



**Cub Camp Kirby**  
1735 Narrows Hill Road  
Upper Black Eddy, PA 18972-9712  
610-982-5731  
[www.cubcampkirby.org](http://www.cubcampkirby.org)

April 2009

TO: The 2009 Camp Staff at Camp Kirby

FROM: Russ Kantner, Camp Director

RE: **OUR 2009 SUMMER SEASON**

Our 2009 summer season is shaping up to be a great one as we will have plenty of familiar faces and some new ones, too. Camp Kirby will be fulfilling the dreams of many Cub Scouts and their leaders, and all of us have important roles in making this happen.

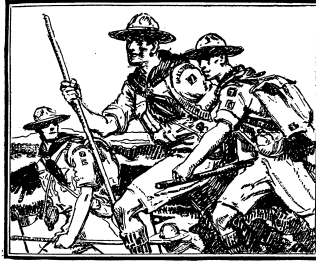
As I look forward to my 2<sup>nd</sup> season as Camp Director, we know that you are up to the task, and we're proud to have you with us. As in previous years, we have sessions where camp is nearly full, and others where we still need to get packs registered. It is now time to make sure that our staffing is complete. If your summer employment plans have changed, please contact me immediately (215-932-5122). Take care of your necessary paperwork issues **NOW**. Help us out by not letting the paperwork process drag on!

We look forward to your participation. On behalf of all the Cub Scouts and leaders who will pass your way, thank you for being dependable, loyal, and having a caring attitude that makes our Cub Scout camp second to none.

See you soon.

Yours in Scouting:

*Russ*



# CAMP KIRBY

## Bucks County Council, B.S.A.

### 2009 SUMMER STAFF DATES

REVISED  
April 27, 2009

<u>DATE</u>	<u>DESCRIPTION</u>	<u>ATTENDANCE</u>
May 2nd	Annual Leader Meeting (9:30AM to 11:30AM)	Camp Management
May 15th	Staff Paperwork Due	All Staff, <u>MANDATORY</u>
May 15-17th	Spring O.A. Weekend (work at Kirby on Saturday)	All Staff Invited
May 29-30th	Staff Training (Friday Night 7:00PM to Saturday 5:00PM)	All Staff, <u>MANDATORY</u>
June 5-7th	Staff Training (Friday Night 7:00PM to Sunday 5:00PM)	All Staff, <u>MANDATORY</u>
June 14-20th	Staff Week (Sunday 7:00PM to Saturday Noon)	All Available Staff
June 26-28th	Special Family Camp Weekend (All Staff Reports at Noon)	All Staff
July 18-21st	Cub Scout Session #1	All Staff
July 23-28th	Cub Scout Session #2	All Staff
July 30-Aug 4th	Cub Scout Session #3	All Staff
Aug. 6-11th	Cub Scout Session #4	All Staff
Aug. 13-17th	Cub Scout Session #5	All Staff
Aug. 17-19th	Staff Week - Shut Down Camp & Staff Banquet	All Staff

#### TIME OFF INFORMATION:

Working at summer camp offers opportunities for relaxation and recreation in addition to work. All staff members should find time to enjoy the camp facilities and program. Time off for trips off property may be obtained by completing a Staff Time Off Request available from the camp office and your department head. Completed Staff Time Off Requests must be approved and signed by your immediate supervisor and then submitted to the Camp Administration for approval. **Completed Staff Time Off Requests must be submitted for approval at least 48 hours before the anticipated time off.** Staff members may not be compensated for the requested time off. Long periods of time off for regular family vacations are also not permitted. Please contact Camp Director Russ Kantner with questions about Camp Kirby's time off policy.

**KEEP THIS SHEET FOR REFERENCE**

# EMPLOYMENT PAPERWORK

## CAMP MAILING ADDRESS:

Ockanickon Scout Reservation  
5787 State Park Road  
Pipersville PA 18947

*The following items must be taken care of before May 15, 2009. We cannot employ you unless everything is completed and turned in on time, so please get started now!*

**DONE      N/A      The following should be mailed directly to camp:**



**WORKING PAPERS:** All staff members under 18 years of age must have completed working papers on file by the May 29-30, 2009 Staff Training Weekend. You must contact **your** local public school district if you live in Pennsylvania to begin this process. Youth staff members who live **outside** Pennsylvania must complete the enclosed working papers, have their doctor complete the medical exam part of the form, and then mail the working papers and a **blank stamped envelope** to camp so they can be completed by the Camp Director and sent to our local school district.



