				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Tuberculosis (TB) skin test (if required by your state for BSA camp staff) Negative Positive

Allergies (to what agent, type of reaction, treatment): _____

Restrictions (if none, so state) _____

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

- 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 their 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

Provider printed name _____

Address _____

City, state, zip _____

Office phone _____

Signature _____

Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

DO NOT WRITE IN THIS BOX

REVIEW FOR CAMP OR SPECIAL ACTIVITY

Reviewed by _____ Date _____

Further approval required Yes No Reason _____

By _____ Date _____

Part C Full name: _____ **DOB:** _____

Part D

Participation at any of the BSA's high-adventure bases can be physically, mentally, and emotionally demanding. To be better prepared, each participant must complete the following before attending any high-adventure base:

- Fill in parts A and B of the Annual Health and Medical Record.
- Share Part D with the examining health-care provider.
- Have a physical exam by a certified and licensed health care provider/physician (MD, DO), nurse practitioner, or physician assistant, and have part C completed.
- Read the following information, which focuses on specific risks at the high-adventure base you will be attending.

The Trek Experience. Each high-adventure base offers a unique experience that is not risk-free. Knowledgeable staff will instruct all participants in safety measures to be followed. Be prepared to listen to and carefully follow these safety measures and to accept responsibility for the health and safety of yourself and others.

Philmont. Each participant must be able to carry a 35- to 50-pound pack while hiking 5 to 12 miles per day in an isolated mountain wilderness ranging from 6,500 to 12,500 feet in elevation. Summer/autumn climatic conditions include temperatures from 30 to 90 degrees, low humidity (10 to 30 percent), and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, black powder shooting, 12-gauge trap shooting, .30-06 shooting, trail building, mountain biking, and other activities that have potential for injury.

Winter climatic conditions can range from -20 to 60 degrees. For the Kanik Experience, each person will walk, ski, or snowshoe along snow-covered trails pulling loaded toboggans or sleds for up to 3 miles, or more on a cross-country ski trek. Refer to the Philmont Scout Ranch website for specific information.

Northern Tier. Each person must be able to carry a 50- to 85-pound pack or canoe from a quarter-mile to 2 miles several times a day on rough, swampy, and rocky portages and paddle 10 to 15 miles per day, often against a headwind. Climatic conditions can range from 30 to 100 degrees in summer/autumn and from -40 to 40 degrees in the winter. For the Okpik Experience, each person will walk, ski, or snowshoe along snow-covered trails or across frozen lakes, pulling loaded toboggans or sleds for up to 3 miles, or more if on a cross-country ski trek. Refer to the Northern Tier website for specific information.

Florida Sea Base. Climatic conditions at Florida Sea Base include temperatures ranging from 50 to 95 degrees, high humidity, heat index reaching to 110 degrees, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and other activities that have potential for injury. Refer to the Sea Base website for specific information.

Risk Advisory. All of the high-adventure bases have excellent health and safety records and strive to minimize risks to participants and advisors by emphasizing appropriate safety precautions. Because most participants are prepared, are conscious of risks, and take safety precautions, they do not experience injuries. If you decide to attend Philmont, Northern Tier, or Florida Sea Base, you should be physically fit, have proper clothing and equipment, and be willing to follow instructions, work as a team with your crew, and take responsibility for your own health and safety.

Parents, guardians, and participants in any high-adventure program are advised that journeying to and from these bases can involve exposure to accidents, illness, and/or injury.

High-adventure staff members have been trained in first aid, CPR, and accident prevention and are prepared to assist the adult advisor in recognizing, reacting to, and responding to accidents, injuries, and illnesses as needed. Each crew is required to have at least one member trained in wilderness first aid and CPR. Medical and search-and-rescue services are provided in response to an accident or emergency. **However, response times can be affected by location, terrain, weather, or other emergencies and could be delayed for hours or even days in a wilderness setting.**

Philmont. Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, should review Part D to understand potential health risks inherent at 6,700 feet in elevation in a dry Southwest environment.

High elevation; physically demanding high-adventure program in remote mountainous areas; camping while being exposed to occasional severe weather conditions such as lightning, hail, flash floods, and heat; and other potential problems, including injuries from tripping and falling, falls from horses, heat exhaustion, and motor vehicle accidents, can worsen underlying medical conditions. Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes, and mountain lions are native and usually present little danger if proper precautions are taken. Please call Philmont (575-376-2281) if you have any questions.

