

Application Packet

Dear Youth Leader,

Congratulations on being nominated by your Unit Leader to attend the National Youth Leadership Training Conference. The Conference will be held at Holcomb Valley Scout Camp (see map). You need to arrive at the camp on Sunday, August 5, 2012 between the hours of 8:00 AM and 9:00 AM. The conference ends at 10:00 am on Saturday, August 11, 2012.

While attending this conference, you will have a chance to learn new leadership skills that you can use in the program of your unit. Since you are a leader – or you wouldn't have been nominated – you naturally want to know how to do your leadership job better. So, these skills will be an important part of the conference.

During the week, you and other youth leaders, Boy Scout and Venturing, from all over the council will be living, camping, and working together as members of a team and group. You will be camping in your own tent. A fine volunteer staff has been recruited to assist in the training.

Naturally, you'll want to know what to bring. There is a list of equipment that you will need as part of this packet. Please read this list carefully and note what you should and should not bring to this camp. If you have any problems with items on this list, check with your Unit Leader. He may be able to help.

To register for the course:

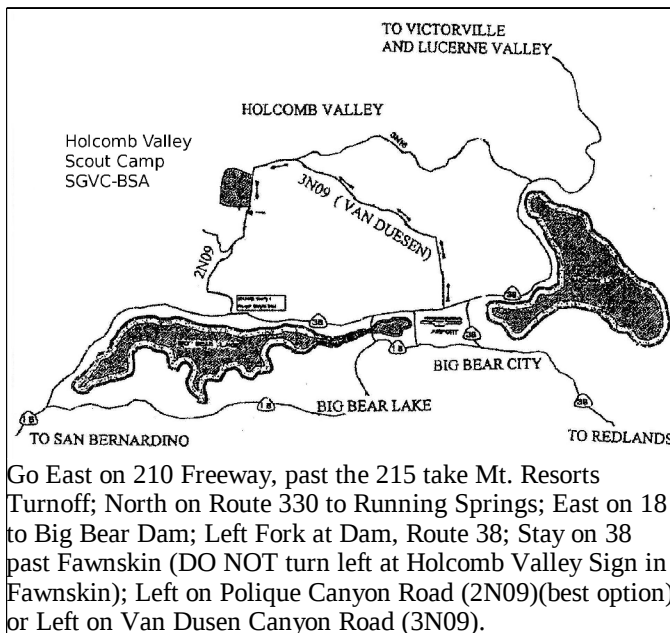
- Go on-line to www.sgvcbbsa.org and click on the NYLT logo
- Follow the registration instructions and pay the course deposit fee of \$50. This will save a place for you in the course if it is not already full. If it is you will be placed on the wait list and notified if a space opens.
- Fill out the following forms (included with your Packet) and send them to the Council Office after completing the on-line registration.
 - APPLICATION AND PERMISSION: Signed by you, your parents and your Unit Leader.
 - CONSENT TO TREAT and CODE OF CONDUCT: Signed by you and your parents.
 - Annual Health and Medical Record: Signed by your physician, your parents and you. All signatures on this form must be dated after August 5, 2011.
 - Balance of Course fee (total fee is \$300.00) and all forms must be in to Council on or before July 2, 2012 or you will be dropped from the course.

I am looking forward to meeting and working with you at Holcomb Valley. If your parents or Unit Leader have any questions, feel free to have them call me. The conference will be busy with lots of activities. For that reason, we must discourage visitors during the week. There will be a closing assembly on Saturday morning at about 9:30 that your parents are welcome to attend. Your parents or Scoutmaster will be making arrangements for your transportation to and from camp. **The Holcomb Valley Summer Camp Office phone number is (909) 866-9290. This number is to be used ONLY for emergencies.**

Yours in scouting,

Allan Kershaw

Allan Kershaw
Program Coordinator, NYLT 2012
(626) 287-7580 or allan@kershaw.usc.edu



Send all forms to:

SMISER SCOUT SERVICE CENTER
NYLT Conference
3450 Sierra Madre Boulevard
Pasadena, CA 91107