**FEDERAL I-9 FORM:** This is a federally required form for all employees. Photocopies of the appropriate forms of identification (normally a Social Security Card and Photo I.D.) are also required with this form. Returning staff members do not need to submit this unless asked.



**FEDERAL W-4 FORM:** This is a federally required tax form for all payroll employees. All payroll employees must complete this form each week, even if they have done it before.



**PERSONAL HEALTH AND MEDICAL RECORD FORM:** All new staff members and some returning staff members must have a complete and up-to-date Health and Medical Record Form on file to work at Camp Kirby. Staff members over the age of 40 must have a new physical each year.



**SUMMER STAFF GUIDELINES:** Please read carefully and sign this form. If you are under 18 your parent/guardian must also sign it. There are two copies so you can keep one for your records.



**SUMMER STAFF GARMENT ORDER FORM:** Be sure to enclose a check made out the Bucks County Council, BSA if you wish to buy extra staff shirts. This form must be sent in as soon as possible to guarantee that the sizes you need are ordered..



**PARENTAL PERMISSION SLIP:** This must be completed and signed by the parents of all staff members under the age of 18 each year.



**LOCAL SERVICE TAX-EXEMPTION CERTIFICATE:** Completion of this form will exempt your paycheck from a local service tax.



Residents of New Jersey, Virginia, West Virginia, Ohio, Maryland or Indiana must complete a "Employee's Statement of Nonresidence in PA and Authorization to Withhold Other State's Income Tax" [available here from the Pennsylvania Department of Revenue](#). PA residents do not need to complete this form.



**STAFF REPORTING FORM:** Required for all employees. This form must be completed by all staff and turned in at the requested time.



**NEW HIRE FORM:** Required for new employees. If you filled one out last year it is not required to be completed this year.

**Due on Arrival at the May 29-30, 2009 Staff Training Weekend**



**YOUTH PROTECTION TRAINING:** Youth Protection Training must be completed electronically annually by all staff.



**CERTIFICATIONS:** For our annual inspection we do need to have the originals of all of our staff's certification cards. If you do not already have them on file, please bring your: C.P.R., Basic First Aid, Lifeguard, and/or National Camp School certification cards on May 29-30 weekend.

## Summer Arrival Date Form

The entirety of our Summer Camp Staff for the 2009 Summer Season will be expected to arrive at 7:00PM on Sunday , June 14, 2009.

We understand that some schools may dismiss after June 15th and will be in session while camp is in session. If a staff member's school dismisses after June 15th, that staff member is expected to arrive the evening their school dismisses. Additionally, if a staff member's school will dismiss beyond June 14th, asking that school's administration for the dismissal date and informing Camp Kirby via this form is entirely the responsibility of that staff member. If a staff member's school will dismiss on or before June 14th he is expected to be at Camp Kirby, ready to begin camp preparation at 7:00 PM on Sunday, June 14th.

*The sooner we know when our staff will arrive, the better we can plan meals, housing and staffing. Don't get cut short, keep us informed!*

**Salary Deductions for Missed Time:** Salaries are calculated based on working the entire summer. Staff members missing time during the season whether for approved time off, late school dismissals or other reasons will not be paid for missed time. Additionally, this form may not be used to get additional time off for reasons besides late school dismissal. If a start date needs to be changed, that staff member must contact Russ Kantner to make arrangements.

Name \_\_\_\_\_

*(Please Check one)*

I will arrive, ready to work, at Camp Kirby at 7:00 PM on Sunday, June 14th, 2009.

I will not arrive on June 14th due to a late school dismissal. I will arrive the evening my school lets out which is June \_\_\_\_\_, 2009.

