



AINA TOPA HUTSI LODGE

Order of the Arrow
Boy Scouts of America

FALL FELLOWSHIP

REGISTRATION FORM

Registration deadline is **September 4, 2009**

September 11-13, 2009

Bear Creek Scout Reservation

**Check-in 6:00 to 9:00 PM Friday
at the Sports Pavilion**

Name: _____ Unit #: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____ AREA CODE first, please
CHAPTER (District): _____
Armadillo, Cimarron, Diamondback, Longhorn, Memorial, Rough Rider, Summit, Texas Hills, Two Rivers, Victory

E-mail (optional): _____

EVENT FEE (includes all meals) \$10.00 _____

Brotherhood fee (Sash only, no meals). . . . \$15.00 _____

TOTAL PAID \$ _____

Make your check payable to -
ALAMO AREA COUNCIL and mail to
Alamo Area Council, BSA
Order of the Arrow
2226 NW Military Hwy
San Antonio TX

TALENT RELEASE

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video/electronic representations and/or recording made of myself and/or my child at this(ese) event(s) 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 further authorize the reproduction, sale copyright, exhibit, broadcast, electronic storage 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. Names and/or individualized identification shall be unintentional.

Yes No

Class 1 Personal Health & Medical History

THIS FORM IS GOOD FOR THIS EVENT ONLY

Any known medical problems: _____

All medications to be taken 30 days prior and/or at the event: _____

Activity and diet restrictions: _____

Date of Birth: _____ Age: _____ Gender: _____ Immunizations: (give date of last inoculation)
Tetanus toxoid _____

Name of Parent/Guardian: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____

Name of Personal Physician: _____ Phone: _____

Personal health/accident insurance: _____ Policy #: _____

OTHER NOTES: _____

In case of emergency, I understand that every effort will be made to contact me (if an adult age 18 or over, my spouse or next of kin). In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult). Additionally, by signing below, I have read and agree to all event terms as stated on the event registration form above.

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

Date: _____ Signature of parent/guardian or adult: _____

THE BEAR CREEK ADVENTURE
HIGH ADVENTURE PREPAREDNESS
BEAR CREEK SCOUT RESERVATION, HUNT, TX

The High Adventure Committee of the Alamo Area Council saw as one of our needs for preparation to attend Philmont and other backpacking High Adventure is to sponsor crews an opportunity to experience a high adventure-backpacking trek in our own "Hill Country". The Bear Creek Adventure (BCA) will offer those crews preparing for Philmont, or for those crews that want the high adventure and low impact camping a place and time for this to happen for them and their crew. We will try to duplicate a Philmont experience at The Bear Creek Adventure by applying a primitive camping environment as possible.

The BCA offers a Philmont bound expertise and training from the Council's High Adventure Committee covering backpacking, trail cooking, stove safety, first aid, equipment selection and many questions that need answers. The cost is \$10.00, which will cover the patch and Friday night Cracker Barrel. You crew will provide for meals for the weekend.

Any questions please contact Jim Causey, (210) 859-8200 or email jimposa@juno.com

{ } YES, sign our units up today!
REGISTRATION DEADLINE – September 18, 2009

Mail registration fee with form to:
Alamo Area Council
Bear Creek Adventure
2226 NW Military Hwy
San Antonio, TX 78213

2009 DATES
September 25 - 27

Scouts _____ # Leaders _____ Total _____ X *\$10.00 = _____
(*Includes patch, materials, and Saturday Lunch)

Unit Type & # _____ District: _____ Council: _____

Leader (please print) _____

Address: _____ City/St/Zip: _____

Phone # (H): () _____ (B) () _____ (C) () _____

Fax #: () _____ E-Mail: _____

Do Not Detach – For Office Use:

Confirmed: _____ Packet Mailed: _____

“Acceptance and participation in the Camping Program are the SAME for everyone without regard to Race, Color, Handicap or National Origin”

**REGISTERED SCOUT APPLICATION FORM
FOR
THE ALAMO AREA COUNCIL
PHILMONT 2010 CONTINGENT**

Scout Requirements: Must be a registered Boy Scout, Venture, Varsity or Post member and be at least 14 years of age as of January 1, 2010 or completed the 8th grade at time of attendance and be at least 13 years of age and meet the dietary guidelines for height and weight recommendations from the U.S. Department of Agriculture. A copy of the guidelines is available with the Council receptionist. You may not attend Philmont in two consecutive years.

Fees: Deadline for applications with \$100 nonrefundable deposits is Wednesday, August 19, 2009. The 2010 Philmont Contingent Fee is budgeted at \$1150.00. One-third payments of \$350.00 are due at the Council receptionist on September 25, 2009, November 20, 2009 and February 12, 2010. A Scout who drops forfeits all fees paid to date. A direct replacement from your unit can replace you with no forfeiture of fees. Applications are processed on a first come basis. A waiting list is established on applications in excess of 144 campers.

