

Have some WILD fun with us!

# TIGER PROWL

at  
**Wallwood Scout Reservation**

**SATURDAY, OCTOBER 5, 2019**

**9:00 am - Registration, Crafts, and Games**  
**9:30 am to 12:00 am - Follow the Scouting Trail Activities**  
**12:00 pm to 1:00 pm - Lunch at Blue & Gold Banquet**

**\$15.00 / Tiger Cub - Sorry, no siblings allowed!**  
**\$15.00 / Tiger Partner**  
**Registration deadline: September 27, 2019**

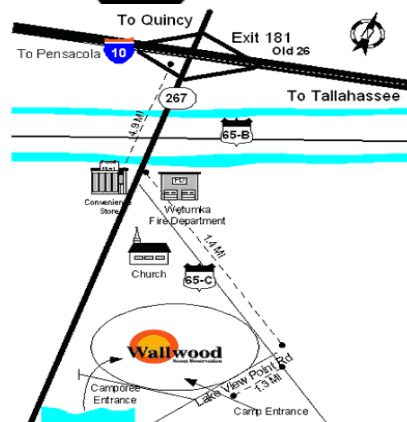
**ACTIVITIES, SONGS, SKITS, CRAFTS,**  
**WILD FUN,**  
**...AND MUCH MORE!!**

Please bring a canned good item to registration—this will help fulfil an adventure requirement.

**PLEASE COMPLETE THE  
REGISTRATION FORM ON THE BACK SIDE OF  
THIS FLYER AND MAIL TO THE COUNCIL  
SERVICE CENTER WITH PAYMENT**

**PLEASE BRING A COMPLETED MEDICAL FORM  
FOR EACH PARTICIPANT TO THE TIGER  
PROWL**

**MAP/DIRECTIONS TO: WALLWOOD  
SCOUT RESERVATION**



For more information contact Alison Melton @ 850-491-1251 or e-mail [alisonmelton1287@gmail.com](mailto:alisonmelton1287@gmail.com)

Pack

**Informed Consent for Scouting Activity** I understand that participation in activities associated with the Scouting program such as the bb guns/archery activity offered through the Suwannee River Area Council, B.S.A. involves inherent risks that could result in injury and/or death. I give permission to engage in provided activities do hereby release and hold harmless and waive all claims I may have against: Suwannee River Area Council, B.S.A. and any volunteers, activity coordinators, employees and or organizations associated with this event. By signing this agreement I waive my right to bring court action to recover compensation or obtain any other remedy for any injury, death or loss of property however caused arising from participation in this activity now or in the future even though caused by negligence of those parties operating the event. Initial: \_\_\_\_\_

**Talent Release Form** I hereby assign and grant to 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 at Day Camp 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. Initial: \_\_\_\_\_

**Firearms Permission NOTICE TO PARENTS** The State of Florida has enacted legislation that requires the consent of a minor's parent or guardian before a firearm may be furnished for the purpose of instruction in the safe handling and shooting of firearms and related activities. If your child will be participating in the program at Wallwood Scout Reservation, it will be necessary for you to give consent. Initials: \_\_\_\_\_

**BSA Health & Medical Record Part A** for the person named on the left side of this form To be filled out by parent or guardian for all participants. Check all items that apply, past or present, to your health history, Explain any "Yes" Answers. Health/Accident Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact - Name / Phone

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

Yes/No	Condition	Explain
	Asthma Last Attack: _____	
	Diabetes Last HbA1c: _____	
	Hypertension (High Blood Pressure)	
	Heart Disease (i.e. CHF, CAD, MI)	
	Stroke/TIA	
	Lung/respiratory disease	
	Ear/sinus problems	
	Muscular / skeletal conditions	
	Menstrual problems (women only)	
	Psychiatric/psychological and emotional difficulties	
	Behavioral disorders (i.e. ADHD, ADD)	
	Bleeding disorders	
	Fainting spells	
	Thyroid disease	
	Kidney disease	
	Sickle cell disease	
	Seizures	
	Sleep disorders (i.e. sleep apnea)	Use CPAP: Yes__ No__
	Abdominal/digestive problems	
	Surgery	
	Serious Injury	
	Other	

**Allergies or Reaction to:**  
Medication \_\_\_\_\_  
Food, Plants, or Insect Bites \_\_\_\_\_

**Immunizations:**  
The following are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and 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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required)

Scout or Adult Partner Name

**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 _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
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Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

**Medical Permission To Treat Minor** I give my permission for full participation in BSA programs, subject to limitations noted herein. IN CASE OF EMERGENCY, I understand every effort will be made to contact me (If an adult, my spouse or next of kin). In the event I can not be reached, I hereby give my permission for the licensed health care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child (or me if an adult).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TIGER PROWL @ WALLWOOD SCOUT RESERVAITON

**PRE-REGISTRATION REQUIRED - NO WALK-INS!! ADULT PARTNER MUST ATTEND WITH TIGER CUB**

Pack # \_\_\_\_\_ District \_\_\_\_\_  
Tiger Cub Name \_\_\_\_\_ \$15.00  
Tiger Cub Adult Partner \_\_\_\_\_ \$15.00  
Daytime Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_

**TO REGISTER:**  
Mail to: Suwannee River Area Council  
Attn.: Tiger Prowl 2018  
2032 Thomasville Road  
Tallahassee, FL 32308  
Fax: (850) 575-6991  
E-Mail: Billy.Hartsfield@Scouting.org

Cash      Check      MasterCard      Visa      Discover      American Express  
Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ Signature \_\_\_\_\_