I will not be arriving on June 14th due to time off included in my work agreement. I will be arriving the (circle one) Morning/Afternoon/Evening of June \_\_\_\_\_, 2009.

I understand that I will arrive *no later* than the evening my school lets out if my school dismisses after June 15th and that I will report to camp ready to work. I understand that I will not be compensated for time that I do not work, regardless of cause. I understand that I will be expected to communicate my start date to the camp administration no later than May 15th, 2009 and that all my paper-work issues that are listed on the reverse side of this form are to be sent to the camp prior to my arrival for staff training on May 29th, 2009. I will not attempt to get additional time off by changing my start date.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

If under 18, Parent/Legal Guarding Signature Required

**Parent/Legal Guardian** \_\_\_\_\_

***RETURN THIS FORM AND ALL OTHER NECESSARY  
PAPERWORK TO CAMP NO LATER THAN  
May 15th, 2009***

# SUMMER STAFF GARMENT ORDER FORM 2009 CAMP KIRBY

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Two staff shirts are provided at no cost to each staff member. Additional staff shirts may be purchased at cost by using the form below as we recommend you enough shirts to last you a week. Jackets are not required.

**Note:** All staff shirts for 2009 will be embroidered, please do not request screen printed staff shirts as they don't exist.

**Please circle your size:**

SHIRT SIZE:      SM      M      L      XL      XXL      XXXL

STAFF SHIRTS:      2   Free Staff Shirts                      \$   free  

                              \_\_\_\_\_ Additional Staff Shirts (\$19.00 ea.)      \$ \_\_\_\_\_

STAFF JACKET:    \_\_\_\_\_ on display in the OSR camp office    (\$60.00 ea.) \$ \_\_\_\_\_

JACKET SIZE:    SM      M      L      XL      XXL      XXXL

TOTAL STAFF GARMENTS ORDER: \$ \_\_\_\_\_

*Please enclose a check payable to "Bucks County Council, BSA"*

**SCOUT UNIFORMS:**

Except for the kitchen staff, all staff members are required to have at least two complete scout uniforms with them when they arrive at camp. Summer staff members are eligible for a 10% discount on scout uniforms at the Bucks County Council Scout Shop.

## Staff Garment Order 2009

### PROOF OF RECEIPT

STAFF SHIRT

I have received the staff shirts as noted on this form:

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

STAFF JACKET

I have received the staff jacket(s) as noted on this form:

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## Bucks County Council Summer Camps Parental Permission Slip 2009

My son \_\_\_\_\_ (name of staff member under 18) is permitted to participate in the following activities while serving on the summer camp staff:

**Please circle:**

**YES NO** Watch movies of the following ratings:

**G PG PG-13 R**

**YES NO** Leave camp property with adult leadership from the camp staff (B.S.A. 2-deep leadership policy).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Summer Staff Guidelines 2009

