

# 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](http://www.wintercamp.com)

Camperships are available. Contact Steve Donohue  
([sdonohue@wintercamp.com](mailto: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)

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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](mailto: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](http://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!**

**YOUTH MEMBER RELEASE AND WAIVER OF LIABILITY**

THIS YOUTH 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 \_\_\_\_\_

\_\_\_\_\_, (such individual, together with all of the parents and guardians of Youth, jointly and severally, being "Guardian"), on behalf of Guardian and \_\_\_\_\_, a minor ("Youth"), 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 Youth 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), Guardian (on behalf of Guardian and Youth, jointly and severally), intending to be legally bound, covenants and agrees as follows:

**1. PERMISSION.** Guardian hereby grants permission for Youth to 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, rendezvous, 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"). Guardian and Youth hereby release to BSA and Council, and authorize BSA and Council to produce, reproduce, broadcast, and otherwise use, audio recordings, photos, videos, and other depictions, likenesses, or images of Youth, in any media form in connection with Youth's attendance at or participation in any Scouting Activities and Events without compensation, for an unlimited duration.

**2. ASSUMPTION OF RISK. GUARDIAN AND YOUTH, JOINTLY AND SEVERALLY, UNDERSTAND AND CONFIRM 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 **Youth 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 Youth 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 Youth's participation in Scouting Activities and Events could result in Youth 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, **Guardian and Youth, jointly and severally, knowingly, voluntarily, irrevocably, absolutely and unconditionally assume all risks now or hereafter related to, or arising from, 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.** Guardian and Youth, jointly and severally, consent to receive any medical treatment deemed advisable for any injury or harm to Youth during any Scouting Activities and Events.

**3. WAIVER AND RELEASE.** Guardian and Youth, jointly and severally, do 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 covenant 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 Youth 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 Youth in connection with any Scouting Activities and Events.

**4. INSURANCE.** Guardian shall take reasonable care to provide for the health and safety of said Youth in connection with any Scouting Activities and Events. Guardian and Youth, jointly and severally, understand and agree 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, Guardian and Youth are 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 Youth's participation in any Scouting Activities and Events, Youth 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. Guardian, Youth, 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. **Guardian and Youth, jointly and severally, 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.

GUARDIAN IS SIGNING AS PARENT OR GUARDIAN of Youth, a minor child, with the consent of the other parent or guardian (if any). Guardian understands that Guardian may be giving up the rights of Youth and Successors to sue as well as giving up Guardian's own right to sue. Guardian is VOLUNTARILY signing below intending for Guardian, Youth and Successors TO BE LEGALLY BOUND. IN WITNESS WHEREOF, this Agreement has been executed as of the date first written above.

**GUARDIAN (individually and on behalf of Youth):**

**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.**

# 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: \_\_\_\_\_