

Camp Alexander

Outback Guide





IMPORTANT

The Outback Adventure program is designed to be a full “Colorado Experience” over the course of one week. Scouts will experience hiking, mountain biking, rock climbing, white water rafting, and summing Pikes Peak (one of Colorado’s 53 “14ers”). This week will be physically demanding and is designed with an ample amount of down time with which Scouts and adult leaders should rest and recover for their next day’s adventure.

In order to make the most of your week and have the greatest experience you need to arrive physically prepared to exert yourself daily. You will spend a considerable amount of time at high elevations throughout the week. **When you hike Pikes Peak you will start at an elevation of 10,000’ and climb to 14,115’ in just under 7 miles, then you will return on the same route for a total of 14 miles.** Our Pikes Peak hike will be the most physically demanding event of the week, and we have designed the program to prepare you as much as we can for the high elevation before attempting the hike. We suggest you develop a physical training plan to prepare you for the week.

WATER!!!

We highly recommend that Outback participants start drinking 4 liters of water per day 2 weeks out from attending camp to help with the altitude and to be hydrated by the start of activities. We also recommend that you refrain from drinking sugar and carbonated drinks during this time as well.

REQUIREMENTS

Outback High Adventure and Camp Alexander abide by the national standards of the Boy Scouts of America for the High Adventure Programs.

All participants in units must be currently registered with the Boy Scouts of America.

Camp Alexander is an equal opportunity service provider and a permittee of Pike National Forest.

The Outback Adventure is designed for 'older youth' (Scouts 13 and older).

Complete Annual BSA Health and Medical Form Part A-C, including a copy of both sides of health insurance card.

HEIGHT		WEIGHT (POUNDS)	
FT	IN	RECOMMENDED	MAX
5'	0"	97-138	166
5'	1"	101-143	172
5'	2"	104-148	178
5'	3"	107-152	183
5'	4"	111-157	189
5'	5"	114-162	195
5'	6"	118-167	201
5'	7"	121-172	207
5'	8"	125-178	214
5'	9"	129-185	220
5'	10"	132-188	226
5'	11"	136-194	233
6'	0"	140-199	239
6'	1"	144-205	246
6'	2"	148-210	252
6'	3"	152-216	260
6'	4"	156-222	267
6'	5"	160-228	274
6'	6"	164-234	281
6'	7"	170-240	295

HEALTH & MEDICAL RECORDS

The State of Colorado and Department of Social Services have strict rules that Camp Alexander must follow. Please read the following section carefully. Each person attending Camp Alexander must have an Annual BSA Health and Medical Record within 12 months of arrival at Camp Alexander.

Required Medical Documents:

- BSA Medical Form (Parts A, B1, B2, & C — both youth and adults)
- Colorado Certificate of Immunization (youth only)
- Copy of Health Insurance Card (both sides, both youth and adults)
- Colorado Addendum—Additional Information/Sunscreen Permission Form (youth only)
- Permission for Medication Administration/Medication Log (youth only & only if needed)
- Colorado Addendum—Contract to Carry (emergency medication) (youth only & only if needed)

The BSA Form must be completed and signed by a medical doctor, M.D., D.O., R.N.P. or P.A./C. These are the only signatures which the Colorado Department of Social Services will allow to sign the Health Form. Chiropractic doctor, D.P.M. signatures are unacceptable under Colorado Department of Social Services requirements.

On B2 (page 3) of the BSA medical form there is a section where prescription medications are to be listed. Below the list there are two signature lines: one for a parent and a doctor. A parent signature is required even if NO medications are listed and the parents must check either yes or no for over-the counter medications (ex. Tylenol, ibuprofen). These signatures are only required on YOUTH B2 forms.

List all medications currently used, including any over-the-counter medications.

Check here if no medications are routinely taken.