Personal Equipment Check List

Required

<input type="checkbox"/> Uniform shirt(*)	<input type="checkbox"/> Required/prescribed medication
<input type="checkbox"/> Uniform pants or shorts (2 pairs)(*)	<input type="checkbox"/> Must be in Zip-lock bag in original container with written instructions for administering and Scout's name
<input type="checkbox"/> Uniform stockings (3 pairs)(*)	
<input type="checkbox"/> Uniform belt and buckle(*)	
<input type="checkbox"/> Unit neckerchief	
<input type="checkbox"/> Neckerchief slide	<input type="checkbox"/> Pack for overnight hike (**Required)
<input type="checkbox"/> Boots suitable for hiking	<input type="checkbox"/> Light weight tent (2 to 3 man size)
<input type="checkbox"/> Change of shoes, as desired	<input type="checkbox"/> Ground cloth (water proof)
<input type="checkbox"/> Unit T-shirt	<input type="checkbox"/> Sleeping bag
<input type="checkbox"/> Jacket	<input type="checkbox"/> Canteen ⁽¹⁰⁾
<input type="checkbox"/> Underclothing (3 set minimum)	<input type="checkbox"/> Knife, fork, spoon, and plate (No picnic plastic. Lexan, Nylon, etc OK)
<input type="checkbox"/> Handkerchiefs (as needed)	<input type="checkbox"/> Flashlight, with spare batteries, bulbs ⁽¹⁰⁾
<input type="checkbox"/> Pajamas/sweats	<input type="checkbox"/> Compass ⁽¹⁰⁾
<input type="checkbox"/> Towels	
<input type="checkbox"/> Wash cloth	<input type="checkbox"/> Personal first aid kit ⁽¹⁰⁾
<input type="checkbox"/> Tooth brush and paste	<input type="checkbox"/> Ball point pen and pencil
<input type="checkbox"/> Chap stick (Camp is extremely dry)	<input type="checkbox"/> Scout knife (no sheath knives)
<input type="checkbox"/> Comb	<input type="checkbox"/> Sunscreen ⁽¹⁰⁾
<input type="checkbox"/> Watch	<input type="checkbox"/> Sunburn lotion
<input type="checkbox"/> Swim suit. To be used to shower	
<input type="checkbox"/> Hand soap and container	

-----Optional-----

<input type="checkbox"/> Musical instrument (Camp is dusty)	<input type="checkbox"/> Insect repellent
<input type="checkbox"/> Pillow	<input type="checkbox"/> Sunglasses
<input type="checkbox"/> Moccasins/slippers	<input type="checkbox"/> Extra prescription eyeglasses
<input type="checkbox"/> Personal scouting equipment	<input type="checkbox"/> Camera
<input type="checkbox"/> Religious books	<input type="checkbox"/> Field Book
<input type="checkbox"/> Sewing kit	<input type="checkbox"/> Shaving gear

(*) All will be in **OFFICIAL** Scout uniform. Arrive in this uniform for check-in.

INSIGNIA – Before arriving at camp, see that all badges and insignia are properly placed on your uniform. Remember, you represent the best of your Unit.

(**)A backpack must be used for getting gear from the registration point to the camp site and for the overnight outing. **DO NOT BRING SUITCASE, DUFFEL BAG, FOOT LOCKER, OR TRUNK.**

⁽¹⁰⁾ Part of your Ten Essentials

Normal equipment (stoves, pots, pans, etc.) will be provided.

DO NOT BRING:

- Matches, lighters, or any fire starting material
- Personal electronics: Cell Phones, iPods, Radios, CD Players Video Games, etc.
- Any snacks or food
- Money: Camp Trading Post is not available

National Youth Leader Training Conference

Application and Permission

Please register on-line (www.sgvcbasa.org) before sending these forms

Here is my application for the National Youth Leadership Training Conference to be held at Holcomb Valley Scout Camp from Sunday, August 05, 2012 to Saturday, August 11, 2012.

Last Name _____ First Name _____ M ___/F ___

Address _____

City _____ Zip Code _____

Phone () _____ E-Mail _____

Birth Date _____ Age (on August 1) _____ T-Shirt Size _____

Troop/Crew _____ District _____ Council _____

I will represent my unit with honor and do all I can to pass along my knowledge and skills to my fellow Scouts.

Boy Scout: I certify that I am at least a First Class Scout, 13 years of age (by August 1, 2012), and a Troop youth leader capable of filling the position. **Venturing:** I certify that I have taken Introduction to Leadership Skills, will be 14 years of age (by August 1, 2012), and a Crew youth leader or capable of filling the position.

Scout's Signature _____

Unit Leader's Approval

Unit Leader's Name _____

Address _____ Telephone () _____

City, _____ State, _____ ZIP _____

E-mail _____

I approve of this Scout's attendance at the National Youth Leadership Training Conference and will make sure (s) he is ready to attend the conference. I look forward to his/her returning to our unit with new leadership skills.

Unit Leader's Signature _____ for Troop/Crew _____

Parent or Guardian Approval

I approve the attendance of my son/daughter, named above, at the National Youth Leadership Training Conference to be held at Holcomb Valley Scout Camp from August 5, 2012 to August 11, 2012. I realize that (s)he must arrive before 9:00 AM, Sunday, August 5, 2012. **Late arrivals cannot be accepted.** I also realize that (s)he must remain at the camp all week, and cannot miss any part of the conference. I have read through the equipment list and understand what should and should not be brought to camp. I will have a duly authorized adult at Holcomb Valley Scout Reservation on Saturday, August 11, 2012 by 10:00 AM to pick up my son/daughter.

Parent/Guardian Signature _____

Telephone () _____

The conference fee is \$300.00. The Course fee must be paid and all forms must be in to the Council office by July 2, 2012. The fee covers the cost of food, training materials, and camp fees.

National Youth Leader Training Conference

Authorization and Consent to Treat A Minor

Pursuant to California Civil Code Section 25.9
Pursuant to California Civil Code Section 12552

(Name of Minor)

(Date of Birth)

The undersigned do hereby authorize National Youth Leadership Training Conference, Boy Scouts of America, or such substitute as designated as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by, and to be rendered under, the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Act or of any dentist licensed under the Dental Practice Act, which such diagnosis or treatment is rendered at the office of such physician or dentist, at the hospital, Scout Camp, or elsewhere.

