



**Danville Boy Scout Troop 13 and Venture Crew 13**  
*Will be attending the*  
**Isaac Davis Trail Camporee & March**  
April 23 & 24, 2022 – Acton/Concord, Massachusetts

In April, Troop 13 and Crew 13 will join hundreds of Scouts from around the country in retracing the steps of the Acton Minutemen as they answered the call of William Dawes, Samuel Prescott, and Paul Revere and went to confront the British in Concord on April 19, 1775. Before dawn on that day, thirty-seven minutemen arrived at Captain Davis' house, each outfitted with musket and bayonet, powder horn, bullet pouch, and a ration of bread and cheese. Under Captain Davis' leadership, they marched to the Old North Bridge in Concord. When the American column was about 160 feet from the bridge, the redcoats fired a few random shots wounding two Minutemen. At this the order to fire was given. Only the Acton men were in a position to fire. As they lifted their muskets, a volley was fired by the British killing Captain Davis. The Minutemen returned fire unleashing the "Shot Heard 'Round The World" and soon the colonists had their first victory in the battle for independence. We will relive this piece of American history.



**The Basics:**

- When: April 23 & 24, 2022. We will meet at the Danville Baptist Church at 12:30PM on Saturday April 23<sup>th</sup> and drive together to the campground in Acton, MA. **You are responsible for arranging transportation for your child.**
- Purpose: Camaraderie, camping, stories, songs, skits, hiking, fun, etc.
- There will be a traditional bonfire, historical recounting, and skits on Sunday evening
- The Isaac Davis March (retracing the steps of the Acton Minutemen) will begin at dawn Monday morning. We will arise early (very early) and join the Minutemen at Isaac Davis' home for the 7 mile hike to the Old North Bridge in Concord (it takes 2-3 hours but is a flat, easy trail). After a

reenactment ceremony at the bridge, a bus will return us to the campsite. All attendees are expected to participate in the march.

- **Uniforms should be worn for the March.** Please leave neckerchiefs at home as they are easily lost.
- We will break camp before noon on Sunday.
- We will be sleeping in tents (**you must bring your own tent; Boy Scouts may borrow one of the Troop tents**). Boy Scouts will tent with other Boy Scouts.
- Dinner on Saturday and breakfast on Sunday will be provided by the Troop, as will snacks and juice during the hike and at the campsite.
- The cost for this event is \$10 per Scout, \$20 per adult (unfortunately, siblings cannot be accommodated).
- All participants (Scouts and Adults) must have a BSA Medical Form for this event<sup>1</sup>. Only parts A and B, which do NOT require a doctor's visit, are required for this event (although you may need to ask your doctor for information about immunizations). A copy of the required medical form is attached. If you have previously provided this BSA medical form for another event, we can use the form on file.
- **ALL ATTENDEES MUST REGISTER, PAY THE NON-REFUNDABLE REGISTRATION FEE, AND SUBMIT THE MEDICAL FORM BY March 25<sup>th</sup>. Late registrations cannot be accommodated.**



All Scouts who complete the March will receive a Camporee patch. And, those who answer a few questions about the history of the trail will receive a medal (the questions will be provided to the scouts prior to the hike).<sup>2</sup>

We hope you can join us as we take part in this historical event! Registration forms, registration fees, and medical forms can be turned in at any Troop or Crew meeting.

If you have any questions, please call the Troop 13 Scoutmaster, Barry Hantman, at 382-5927.

We hope you can join us!



**YOU CAN EARN THIS MEDAL**

<sup>1</sup> Troop/Crew 13 has Medical Forms on file for most Scouts and Adults. If up to date, a new form is not needed.