Northern Tier. While participating in Northern Tier's canoeing and camping wilderness areas, life jackets must be worn at all times when on the water. Crew members travel together at all times. Emergency communications via radio, and in more remote locations by satellite phone, are provided by Northern Tier. Radio communication and/or emergency evacuation can be hampered by weather, terrain, distance, equipment malfunction, and other factors, and are not a substitute for taking appropriate precautions and having adequate first-aid knowledge and equipment. Please call Northern Tier (218-365-4811) if you have any questions.

Florida Sea Base. Several activities are offered, including snorkeling, sailing, camping, kayaking, canoeing, swimming, fishing, and scuba diving. Diving is an exciting and demanding activity. When performed correctly, it is very safe. When established safety procedures are not followed, however, there are extreme dangers. All participants will need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury, so participants must be instructed to use the equipment safely under direct supervision of a qualified instructor.

To scuba dive safely, participants must not be extremely overweight or in poor physical condition. Diving can be strenuous under certain conditions. Participants' respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, or a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, participants should consult a doctor and the instructor before participation in this program. If there is a question about the advisability of participation, contact the family physician first, then call the Sea Base at 305-664-4173. The Sea Base health supervisor reserves the right to make medical decisions regarding the participation of individual at Sea Base.

Food. Each base offers food appropriate for the experience. If a participant has a problem with the diet described in the participant guide, please contact the high-adventure base you are considering attending.

Medications. Each participant who has a condition requiring medication should bring an appropriate supply for the duration of the trip. Consider bringing duplicate or even triplicate supplies of vital medications. People with allergies that have resulted in severe reactions or anaphylaxis must bring with them an EpiPen that has not expired.

Immunizations. Each participant must have received a tetanus immunization within the last 10 years. Recognition will be given to the rights of those Scouts and Scouters who do not have immunizations because of philosophical, political, or religious beliefs. In such a situation, the *Immunization Exemption Request* form is required.

Recommendations Regarding Chronic Illnesses. Each base requires that this information be shared with the parents or guardians and examining physician of every participant. There are no facilities for extended care or treatment; therefore participants who cannot meet these requirements will be sent home at their expense.

Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history.

Adults or youth who have had any of the following conditions should undergo a thorough evaluation by a physician before considering participation at a BSA high-adventure base.

Cardiac or Cardiovascular Disease, including:

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)
2. Myocardial infarction (heart attack)
3. Heart surgery or heart catheterization (including angioplasty to treat blocked blood vessels, balloon dilation, or stents)
4. Stroke or transient ischemic attacks (TIAs)
5. Claudication (leg pain with exercise, caused by hardening of the arteries)
6. Family history of heart disease or a family member who died unexpectedly before age 50
7. Diabetes
8. Smoking
9. Excessive weight

Youth who have a congenital heart disease or an acquired heart disease such as rheumatic fever, Kawasaki's disease, or mitral valve prolapse should undergo thorough evaluation by a physician before considering participating at a high-adventure base. The physical exertion at any of the high-adventure bases may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven conditions listed above should have a physician-supervised stress test. More extensive testing (e.g., nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test results are normal, the results of testing done at lower elevations, without backpacks, do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

Hypertension (High Blood Pressure). The combination of physical, mental, and emotional stress, increased exertion and/or heat, and altitude appears to cause a significant increase in blood pressure in some individuals. Occasionally, hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, heart attack, or angina. **Participants should have a normal blood pressure (less than 140/90).** Persons with significant hypertension (greater than 140/90) should be treated and controlled before attending any high-adventure base, and should continue on medications while participating. **The goal of treatment should be to lower the blood pressure to normal.** Participants already on antihypertensive therapy with normal blood pressure should continue on medications. Individuals taking diuretics to treat hypertension are at increased risk for dehydration related to strenuous physical activity and should be careful to maintain good hydration during the trek.

Philmont. Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 160/100 at Philmont may be kept off the trail until their blood pressure decreases.**

Florida Sea Base. Those taking beta-blocker medication should consider a change of medication before participating in any scuba program.

Insulin-Dependent Diabetes Mellitus. Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin doses based on these factors. The person with diabetes also should know how to give a self-injection. Both the person with diabetes and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and excessively low blood sugar (hypoglycemia). The person with diabetes and one other individual should know the appropriate initial responses for these conditions. An insulin-dependent

person who has been newly diagnosed (within the last six months) or who has undergone a change in delivery system (e.g., insulin pump) in the last six months should not attempt to participate. A person with diabetes who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate until better control of the diabetes has been achieved.