If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

YES NO

Non-prescription medication administration is authorized with these exceptions:

Administration of the above medications is approved for youth by:

Parent/guardian signature

MD, DO, NP, or PA signature (if your state requires signature)

NO OTHER FORMS CAN BE ACCEPTED! It is the Scout's parents responsibility to supply a BSA Health and Medical record before camp admittance. **Scouts without a completed BSA Health and Medical record, including signatures, by 4:00 PM Monday must be picked up that evening by a parent, or taken home by unit leadership. Failure to provide a completed BSA Health and Medical record is not an exception to our refund policy.**

ALL PAPERWORK IS REQUIRED TO BE TURNED IN 14 DAYS PRIOR TO CAMP

Due to Colorado State Child Care Regulations, all paperwork listed below, for both youth and adult campers, are REQUIRED to be submitted to the Pathway To The Rockies Council **14 days prior** to your unit attending camp. The forms submitted will be reviewed to ensure all paperwork is completed correctly. In addition to state requirements, this allows us time to work with units to rectify any issues prior to arrival at camp. The forms will be at Camp Alexander when you arrive. The forms you submit WILL NOT be returned to you. The State of Colorado requires us to keep all medical forms on file for 3 years. Please be sure your unit makes and brings a copy of medical forms for unit use. We are not able to copy your medical forms at camp.

Youth Camper Paperwork:

- BSA Medical Form Parts A, B1, B2, and C
- Colorado Immunization Form
- Copy of Health Insurance Card
- Colorado Addendum—Additional Info/Sunscreen Permission Form
- Permission for Medication
Administration/Medication Log
- Colorado Addendum—Contract to Carry

Adult Camper Paperwork

- BSA Medical Form Parts A, B1, B2, and C
- Copy of insurance card

Whole Unit Paperwork

- Adult Reference Form
- Proof of BSA registration & YPT
- [Swim Classification Record](#)

MEDICATIONS

Please do not send over the counter medications, i.e., Aspirin, Tylenol, etc., to Camp as we have them available at the Health Lodge. If you have questions about this, please contact the Council Program Director at camp.alexander@scouting.org.

Under Colorado State Law, ALL medication brought to Camp, including herbal supplements and vitamins, must adhere to the following procedures:

SCOUTS

Upon arrival at Camp, ALL medications, prescription or OTC, including herbal supplements and vitamins, must be checked in and will be made available by the Camp's medical staff throughout the week.

All prescription medication must come to Camp in the **original bottle** from the pharmacy. The label must contain:

- The name of the camper
- Date of prescription
- Doctor's name and phone number
- Correct dosage

Under Colorado Law, daily pill containers are not permitted. Do not cover-up information and instructions on the medication.

A letter or prescription from a licensed medical practitioner (MD, DO, PA-C or RNP) must accompany any vitamins or herbal remedies, and must include:

- The name of the camper
- The type of vitamins or herbal remedies
- The dosage
- The times of dispensing

If these requirements are not met, the vitamins or herbal remedies will not be made available. They will be placed in a locked container in the Health Lodge, and returned to the troop leader at the end of the week.

No adult leader or parent will be allowed to dispense any medication, vitamins, or herbal remedies to any camper without the approval of the Camp Health Officer. (CO Dept. of Human Services) The ONLY medications that will be allowed to remain with the camper, by law, are rescue inhalers, epi-pens, or ana-kits for allergic reactions. Any medications, vitamins, or herbal supplements in pillboxes or non-original containers will be considered contaminated and will be disposed of by our staff. Please send only enough medication for the week.

It is the responsibility of unit leaders to ensure that Scouts take their medication during the week. Unit leaders must accompany their Scouts to the Health Lodge for medication to be dispensed. Please bring all your Scouts taking medications to the Health Lodge at the same time. Additionally, it is the responsibility of the adult leaders, at departure from Camp, to collect any medications or herbal supplements from the Health Lodge. Any medications left at Camp will be disposed of after one week.

For speedy check-in, please have each Scout's parent complete the Medication Log Form. This form is used for logging the medication administered to each person. If no medications are administered, then no log is needed.

