

Winter Camp XLV Registration

December 27-31, 2021

Event Information

December 27-31 at D-bar-A Scout Ranch;
Jack Lord & James E. West Cabins

Registration Information

Youth (those under 21): \$48.48
Adults (21 and over): \$53.53
Partial attendance is \$4.04 per meal
Registration Deadline: December 20, 2021
More details at www.wintercamp.com

Camperships are available. Contact Steve Donohue
(sdonohue@wintercamp.com or 313-919-0106) for details.

Participant Information

Name: _____

Address: _____

City/State: _____

Zip Code: _____

Phone: _____

Email: _____

Birthdate: _____

Unit: _____

Ordeal Date: _____

Brotherhood Date: _____

Vigil Date: _____

Vigil Name: _____

Translation: _____

Emergency Information

Person to contact if no one is home

Name: _____

Relationship: _____

Phone: _____

Insurance Information

Company: _____

Member #: _____

Special Health Concerns

(Medications, allergies, activity restrictions)

This year's theme is **Remote Control, Artificial Intelligence, and Robotics**, so feel free to bring your favorite gizmos which seem appropriate.

Payment can be made on the Michigan Crossroads Council website:

<https://scoutingevent.com/272-52904?draftmode=1>

Registration forms including medical parts A&B and the appropriate covid waivers should be sent to:

Steve Donohue

17612 Herrick St.

Allen Park, MI 48101-3426

Or emailed to sdonohue@wintercamp.com

Campers should arrive at camp by 11:00 am on the 27th when we will serve the first meal.

Any questions can be asked on the website at www.wintercamp.com or by calling/texting:

Jacob Ferns (313)888-3409, Ethan Rein (313)618-5860, or Steve Donohue (313)919-0106

We have female leaders on staff

Ride Info

We'd like to know the times and who'll you'll be riding with:

Arriving with: _____

Expected Arrival: _____

Departing with: _____

Expected Departure: _____

**Attendees must provide copies of Medical Forms A and B and appropriate COVID-19 Waivers
Campers 18 and older must have current youth protection certification**

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
 Date of birth: _____

High-adventure base participants:

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

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

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

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

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

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ YES NO

Are you allergic to or do you have any adverse reaction to any of the following?

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

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken. If additional space is needed, please list on a separate sheet and attach.

| Medication | Dose | Frequency | Reason |
|------------|------|-----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

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

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____



THIS IS A LEGAL DOCUMENT THAT (I) INCLUDES AN ASSUMPTION OF RISK, A WAIVER AND RELEASE OF LIABILITY, AND A COVENANT NOT TO SUE, AND (II) AFFECTS YOUR LEGAL RIGHTS!

ADULT MEMBER RELEASE AND WAIVER OF LIABILITY

THIS ADULT MEMBER RELEASE AND WAIVER OF LIABILITY (the "Agreement") is made freely, knowingly, voluntarily and without duress as of the _____ day of _____, 20____ by _____, an individual whose address is _____

_____ ("Volunteer"),

to, and for the benefit of, MICHIGAN CROSSROADS COUNCIL, INC., BOY SCOUTS OF AMERICA, a Michigan non-profit corporation having its principal office at 137 S. Marketplace Boulevard, Lansing, Michigan 48917 (the "MCC" and together with its affiliates, associates and subsidiaries, jointly and severally, the "Council"), and the other Released Persons (as defined below).

In consideration of being allowed to participate in Scouting Activities and Events (as defined below), as well as for other good and valuable consideration (the receipt and sufficiency of which are hereby acknowledged), Volunteer, intending to be legally bound, covenants and agrees as follows:

1. VOLUNTEER STATUS. Volunteer, as a volunteer and on an uncompensated voluntary basis, will participate in activities and events for, on behalf of, involving, relating to, or in connection with, Scouting, Scouting BSA, the Boys Scouts of America, Inc. (collectively, "BSA"), Council (including Order of the Arrow lodges), and Packs, Troops, Crews, Ships and/or Posts ("Units") (including, without limitation, activities, advancement, adventures (both short-term and long-term), camping, camporees, ceremonies, construction and maintenance activities and events, council meetings and events, development and fundraising, district meetings and events, events, "high adventure" events and trips, hikes, lodge meetings and activities, "mix fixes", outings, rendezvouses, product sales, "roundtables", service projects, training, transporting persons and/or equipment, trips, Unit meetings, using equipment and facilities provided by any of the Released Persons, and "wood badge") (jointly and severally, "Scouting Activities and Events"). Volunteer hereby releases to BSA and Council, and authorizes BSA and Council to produce, reproduce, broadcast, and otherwise use, audio recordings, photos, videos, and other depictions, likenesses, or images of Volunteer, in any media form in connection with Volunteer's attendance at or participation in any Scouting Activities and Events, without compensation, for an unlimited duration.

