



Welcome to Troop 250G

Troop 250 has a boy troop and a girl troop to support BSA Family Scouting. We meet weekly at Grace Presbyterian Church. Please take the time to visit our website, where you can find a wealth of information about our troop and BSA.

Troop 250G is a scout led troop. Our current Senior Patrol Leader (SPL) is Alexis Rempel, who was elected by the scouts to lead the troop in October 2019. We have elections every 6 months for new officers. Your scout will be guided by the SPL and our Scoutmaster (SM) Mrs. Carolyn Minnich. If your scout is new to the troop, our Target First Class (TFC) Rank Coordinator, Mrs. Carol Pilarczyk will work with your scout. She will help them work to earn the Scout, Tenderfoot, Second Class and First Class Ranks over the next year or so.

The Troop Committee is led by Mr. Robert Mercer. The Membership Coordinator is Mrs. Julie Marzoratti. Other individuals you or your scout will probably deal closely with during your first few months are: Mr. Michael Baldassarre, who is our Treasurer and handles camping fees, Mrs. Rebecca Rutter, who is our Outdoor Activities Coordinator and plans and organizes the various campouts and events. Mr. Charles Ceaser is our Order of the Arrow coordinator. Mr. Drew Holtz and Mr. Todd Fox are also trained Assistant Scoutmasters (ASMs).

Once you have joined our troop we have a private Facebook page that parents can share photos, stories, and other troop information.

How Your Scout Becomes an Active Member of Troop 250G

- 1) Attend troop meetings – Troop meetings are generally held every Monday at Grace Presbyterian Church between 6:30– 8 pm. We recommend that you check the schedule monthly. Your scout will be grouped into a patrol and a leader will be elected amongst the scouts. The patrol leaders will be expected to attend monthly Patrol Leader Council (PLC) meeting. Learning to work together as a patrol is an important skill and we strive to give each scout leadership opportunities. Patrol dues of \$2/month are due the second Monday of the month.
- 2) Attend campouts – Attached is the 2019-2020 T250G Event Calendar.
- 3) When you register your scout for the Troop, we will give you the following paperwork to complete and return.
 - a. Troop 250G Scout Information Sheet,
 - b. Completed BSA Youth Application for your scout,
 - c. BSA Health Form – Parts A & B. (2 copies) & Insurance card (2 copies). (Part C is required if your scout attends summer camp.)
 - d. Registration Fee,
 - e. Scouting history from prior troop.

How You Can Help and Become Involved in the Troop

- 4) Become a Leader – For those of you who would like to become Assistant Scoutmasters, Youth Protection Training (YPT) is required and suggested for all parents. Additional classroom setting training and Outdoor Leader training is recommended. The Troop can use more trained leadership, just ask for a leader packet, and it will provide you with information and forms to be completed to become a leader. The reason we strongly urge taking the two training classes is simple. *Every scout deserves a trained leader.*
- 5) If you plan on camping with the troop or driving, Youth Protection Training (YPT) is required, as well. It takes a few minutes to take the BSA Youth Protection Training course.

<http://www.scouting.org/Training/YouthProtection.aspx>

There is paperwork in the back of the scout application package for parents to complete if they plan on camping or driving. The BSA Health Form Parts A & B are required for every adult on a campout.

- 6) Join a committee. The Troop 250G committee generally meets the third Thursday of the month at Grace Presbyterian Church between 7 – 8:30 pm. You are invited to a committee meeting any time to learn more about Troop 250G. Please consider joining a committee and helping out.
- 7) Become a Merit Badge Counselor – Share your expertise and talents with scouts by signing up to become merit badge counselors. All merit badges need to be reviewed and signed off by an approved merit badge counselor. Please go to either:
<http://www.scouting.org/home/boyscouts/guideformeritbadgecounselors/mbcounselorguide.aspx> or www.meritbadge.org for some additional information.

Please let either Mrs. Elmaire Klapheke (our Advancements Coordinator) or myself know what merit badges you might feel competent enough to be a Counselor and we can provide you with a packet to become a merit badge counselor application.