Any camper, upon check-in, requiring treatment for a pre-existing condition (i.e., wound care) should bring a note from a doctor or parent, including instructions stating what on-going treatment needs to be done, along with the sterile supplies necessary to perform the care. We are happy to assist so that treatment can take place in a clean environment. Our medical staff is not permitted by law to administer injections.

ADULTS

Adults bringing medications must store their medications in locked storage in their campsite.

PROGRAM

Outback Adventure Program is an off-camp experience that is designed to provide a taste of all the outdoor adventures Colorado has to offer. The program will include team building skills and leadership development in accordance with the aims and methods of the Boy Scouts of America, plus these great activities;

Mountain Biking—Hiking—Whitewater Rafting—Mountaineering—Rock Climbing

LEADERSHIP AND DEVELOPMENT

All activities are designed to reinforce the principles of the Scout Oath and Law. Outback Adventure includes a number of activities designed to stretch participants outside of their usual comfort zone. Many of the activities involve an element of danger and all of them are physically demanding.

Weekly Schedule

A typical schedule for a week is as follows:

Sunday—check in at Camp Alexander with your home Troop and meet up with other Outback participants and staff. Get acquainted with one another.

Monday—Acclimatization day. Participants will spend the day hiking on and around Camp Alexander and hiking to the top of Blue Mountain to get ready for what is to come later in the week.

Tuesday—Rock Climbing. The group loads up and heads to Colorado Springs where they will meet professional guides & our friends at Front Range Climbing to climb in Red Rocks Canyon Open Space.

Wednesday—Pikes Peak. Participants get an early start and head to the trailhead on the West side of Pikes Peak. This trailhead starts at around 10,000' and winds up the mountain topping out at 14,115'. This day requires participants to be in peak physical condition. The route is about 15 miles round trip and will leave you exhausted and fulfilled. Before you ask, no, we won't be taking the train or the highway, but be sure to bring some money to buy those world-famous Pikes Peak doughnuts.

Thursday—Mountain Biking. You should come to camp already knowing how to ride a bike. None of the biking will be dangerous or technical, but the higher elevation will make it seem tough.

Friday—Whitewater Rafting. The crew loads up early and heads to Buena Vista to meet up with our partners at River Runners for a full day of rafting on the Arkansas River.

Saturday—Meet back up with your Troop and head back to reality...

Pikes Peak

One of the highlights of the week is hiking to the top of Pikes Peak (14,115')! The crew will be hiking from the Crags trailhead. It is 7 miles to the top and 7 miles back with over 4,000 ft of elevation gain. The goal is to arrive to summit Pikes Peak before noon; any later and Scouts will be at risk of running into thunderstorms. **Participants should be able to run a 10 minute mile average in order to be in shape for this hike.** There will be a checkpoint along the way where if certain participants will not be able to make the summit by noon (judged by the staff), a group will be taken back down so the rest of the group can summit.



Rock Climbing

Rock Climbing will take place in Red Rock Canyon right next to Garden of the Gods. The program will be run by one of our sponsors, Front Range Climbing. They will have qualified instructors along with all the gear needed to participate. Scouts are not required to bring their own gear. Afterwards, Scouts and participants will have the option of seeing Garden of the Gods and the visitor center with time permitting.

Whitewater Rafting

Whitewater rafting is one of the biggest outdoor activities in the state of Colorado! This activity is run by River Runners. It will be a half day of rafting through Browns Canyon with class 2, 3, and potentially class 4 rapids depending on the water flow rate in cubic feet per second (CFS). **Scouts and adults must have passed the BSA swim test in order to participate.**



Mountain Biking

Experience an exciting day of mountain biking. You will test your lungs as you grind your gears up steep hills to enjoy beautiful views of the Rocky Mountains.