- 1) During the period of employment, the staff member's full time is at the disposal of the camp. Staff members are permitted time off each week from the closing of camp on Tuesday to the opening of camp on Thursday. Additional time off must be requested 48 hours in advance from your immediate supervisor and the Camp Director. Time off not designated in the work agreement is handled on a case-by-case basis and may result in prorated pay. **Major changes in service time may only be made for emergencies and only with the permission of the Camp Director.**
- 2) The staff member agrees to promote the program and objectives of the Boy Scouts of America and to live by the Boy Scout Oath and Law.
- 3) Staff members may be temporarily required to fill work assignments not specifically articulated in the working agreement. Staff members are required to participate in campfires, meal program, and retreat.
- 4) All employees must have at least 2 complete sets of the official B.S.A. Field Uniform (which includes scout shorts, scout short sleeve shirt with shoulder loops, and scout summer socks). The cost of uniforming, as well as cleaning costs, are the responsibility of the staff member. Coin-op laundry facilities are available at camp.
- 5) A neat and clean appearance is required at all times. Male employees are not permitted to wear earrings or have excessive or long hair exposed. No other jewelry or articles may be worn that conflict with Scouting principles or compromise job safety.
- 6) Conduct by employees, in or out of camp, that interferes with camp morale or undesirably influences the opinion of the public will render the staff member unfit for further services and result in termination.
- 7) Smoking or chewing tobacco by minors is not permitted. Smoking by adult staff members must conform to the tobacco policy of the B.S.A. (in designated areas only).
- 8) **The possession or consumption of alcoholic beverages or illegal drugs or misuse of prescribed drugs is prohibited at camp. It is understood that the purchase, possession, or consumption of alcoholic beverages off council property must comply with state and federal law and must not affect my job performance.**
- 9) Employees must receive written permission to from the Camp Director to regularly park a vehicle at camp. In addition, written permission from parents is required from employees under 18 years of age. All personal vehicles are prohibited from camp roads other than the parking lot. Reckless driving may result in termination.
- 10) A physical examination is required for employment. Use the Official BSA Physical Examination Form
- 11) **Staff members (including all personal property) are not covered for fire or any other risks, including medical.** We provide coverage for work-related injuries under the Worker's Compensation Act. Should the employee desire other protection, it is suggested that the employee contact his/her own broker.
- 12) All staff members under 18 years of age are required to obtain Work Permits from their local school district. Work permit applications must be sent to the camp director by **May 15th** to allow adequate time for processing.
- 13) Employees are required to file Form I-9, with appropriate documentation by **May 15th** of their year of employment.
- 14) All employees must have a social security number and have it on their staff letter of understanding.
- 15) Wages are subject to the withholding of unemployment, local, state, federal, and social security taxes. Pay periods information will be available to all employees at camp.
- 16) **All employees must be registered with the Boy Scouts of America.** Non-registered employees will be required to pay a \$10.00 registration fee upon arrival at camp. **Employees under the age of 18 must be active members of a BSA unit. All employees are required to show evidence of registration upon arrival at camp.**
- 17) No soliciting of any kind is permitted on council property by volunteers or employees.
- 18) Employees under 18 years of age are required to have written permission from their parent/guardian to leave camp.
- 19) Employees under 18 years of age must have written permission from their parent/guardian to view movies with a rating over G (general admission).
- 20) Employees under 18 years of age must have written permission from their parent/guardian if they wish to have camp cash their pay checks.
- 21) Employees under 16 years of age may not bring bicycles to camp without permission from the Camp Director.
- 22) Gambling of any form is prohibited.
- 23) Possession of lasers, fireworks, firearms or any weapons of any type are prohibited on council property subject to accordance with federal state and local laws.
- 24) Employees shall follow the BSA Youth Protection and safety policies and shall report all violations to the Camp Director.
- 25) Employees understand that hazing has no place in Scout camp nor any other form of physical punishment or intimidation by either youth or adult. Staff members shall try to stop all hazing activities and report such activities to the Camp Director.
- 26) Employees have the responsibility not to engage in behavior that constitutes discrimination or harassment in any way, including on the basis of race, color, national origin, sex, religion, age, disability or citizenship of an individual. This applies to everyone, including fellow staff members, campers, adult leaders, parents and outside vendors.
- 27) Members of the staff have the responsibility to report instances of discrimination or harassment to the Director of Camping regardless of recipient.

I HAVE READ AND UNDERSTAND THE ABOVE GUIDELINES

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date

\_\_\_\_\_  
signature of employee

\_\_\_\_\_  
signature of parent/guardian (if employee is under 18)

**Bucks County Council - Boy Scouts Of America**

**Summer Staff Housing Agreement 2009**

***Bucks County Council, Boy Scouts of America  
One Scout Way, Doylestown PA 18901***

1. Housing will be provided for all Summer Camp Staff during their employment. All housing provided meets the Boy Scouts of America standards and will be maintained, weatherproof and simply furnished for a comfortable stay. If a staff member requires special housing, the Camp Management will make reasonable efforts to ensure a comfortable stay once notified. Each building or tent shall be inspected and inventoried by the prospective occupant(s) and the Camp Director or his designee. The building's present condition will be noted.
2. Each occupant shall be held accountable for the condition of the building during his or her stay and all damages shall be reported to the Camp Management immediately. If damages are found to be the occupant's fault, the responsible party or parties responsible will pay the cost of repair. The repair cost shall be determined at a rate of \$50.00 per hour and materials. The occupant(s) may choose to avoid the labor charges by doing the repair work to the satisfaction of the Camp Ranger or his designee. Repairs will be done in a timely fashion or alternate housing will be provided.
3. The building will be inspected and inventoried by the Camp Director or his designee at the end of the employment period. The cost of any damage shall be billed to the occupant(s)
4. **No more than one TV, fan, radio, and/or CD player will be allowed per building.** Microwave ovens, toasters, refrigerators, or other like appliances will not be allowed. Electrical appliances deemed to be inappropriate by the Camp Director or his designee will be removed from the building upon such request.