2010 EXPEDITION DATES: JUNE 14 – JUNE 28
JULY 14 – JULY 28

APPLICATION INFORMATION (please print) Date _____

Name _____

Address (Street) _____

City _____ State _____ Zip Code _____

E-Mail correspondence _____

Home Phone (include area code) _____ Current Rank _____ Current Grade _____

Date of Birth _____ Weight _____ Height _____

Unit Registration (Troop/Team/Crew/Post) _____ District _____

Philmont Experience (Yes/No) _____ Other High Adventure Experience _____

Leadership Positions in Scouting _____

Preferred Departure Date: June 14 _____ July 14 _____

Why would you like to attend Philmont Scout Ranch?: _____

**REGISTERED ADULT LEADER APPLICATION FORM
FOR
THE ALAMO AREA COUNCIL
PHILMONT 2010 CONTINGENT**

If you would like to serve as an Adult Leader (Trek Advisor) for one of our Council Contingent Treks at Philmont Scout Ranch in 2010, please complete the following information listed below about yourself and return this application to the Council Service Center (McGimsey Scout Park) with the Philmont nonrefundable \$100.00 deposit fee. Please bring your application and deposit to the registration desk to receive your paid receipt. You may not attend Philmont in two consecutive years. Crew size will be **12 campers**. Crews having less than 12 campers will be assigned additional campers to bring your total to 12 campers whenever possible. Crews are limited to four (4) adults. A camper who drops forfeits all fees paid to date. You may directly replace a camper within a unit with no additional charges.

Your deposit will remain attached to your application for 2 week until the council has processed your application. An acceptable application is based on space availability and meeting the current Dietary Guidelines for Americans from the U.S. Department of Agriculture for height and weight recommendations. A copy of these guidelines is available from the registration file folder located in the Council Service Center reception area.

Arrival dates at Philmont are June 15 and July 15, 2010. Seventy-two (72) campers will be arriving on the council Bus on each of these days.

Applications are being accepted on a first come first serve basis. When the applications exceed our 144 Scout and Advisor limit, your deposit will be returned to your attention and your application retained as a possible replacement for another adult. Whenever possible, the Advisers with Scouts from the same unit will be kept together on the same crew. One or two others from your District or an adjacent District may join your crew. To ensure the scouts will have a successful high Adventure, one Advisor per crew should have Philmont experience or equivalent. **Deadline for applications with \$100 nonrefundable deposits is Wednesday, August 19, 2009.**

The 2010 Philmont Contingent Fee for Scout or Scouter is budgeted at \$1150.00. One-third payments of \$350.00 are due at the Council office on September 25, 2009, November 20, 2009 and February 12, 2010.

APPLICATION INFORMATION (please print)

Name _____

Address (Street) _____

City _____ State _____ Zip Code _____

E-Mail correspondence _____

Home Phone (include area code) _____ Business Phone _____

Age _____ Weight _____ Height _____

Unit Registration (Troop/Team/Crew/Post) _____ District _____

Scouting Position _____

Philmont Experience (years) _____ Other High Adventure Experience _____

Preferred Departure Date: June 14 _____ July 14 _____



Climbing Instructor TRAINING

September 12th, 2009 – McGimsey Park

September 18th - 20th, 2009-Bear Creek Scout
Reservation

If you are an adult 18 and older you are invited to attend a climbing and rappelling training. Learn the eight points to “*Climb on Safely*”, about knots, climbing equipment, commands, rigging and best of all, you get an opportunity to climb and rappel on real rock.

Must attend both Weekend Trainings to complete this course. Training begins Saturday, September 12th at 9:00 a.m. and will conclude at 4:00 p.m. You will need to bring sack lunch. We will stay in the conference center; you will need to bring a sleeping bag and personal items for the weekend. We will start at 7:00 p.m. Friday, September 18th and conclude on Sunday, September 20th at 1:00 p.m.

We will provide all necessary equipment, thus no personal equipment is needed (you can use your own harness/helmet; approval upon inspection). A signed Medical form is required. Climbing can be a strenuous activity, so be prepared for a hands-on experience.

The cost of the training is **\$20.00**. Please fill out the information below and return with your fee to the council office by, Friday, September 4, 2009. Any questions please call Dwayne Cloar at 341-8611, ext. 142 or dcloar@bsamail.org.

CLIMBING INSTRUCTOR TRAINING- 9/12/2009 & 9/18-20/2009

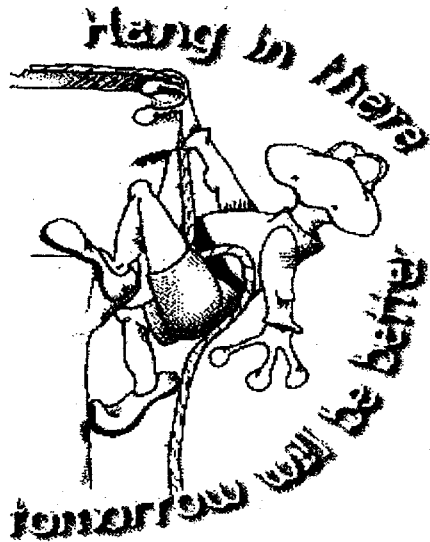
Name: _____ Unit: _____

Address: _____

Phone: _____ (home) _____ (work/cell)

E-Mail: _____

Climbing Experience: _____



Open Climb Day!