2. ASSUMPTION OF RISK. VOLUNTEER UNDERSTANDS AND CONFIRMS ALL OF THE FOLLOWING: (i) that Scouting Activities and Events can be dangerous, can entail substantial risk (including the risk of death or permanent injury) and can be strenuous; (ii) that **Volunteer is physically and mentally fit, is sufficiently prepared to participate in Scouting Activities and Events, and is not subject to any health issues or conditions that would preclude Volunteer from participating in any Scouting Activities and Events;** (iii) that an inherent risk of COVID-19 and other diseases and viruses exists in any public place where people are present; (iv) that COVID-19 is an extremely contagious disease that can lead to severe illness and death and the Volunteer's participation in Scouting Activities and Events could result in Volunteer contracting COVID-19, suffering respiratory failure and/or death, and transmitting COVID-19 to family or household members and others who may also suffer such effects; and (v) that, according to the Centers for Disease Control and Prevention, older persons, persons who are immunocompromised, and persons with underlying medical conditions (such as chronic lung disease, moderate to severe asthma, heart conditions, conditions that can cause a person to be immunocompromised (including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), obesity, diabetes, chronic kidney disease and liver disease) are especially vulnerable. By participating in any Scouting Activities and Events, **Volunteer knowingly, voluntarily, irrevocably, absolutely and unconditionally assumes all risks now or hereafter related to, or arising from, Volunteer's participation in any and all Scouting Activities and Events (including all risks for personal injury, illness, disease and viruses (including secondary transmissions, COVID-19 and exposure to COVID-19)), death and/or property damage.** Volunteer consents to receive any medical treatment deemed advisable for any injury or harm to Volunteer during any Scouting Activities and Events.

3. WAIVER AND RELEASE. Volunteer does hereby knowingly, voluntarily, irrevocably, absolutely and unconditionally release and forever discharge, Council, BSA, Units, and their respective directors, officers, employees, agents, unit leaders, volunteers, donors (solely in their capacity as donors), chartered organizations, chartered organization representatives, and the successors and assigns of all of the foregoing (jointly and severally, the “Released Persons”) from, **and covenants not to sue** any Released Persons for, any and all liabilities, claims, demands, costs, losses, obligations, causes of action, damages, deficiencies, expenses (including, without limitation, costs of investigation and defense and reasonable attorneys’ fees and expenses), fines, penalties, judgments, awards and assessments of any kind (whether arising from tort, contract or otherwise), which Volunteer may now or hereafter suffer or experience in connection with or as a result of (i) exposure to, or transmission of, COVID-19 at any Scouting Activities and Events and (ii) any first aid or medical or health treatment or service provided to or for Volunteer in connection with any Scouting Activities and Events.

4. INSURANCE. Volunteer understands and agrees to all of the following: (i) The comprehensive general liability insurance coverage provided by BSA (the “BSA General Liability Insurance”), subject to the terms, conditions and limits thereof, is intended to provide primary general liability coverage for registered adult members and chartered organizations with respect to claims arising out of an official Scouting activity (which generally is considered to be an activity consistent with the values, Charter and Bylaws, Rules and Regulations, operations manuals, and applicable literature of BSA). (ii) The insurance provided to an unregistered volunteer through the BSA General Liability Insurance is excess over any other insurance such unregistered volunteer might have to his or her benefit (usually a homeowners, personal liability, vehicle, or watercraft policy). (iii) The BSA General Liability Insurance does not provide indemnification or defense coverage to individuals who commit intentional and/or criminal acts. (iv) Prohibited activities (as described in the Guide to Safe Scouting and other applicable BSA Policies (as defined below)) are not considered official Scouting activities and engaging in prohibited activities can jeopardize and negate insurance coverage under the BSA General Liability Insurance. (v) The accident and sickness insurance coverage provided by BSA through Council (also known as accident and health insurance coverage) for registered youth and adult members (A) furnishes medical reimbursement in case of death, accident, or sickness within the policy amounts, (B) is excess of any and all other available sources of medical insurance or other health-care benefits, and (C) in the event there is no other primary insurance or health-care plan, may generally pay as primary coverage, subject to the coverage’s limits and terms. For more information regarding the BSA General Liability Insurance and prohibited activities, Volunteer is encouraged to review <https://www.scouting.org/health-and-safety/gss/gss10/> and <https://www.scouting.org/health-and-safety/safety-moments/unauthorized-restricted-activities/> and <https://www.scouting.org/health-and-safety/prohibited-activities-faqs/>.