Philmont. It is recommended that the person with diabetes and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Bring insulin in a small insulated container. Bring enough testing equipment and supplies for the entire trip and trek. Extras are usually needed. If an individual has been hospitalized for diabetes-related illnesses within the past year, the individual must obtain permission to participate by contacting the Philmont Health Lodge at 575-376-2281.

Florida Sea Base. Persons with diabetes who are 18 years of age or older who wish to scuba dive should be assessed by a physician familiar with both hyperbaric issues related to diabetes and medications used for the control and treatment of diabetes. Persons 18 years old or older who are determined to be candidates for scuba diving must submit four hemoglobin A1c (HbA1c) tests, each with HbA1c values less than 7, taken within the previous 12 months. Any test within the past 12 months with an HbA1c value greater than 7 disqualifies a person from scuba diving as part of a BSA activity.

Persons less than 18 years of age with Type 1 diabetes will not be allowed to scuba dive. Persons under the age of 18 who control their diabetes with exercise and diet (no medications) and can provide three sequential hemoglobin tests with HbA1c values less than 6 may be approved to scuba dive.

Seizures (Epilepsy). A seizure disorder or epilepsy does not exclude an individual from participating at a high-adventure base. However, the seizure disorder should be well-controlled by medications. A minimum one year seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew.

Florida Sea Base. Any seizure activity within the past five years, regardless of control and/or medication, disqualifies an individual from participation in any scuba program. A person with a history of seizure activity who has been asymptomatic AND medication-free for five years, as evidenced by a physician, will be allowed to dive.

Asthma. Asthma should be well-controlled before participating at any high-adventure base. Well-controlled asthma means: 1) the use of a rescue inhaler (e.g., albuterol) less than once daily; 2) no need for nighttime treatment with a rescue inhaler (e.g., albuterol). Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singulair. You must meet these guidelines in order to participate. You will not be allowed to participate if: 1) you have exercise asthma not prevented by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past six months; or 3) you have needed treatment with intravenous, intramuscular, or oral steroids (prednisone) in the past six months. *You must bring an ample supply of your medications and a spare rescue inhaler that are not expired.* At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack, and should know how to use the rescue inhaler. **Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the trek. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.**

Florida Sea Base. Persons being treated for asthma (including reactive airway disease) are disqualified from BSA scuba programs. Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive as part of a BSA activity upon submission of evidence from their treating physician. Persons with a history of asthma who have been asymptomatic and have not used medication to control asthma for less than five years may be allowed to scuba dive as part of a BSA activity upon submission of a methacholine challenge test showing the asthma to be resolved.

Allergy or Anaphylaxis. *Persons who have had an anaphylactic reaction from any cause must contact the high-adventure base before arrival.* If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

Recent Musculoskeletal Injuries and Orthopedic Surgery. Every participant will put a great deal of strain on feet, ankles, and knees due to negotiating steep, rocky trails with a backpack; paddling and portaging heavy gear over irregular terrain; or climbing into and out of a boat. Therefore, individuals with significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last 6 months must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to participate. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by the high-adventure base. **Ingrown toenails are a common problem and must be treated 30 days prior to arrival.**

Psychological and Emotional Difficulties. A psychological disorder does not necessarily exclude an individual from participation. *Parents and advisers should be aware that no high-adventure experience is designed to assist participants in overcoming psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened, when a participant is subjected to the physical and mental challenges of a remote wilderness setting.* Any condition should be well-controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to participation, and medication should be continued throughout the entire high-adventure experience.** Participants requiring medication must bring an appropriate supply for the duration of the trip.

Weight Limits. Weight limit guidelines are used because overweight individuals are at a greater risk for heart disease, high blood pressure, stroke, altitude illness, sleep problems, and injury. Those who fall within the limits are more likely to have an enjoyable trek and avoid incurring health risks.

Philmont. Each participant in a Philmont trek must not exceed the maximum acceptable limit in the weight chart shown below. The right-hand column shows the maximum acceptable weight for a person’s height in order to participate in a Philmont trek.

Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck WILL NOT be permitted to backpack or hike at Philmont. They will be sent home. For example, a person 70 inches tall cannot weigh more than 226 pounds. All heights and weights will be measured in stocking feet.

For participants under 21 years of age who exceed the maximum acceptable weight for height, the Philmont physicians will use their best professional judgment in determining participation in a Philmont trek. Philmont will consider up to 20 pounds over the maximum acceptable as stated on the chart; however **exceptions are not made automatically, and discussion in advance with Philmont is required regarding any exception to the weight limit for persons under 21 years of age.** Philmont’s telephone number is 575-376-2281.