*Please sign this Housing Agreement and return it with your Employment Paperwork.*

**I have read and agree to all of the above provisions of the agreement.**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

*If employee is under 18 years of age parent/guardian signature is also required.*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM TO THE CAMP OFFICE ONLY!**

<b>Required Employer Information</b>	<i>Please mail or fax to:</i> Commonwealth of Pennsylvania New Hire Reporting Program PO Box 69400 Harrisburg, PA 17106-9400 FAX: 717-657-HIRE (717-657-4473) VOICE: 1-888-PAHIRES (1-888-724-4737) <i>(for questions only)</i>  <i>This form may be duplicated</i>
FEIN: 231352048	
Employer Name: Bucks County Council	
Address: One Scout Way Doylestown, PA 18901	
Contact Name: Roxanne Schrier	
Contact Phone #: 215-348-9436	

<b>Required Employee Information</b> <i>(Please type or print legibly in black or blue ink.)</i>		
Employee Social Security #	Date of Birth (mm/dd/yyyy) optional	Date of Hire (mm/dd/yyyy)
First Name	Middle Name	Last Name
Address		
City	State	Zip

# Annual Health and Medical Record

(Valid for 12 calendar months)

## Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

**Parts A and C** are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

**Part B** is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

## Risk Factors

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

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

For more information on medical risk factors, visit Scouting Safely on [www.scouting.org](http://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.



BOY SCOUTS OF AMERICA

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

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 (SEE PART C).  
 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 \_\_\_\_\_

### MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

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

Exemption to immunizations claimed.

**(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 _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT** expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part B**

**PHYSICAL EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Meets height/weight limits  Yes  No Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit [www.cdc.gov](http://www.cdc.gov).)

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

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

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I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping     Competitive activities     Backpacking     Swimming/water activities     Climbing/rappelling
- Sports     Horseback riding     Scuba diving     Mountain biking     Challenge ("ropes") course
- Cold-weather activity (<10°F)     Wilderness/backcountry treks

Specify restrictions (if none, so state)

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**Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.**

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
  - Uncontrolled psychiatric disorders.
  - Poorly controlled diabetes.
  - Orthopedic injuries not cleared by a physician.
  - Newly diagnosed seizure events (within 6 months).
  - For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, state, zip \_\_\_\_\_  
 Office phone \_\_\_\_\_  
 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

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
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.

**Part B** Last name: \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Part C**

**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

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.

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 to the adult in charge 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.

- Without restrictions.
- With special considerations or restrictions (list)

**Talent Release Form**

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 by the Boy Scouts of America, and I hereby release the Boy Scouts of America 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

**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



2008 Printing

**Part C**    **Last name:** \_\_\_\_\_    **DOB:** \_\_\_\_\_

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	}				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____			
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____			
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____			
For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	}				

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; margin: 0;">2009</div>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
City or town, state, and ZIP code		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above <b>or</b> from the applicable worksheet on page 2)		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (Form is not valid unless you sign it.) ▶		<b>Date</b> ▶
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_

**3** Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ \_\_\_\_\_

**5** Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_

**7** Subtract line 6 from line 5. If zero or less, enter “-0-” 7 \$ \_\_\_\_\_

**8** Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_

**10** Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

**4** Enter the number from line 2 of this worksheet 4 \_\_\_\_\_

**5** Enter the number from line 1 of this worksheet 5 \_\_\_\_\_

**6** Subtract line 5 from line 4 6 \_\_\_\_\_

**7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_

**8** Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_

**9** Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.