5. COMPLIANCE. In connection with Volunteer’s participation in any Scouting Activities and Events, Volunteer shall abide by all applicable laws, rules, regulations and executive orders (“Applicable Law”) and the Charter, Bylaw, Rules and Regulations of BSA, and all applicable policies, rules, regulations, orders, operations manuals and other applicable literature, and requests of BSA and Council (including, without limitation, the Guide to Safe Scouting, all applicable BSA codes of conduct, the Scout Oath, the Scout Law, the Explorer Code, camp policies and youth protection policies) (collectively, “BSA Policies”).

6. GOVERNING LAW. This Agreement shall be deemed to have been made and shall be governed by and construed and interpreted in accordance with the laws of the State of Michigan without regard to such jurisdiction’s principles of conflicts of law. Volunteer, Council and the Released Persons submit to personal jurisdiction in the State of Michigan for the enforcement of the provisions of this Agreement and waive any and all rights to object to such jurisdiction for purposes of enforcing this Agreement. Each and all of the Released Persons are hereby designated and identified as named third-party beneficiaries of this Agreement with the right to enforce this Agreement. **Volunteer agrees that this Agreement is intended to be as broad and inclusive as is permitted under the laws of the State of Michigan and other Applicable Law.**

7. SEVERABILITY. If any term or provision of this Agreement is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction.

8. FACSIMILE. A manual signature on this Agreement, an image of which shall have been transmitted electronically, will constitute an original signature for all purposes. The delivery of copies of this Agreement, including an executed signature page, by electronic transmission will constitute effective delivery of this Agreement for all purposes.

IN WITNESS WHEREOF, this Agreement has been executed as of the date first written above.

VOLUNTEER:

WITNESS:

Printed name:

Printed name:

EXHIBIT 1 - POLICIES

BSA and Council are committed to providing safe, healthy and productive Scouting Activities and Events. Accordingly, the possession or use of, or being under the influence of, alcohol or illegal drugs (as classified under federal, state or local laws, **including marijuana**), and the possession of drug paraphernalia, will not be tolerated during any Scouting Activities or Events or on any property owned, leased, controlled or used by Council or BSA (each such property being a "Property"). Violation of this policy can result in immediate removal from the Property and/ or Scouting (with no refund or reimbursement or other compensation or remuneration) and/or legal prosecution. While the proper use of prescribed medication by a patient under the care of a physician is permitted, such prescription medications must be dispensed in accordance with the applicable BSA Policies. Each Property is a "Drug & Alcohol Free Zone." Possession or use of alcohol and/or marijuana on any Property is prohibited. **FOR PURPOSES OF THE BSA POLICIES: (I) MARIJUANA IS AN ILLEGAL DRUG AND IS NOT A PRESCRIBED MEDICATION AND (II) USE OF MARIJUANA IS AN ILLEGAL USE OF DRUGS.**

Volunteer understands that Volunteer is expected to be a leader by example. Volunteer's failure to abide by Applicable Law and applicable BSA Policies can result in immediate termination of Volunteer's relationship with Council and/or BSA. In connection with all Scouting Activities and Events, Volunteer will conduct himself/herself in an appropriate manner, in or out of uniform. **SPECIFIC EXAMPLES OF CONDUCT THAT IS NOT APPROPRIATE INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:** intoxicated behavior, violation of law, illegal use of drugs, use of marijuana or vaping on any Property or in connection with any Scouting Activities and Events, and forms of gross misconduct (as determined by BSA and/or Council). Volunteer shall not smoke or vape while in the presence of youth members and/ or adult members of BSA or Council.

MICHIGAN CROSSROADS COUNCIL, INC., BOY SCOUTS OF AMERICA

SUPPLEMENTAL MEDICAL PERMISSION

This part must be completed by a certified and licensed physician (MD, DO), nurse practitioner, or physician assistant.

Full name: _____

Date of birth: _____

Unit (Pack, Troop, Crew, Post) No.: _____

Unit Position: _____

Examiner's Certification: I certify that I have reviewed the above-named person's health history and have examined such person and find no contraindications for participation in any Scouting Activities and Events. Among other things, I have discussed with the above-named person risks associated with COVID-19 as well as the personal health, safety, and hygiene practices that are appropriate at this time.

The above-named person has the following conditions which are known to cause vulnerability to COVID-19 (check all that apply), but such conditions do not preclude such person from participating in any Scouting Activities and Events:

Age 60 or older: Yes No

Immunocompromised: Yes No

Underlying medical conditions Yes No

(such as chronic lung disease, moderate to severe asthma, heart conditions, conditions that can cause a person to be immunocompromised (including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications), obesity, diabetes, chronic kidney disease and liver disease):

Examiner's signature: _____

Examiner's printed name: _____

Physician _____ NP _____ PA _____

Address: _____

City: _____

State: _____

ZIP code: _____

Office phone: _____

Date: _____