This authorization will remain effective while the above minor is in route to or from, or involved or participating in any Boy Scout program or activity of the National Youth Leadership Training Conference and/or the San Gabriel Valley Council, Boy Scouts of America unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

Date _____ FATHER OR GUARDIAN: _____
Signature

MOTHER OR GUARDIAN: _____
Signature

WITNESS: _____
Signature

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

INSURANCE CARRIER: _____ POLICY #: _____

IMPORTANT MEDICAL INFORMATION (ALLERGIES, MEDICATIONS, ETC):

All medications must be in Zip-Lock bag labeled with Scout's name and have written instructions for administering. Medications must be in original prescription containers.

SPECIAL DIETARY NEEDS: _____

National Youth Leader Training Conference

Code of Conduct

All Scouts and Adult participants of the National Youth Leadership Training Conference are representatives of the community, family and local Scouting Council. Therefore, all Scouts and their parents are asked to sign this Code of Conduct and Statement of Understanding as a condition for participating with the further understanding, that serious misconduct or infraction of behavior rules may result in expulsion from the NYLT Conference. We want each Scout to be responsible for their own behavior, and only when necessary will the procedure be invoked to send a Scout home from the NYLT Conference.

ALL SCOUTS ARE EXPECTED TO LIVE BY THE BOY SCOUT OATH AND LAW / VENTURING OATH AT ALL TIMES AND TO USE THESE IDEALS AS GUIDES FOR THEIR BEHAVIOR.

- I promise on my honor as a Scout that I will set a good example by keeping myself neatly dressed and presentable. The Scout uniform will be worn at all times as designated by the Scoutmaster.
- I will be responsible for keeping my tent and personal gear labeled, clean and neat.
- I will demonstrate respect for the Course equipment, public property and will be personally responsible for cleanliness and any loss, breakage, or vandalism of property.

Serious or repetitive behavior violations by Scouts including, but not limited to, the possession or use of tobacco, alcohol, fireworks, or cheating, gambling, dishonesty, swearing, fighting, and cursing may result in the expulsion from the National Youth Leadership Training Conference. Scouts must learn to respect the rights and property of others. Remember to keep your hands to yourself. The tongue is a vicious weapon, think before you speak. Remember the golden rule, "Do To Others As You Would Have Them Do To You."

I PROMISE ON MY HONOR AS A SCOUT THAT I WILL DO MY BEST TO LIVE UP TO THE SCOUT OATH AND LAW AND AGREE TO FOLLOW THIS CODE OF CONDUCT.

SIGNATURE OF SCOUT _____

SIGNATURE OF PARENT _____

DATE _____

Annual Health and Medical Record

(Valid for 12 calendar months)

Policy on Use of the Annual Health and Medical Record

In order to provide better care for its members and to assist them in better understanding their own physical capabilities, the Boy Scouts of America recommends that everyone who participates in a Scouting event have an annual medical evaluation by a certified and licensed health-care provider—a physician (MD or DO), nurse practitioner, or physician assistant. Providing your medical information on this four-part form will help ensure you meet the minimum standards for participation in various activities. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and B are to be completed at least annually by participants in all Scouting events. This health history, parental/guardian informed consent and hold harmless/release agreement, and talent release statement is to be completed by the participant and parents/guardians.

Part C is the physical exam that is required for participants in any event that exceeds 72 consecutive hours, for all high-adventure base participants, or when the nature of the activity is strenuous and demanding. Service projects or work weekends may fit this description. Part C is to be completed and signed by a certified and licensed health-care provider—physician (MD or DO), nurse practitioner, or physician assistant. It is important to note that the height/weight limits must be strictly adhered to when the event will take the unit more than 30 minutes away from an emergency vehicle-accessible roadway, or when the program requires it, such as backpacking trips, high-adventure activities, and conservation projects in remote areas. See the FAQs for when this does not apply.

Part D is required to be reviewed by all participants of a high-adventure program at one of the national high-adventure bases and shared with the examining health-care provider before completing Part C.

- **Philmont Scout Ranch.** Participants and guests for Philmont activities that are conducted with limited access to the backcountry, including most Philmont Training Center conferences and family programs, will not require completion of Part C. However, participants should review Part D to understand potential risks inherent at 6,700 feet in elevation in a dry Southwest environment. Please review specific registration information for the activity or event.
- **Northern Tier National High Adventure Base.**
- **Florida National High Adventure Sea Base.** The PADI medical form is also required if scuba diving at this base.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified the following risk factors that may limit your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

Frequently Asked Questions (FAQs)

- Philmont Scout Ranch: www.philmontscoutranch.org or 575-376-2281
- Northern Tier National High Adventure Base: www.ntier.org or 218-365-4811
- Florida National High Adventure Sea Base: www.bsaseabase.org or 305-664-5612
- National Scout Jamboree: www.bsajamboree.org

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA®

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)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

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) <input type="checkbox"/> Negative <input type="checkbox"/> 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 (with noted restrictions above)

True False

- 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:** _____