Under no circumstances will any individual weighing more than 295 pounds be permitted to participate in backcountry programs. This requirement is necessary due to rescue equipment restrictions and for the safety of search-and-rescue personnel.

The maximum weight for any participant in a Cavalcade Trek and for horse rides is 200 pounds.

Participants and guests in Philmont activities, including most Philmont Training Center conference and family programs, who *will* participate in limited backcountry access during their visit must not exceed the maximum acceptable limit in the weight chart.

Northern Tier. Each participant in a Northern Tier expedition should not exceed the maximum acceptable weight for height in the table shown on the Annual Health and Medical Record form. Those who fall within the recommended weight limits are much more likely to have an enjoyable trek and avoid incurring injuries and health risks. Extra weight puts strain on the back, joints, and feet. The portage trails can be very muddy, slippery, and rocky, and present a potential for tripping and falling. We also strongly recommend that no participant be less than 100 pounds in weight. Extremely small participants will have a very difficult time carrying canoes and heavy packs.

Canoes’ loads are another important reason to limit participant weight. Northern Tier assigns three people to a canoe. The total participant load per canoe must not exceed 600 pounds, or an average of 200 pounds per participant. Northern Tier does not permit individuals exceeding 295 pounds to participate in high-adventure programs.

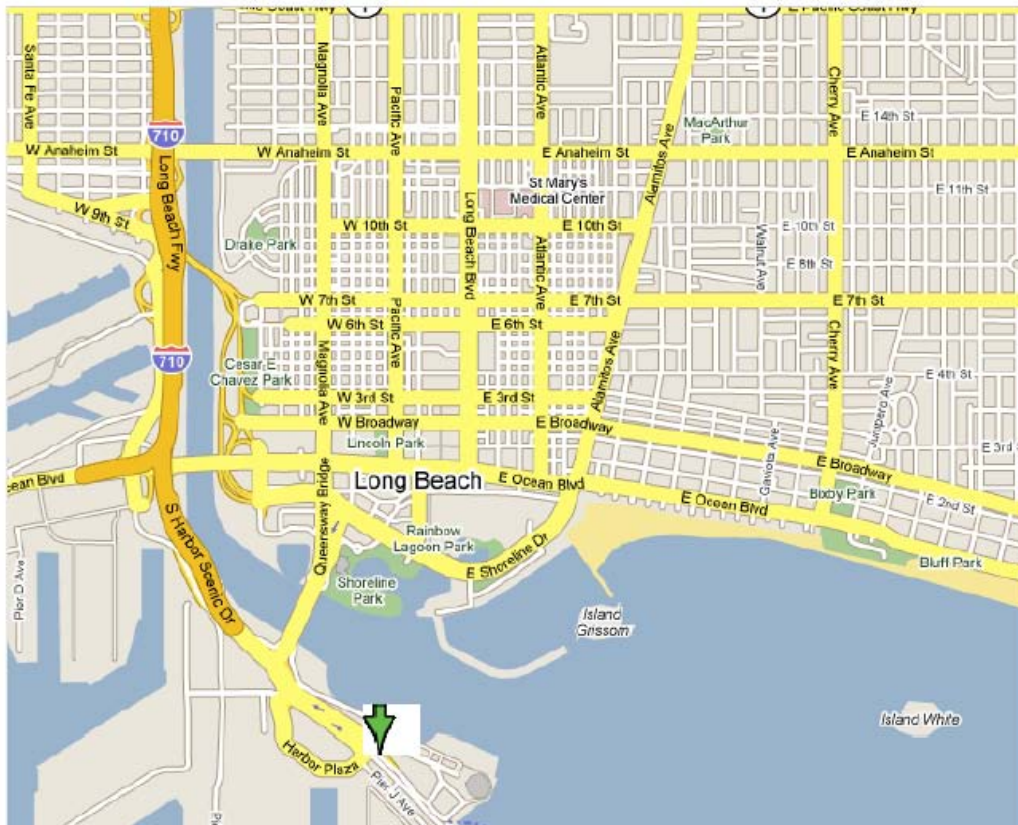
Florida Sea Base. Any participant or advisor who exceeds the maximum weight limits on the weight chart may want to reconsider participation in a Sea Base high-adventure program. Anyone who exceeds these limits is at extreme risk for health problems. Participants who fall within the guidelines are more likely to have an enjoyable program and avoid incurring health risks. The absolute weight limit for our programs is 295 pounds.

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

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

Sunday Check-In: 12:00 pm with at 1:00 pm departure.

Saturday Return: 1:00-1:30 estimated arrival time at Long Beach

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.