Want to try out the High Adventure Sport of Climbing?

Join us at the McGimsey Climbing Tower for the day!

Any registered Boy Scout or Boy Scout Adult Leader is welcome to stop by the McGimsey Climbing Tower **October 17** (Rain date November 21) from 9 AM – 12 PM or 1 PM-4PM. You will be provided the opportunity to attempt to scale the McGimsey Tower.

No Deadline for registration! No limit or minimum members of your troop.
No experience or knowledge required. Climbing is challenge by choice.
First come, First Served, all day long.
Come out and get familiar with the climbing program.

Requirements:

We will charge \$5 per person. The attached 2009 Climbing Consent Form **must be** Completed for each participant.

Directions:

Enter the park and turn right after the Ranger Cottage. Park at the OA Lodge parking area and Continue to walk on the road after parking and turn right at the first possible road. Tower is approximately 150 feet in. You cannot miss us!

If you should have any questions please contact Dwayne Cloar, Council Program Director at 341-8611 ext. 142 or dcloar@bsamail.org or Tom Krueger at 210-889-3993 or tkrueger1@satx.rr.com

Open Climb Day- 10-17-09

Name: _____ Unit: _____

Address: _____

Phone: _____ (home) _____ (work/cell)

E-Mail: _____

Climbing Experience: _____

**CHALLENGE COURSE and CLIMBING/RAPPELLING
HEALTH HISTORY AND CONSENT FORM
ADULT OR CHILD**

You are about to take part in a challenge ("ropes") course experience and or climbing/rappelling ("activity") offered through the _____ Council BSA ("local council") on _____ (date).

While participating in the activity you will undertake a wide variety of physical and mental challenges that are comparable to activities with which you may be more familiar. Much of the time, you will be engaged in activity of "moderate exertion," which is comparable to normal walking, golfing on foot, raking leaves, calisthenics, or slow dancing. For short periods of time, you will be engaged in activity of "vigorous exertion," which is comparable to fast walking, slow jogging, heavy gardening, or shoveling snow.

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should *always* seek the advice of a physician before participating in the activity:

- Pregnancy (climbing harness can injure uterus)
- Kidney or liver transplant (climbing harness can injure transplanted organ)
- Healing fracture or joint injury (should be cleared by treating physician)
- Recent surgery (should be cleared by treating physician)
- Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

HEALTH HISTORY

Name:		First		Middle		Last	
Telephone:		Home		Work			
Personal physician				Name		Telephone	
In case of emergency, please contact:				Name		Telephone	
Special dietary considerations:							
List known allergies:							
List required medications:							
If you are allergic to insect stings, do you have an insect sting kit (e.g., EpiPen)?							
Do you wear contact lenses?				Are you pregnant?			
Have you had or do you now have (circle if yes):				Heart attack		Diabetes	
Angina		Epilepsy		Chest pains		Drug reactions	
High blood pressure		Heart murmur					
If you answered "yes" to any of the above, explain and include date:							
Do you have any other medical conditions that we should be aware of?							

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. 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. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Participant's signature* _____ Date _____

*If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature _____ Date _____

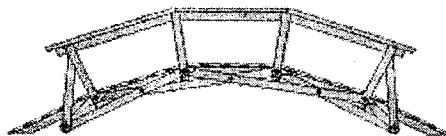
Alamo Area Council, BSA



Webelos to Scout Transitions Training:

Bridging and Retaining New Scouts

- ☞ Saturday, October 17th
- ☞ Registration starts at 8:30 a.m.
- ☞ Training will begin at 9:00 a.m.
- ☞ Training will end at 10:45 a.m.
- ☞ Alamo Area Scout Office Conference Room



Scoutmasters and Troop Committee Chairs!

Come to a special council-wide training designed to take the guesswork out of Webelos to Scout transitions, sometimes referred to as “bridging”, as outlined in the “Webelos to Scout Transitions” pamphlet published by the National Council.

We will focus on five areas:

- ☞ The progression of a transitioning boy the six months before his ceremony
- ☞ The steps for a successful ceremony and transition
- ☞ The six months to one year after he has joined his troop
- ☞ The key adults and youth leaders who are beneficial to his full transition
- ☞ The resources that are available to make the job of transitioning easier

Who should attend?

- ✓ All Scoutmasters
- ✓ All Assistant Scoutmasters
- ✓ All 11-year old Scout Leaders
- ✓ All Troop Committee Chairs
- ✓ Any other Adult Leader from your troop who is directly involved with transitioning New Scouts

Please RSVP who will attend this training session to Lelen S. Jarman at 341-8611 Ext. 137 or e-mail at ljjarman@bsamail.org by 4:30 p.m., Thursday October 15th, 2009.

Refreshments will be provided.