<sup>2</sup> Scouts who have previously earned the medal are free to answer the questions but will not receive another medal

2022 Isaac Davis Trail Registration Form  
23 & 24 April 2022 (form due by March 25<sup>th</sup>, 2022)

I wish to register \_\_\_\_\_ Scouts and \_\_\_\_\_ adults (Leader, parent or guardian over age 18) for the 2022 Isaac Davis Trail. I have enclosed \$10 for each Scout and \$20 for each adult registered. (Note: siblings cannot be accommodated on this event). I understand the registration fee is non-refundable.

I understand that a BSA Medical Form will be required to be submitted to Troop 13 for each attendee prior to March 25, 2022.

All attendees are able to participate in the activities associated with the Isaac Davis Trail Camporee including the 7 mile hike.

Names of those attending:

1) \_\_\_\_\_  
2) \_\_\_\_\_

3) \_\_\_\_\_  
4) \_\_\_\_\_

I give my permission for those listed above to participate in this event.

Parent or Guardian Signature: \_\_\_\_\_

Check appropriate box below and fill in appropriate information:

All Scouts listed above will be attending with a parent or guardian and will travel in the parent/guardian's vehicle. The vehicle owner has liability coverage on the vehicle of at least \$50,000/person, \$100,000/accident, and \$50,000 property damage.

Year, Make and Model \_\_\_\_\_  
Owners Name \_\_\_\_\_  
Driver's License Number \_\_\_\_\_

*If you have previously provided this information, there is no need to provide it again. Simply check this box:*

**Information on file with Troop/Crew 13**

The above information is required by the Boy Scouts in order to receive our Tour Permit

**OR**

I certify that I am the parent or legal guardian of the participant (s) listed above, and I give my consent for him/her to participate in the activity listed. This includes travel by private car driven by a Troop/Crew 13 Leader or Parent over the age of 21. I have reviewed the automobile insurance coverage maintained by the driver and am satisfied that it is at an appropriate level to permit my child (listed above) to travel in the driver's vehicle.

Parent/Guardian Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Contact Name & Phone: \_\_\_\_\_

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

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

Forms may be mailed to:  
Barry Hantman  
52 Justin Drive  
Danville, NH 03819

Please allow enough time for the form to arrive by the due date.

# Camper Equipment List

***The following items should be brought by all campers and packed in a backpack or small duffle bag (you will need to carry the bag to the campsite so pack light!):***

- \_ Scout uniform shirt (no neckerchief) – Do not wear this on Saturday.
- \_ minimum of one change of clothing
- \_ 1 sweatshirt or sweater
- \_ 1 light-medium weight jacket (it can be cold at night and in the early morning)
- \_ 1 extra changes of underwear
- \_ 1 extra changes of socks
- \_ 1 pair of comfortable hiking boots or sneakers (footwear should not be new)
- \_ poncho or raincoat
- \_ sleeping bag
- \_ towel and face cloth
- \_ soap
- \_ comb and brush
- \_ toothbrush and toothpaste
- \_ toilet paper (you must bring your own!)
- \_ flashlight (with extra batteries)
- \_ baseball cap (or similar)

## **OTHER ITEMS TO BRING**

- \_ 2-person tent
- \_ small (travel) pillow
- \_ trash bag for dirty clothes
- \_ day pack
- \_ canteen or water bottle (small and easy to carry)
- \_ Notepad with pencil or pen
- \_ Any required medications (should be held by an adult)
- \_ Eyeglasses (if required)
- \_ Mess Kit (including knife, fork & spoon)

**All items should be marked with the camper's name.**

## **WHAT NOT TO BRING**

- pocket knives (unless Tote 'N Chip Certified)
- sheath knives
- pets
- radio's, tape players, CD players, Gameboys or other electronic devices
- electronic games
- squirt guns
- un-Scout-like literature
- alcoholic beverages
- illegal drugs
- food (no food is allowed in the tents)

# Part A: Informed Consent, Release Agreement, and Authorization

# A

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've 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: \_\_\_\_\_



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## 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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Allergic sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crow 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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 MDDO, 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)
<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/mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		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: \_\_\_\_\_