How to Navigate Troop 250's website

Boy troop and Girl troop share the same website: <http://www.troop250tegacay.com/>

- 1) GIRLS Tab - There is information about girl troop events and campouts. It also has calendar when you can download a pdf for the latest T250G calendar.
- 2) Troop Calendar Tab is currently only the boy troop.
- 3) About Tab - tells a bit about the history of the boy troop 250. It also lists the scouts in the troop that have earned the rank of Eagle and the leaders involved.
- 4) Advancement Tab - This tab contains Scoutmaster conference forms. The following link tells about the new scouting program. If you would like to read up on some of the rank requirements for the Scout, Tenderfoot,

Second Class and First Class ranks from the www.scouting.org website, please visit:

<http://www.scouting.org/scoutsource/BoyScouts/AdvancementandAwards.aspx>

There are also two links about the merit badge program.

<http://www.troop250tegacay.com/advancement/merit-badge/>

<http://www.scouting.org/home/guidetoadvancement/themeritbadgeprogram.aspx>

5) Forms Tab- This section includes the Troop 250 Code of Conduct. The website also contains the Scoutmaster conference forms that the scouts must fill out prior to meeting with the Scoutmaster for their next rank advancement. It also contains: Health Forms, Library check out form, and the Service hours form.

6) Payment Tab- This tab is where you might click on to get information about campouts and make payment. Click on the "Troop Activity Payment page".

If you would like to read up on some of the rank requirements for the Scout (new rank), Tenderfoot, Second Class and First Class ranks from the www.scouting.org website, please visit:

<http://www.scouting.org/scoutsource/BoyScouts/AdvancementandAwards.aspx>

Please feel free to contact us regarding any questions that you have.

If you decide not to register your scout with Troop 250G, please return this registration packet to Grace Presbyterian Church, so we will be able to reduce costs and recycle the documents.

BSA TROOP 250G REGISTRATION FORM - SCOUT

(Please Print)

Today's date:	<input type="checkbox"/> ReCharter Scout <input type="checkbox"/> New Scout* <input type="checkbox"/> Transfer Scout* <i>*Require completion of current BSA Youth Application</i>
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SCOUT INFORMATION

Scout's Last Name:	First:	Middle:	Position of Responsibility:	Age:
Street Address:		Birth Date (mm/dd/yyyy) / /		Scout's Home phone no.: ()
P.O. box:	City:	State:	ZIP Code:	
Current Grade:	Current School:		Scout's Cell phone no. (if applicable): ()	

With whom does scout primarily live? (please check all that apply):

- Both Parents
 Mother (primary custody)
 Father (primary custody)
 Grandparent
 Step Parent
 Joint Custody (primarily lives with Mother)
 Joint Custody (primarily lives with Father)
 Other _____

Is this Scout covered by insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(attach 2 copies)</i>	Medical Forms Part A & B (2 Copies) submitted with this form <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Scout will not be registered with Troop 250G until new Medical forms Part A & B including copy of medical insurance card are submitted</i>
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List other Siblings in Troop 250:

Scout's email address *(please print legibly)*:

PARENT INFORMATION

Mother's Name:	Address (if different than scout):	Mother's Cell phone no.: ()

Mother's email address *(please print legibly)*:

Father's Name:	Address (if different than scout):	Father's Cell phone no.: ()

Father's email address *(please print legibly)*:

SCOUTING FEES

(Scout will not be registered with Troop 250G until all fees are submitted)

Full Payment Submitted: <input type="checkbox"/> Cash <input type="checkbox"/> Check Amount: \$_____	Partial Payment Submitted: <input type="checkbox"/> Cash <input type="checkbox"/> Check Amount: \$_____ Popcorn Sold Amount: \$_____	Eagle Scout.: <input type="checkbox"/> Yes <input type="checkbox"/> No POR: _____ Scout Master Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No
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ACKNOWLEDGEMENT

I understand that my scout will not be registered with Troop 250G until all fees, new medical forms (parts A & B, 2 copies each) and insurance cards (2 copies) are submitted. Additionally, I understand that other scouting events will have additional fees that must be submitted at the time my scout registers for those activities. I also understand that my scout will pay dues to their patrol of \$2 per month to be used for patrol activities.

Parent/Guardian signature

Date

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: _____



Part C: Pre-Participation Physical

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

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



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, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

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

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

Examiner's Certification

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

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

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

Maximum weight for height:

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



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