Evening Programs

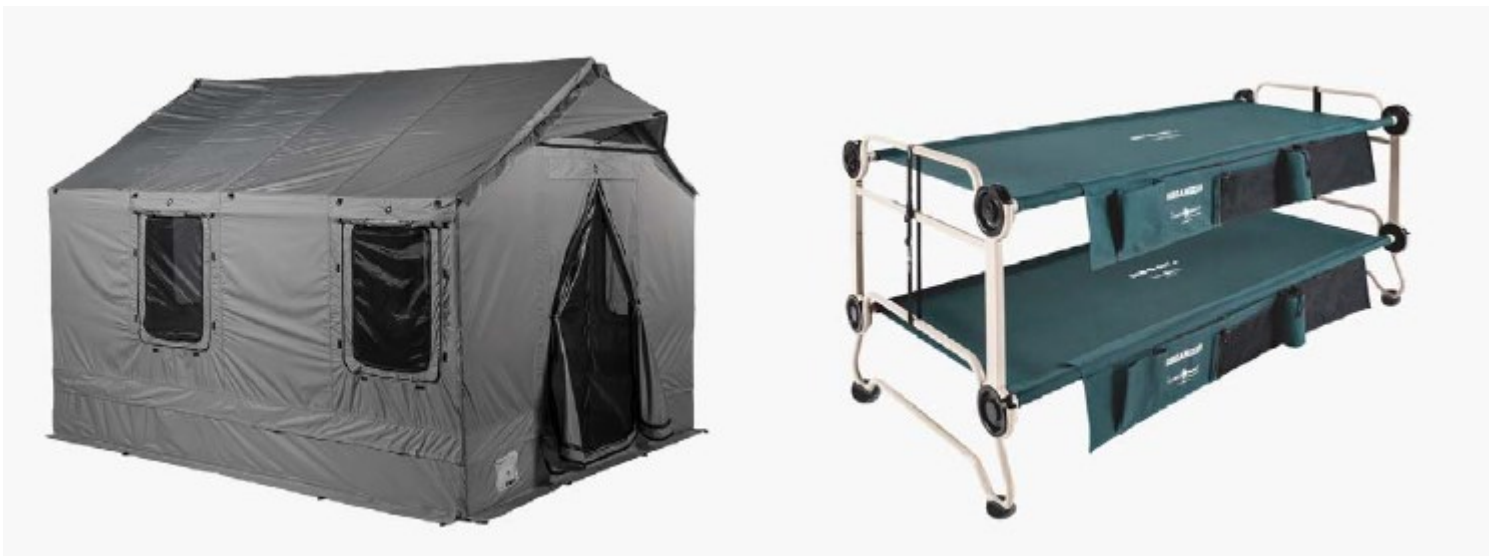
We will have various evening programs Scouts can choose to do, such as outdoor games, tubing the river, fishing, and other activities. Please keep in mind that the evening time frame will be used for rest a majority of the time. These activities can be strenuous and we want you to rebuild your strength for the next day.

Food

Food throughout the week will be a combination of patrol cooking and backpacking meals. Patrol cooking will be done at the campsite at Camp Alexander. All cooking supplies and a patrol box will be provided for participants to cook. Everyone will need to help with cooking and cleaning.

Lodging

We provide outfitter style tents and cots during your stay at Camp Alexander. Each tent will fit up to 4 people.



Personal Packing List

- Sleeping Bag (20 degrees)
- Pillow
- 3-4 shirts (not cotton)
- 1-2 pants (no jeans, hiking pants recommended)
- 2-3 shorts (no jeans)
- 1 pair of sturdy hiking shoes
- 1 pair of tennis/activity shoes
- 3-4 pairs of underwear (no cotton)
- Rain Gear (shirt and pants)
- Windbreaker
- Fleece
- Hat (Full brimmed recommended)
- 5-6 pairs of hiking socks
- Sunglasses (polarized recommended)
- Pocket Knife
- Hydration pack & water bottles (at least 4 quarts total capacity)
- Sunscreen
- Bug Spray
- Towel
- Shampoo
- Body Wash
- Shower Shoes
- Toothbrush
- Toothpaste
- Folding Chair
- Favorite Outdoor Game (optional)
- Walking poles/stick
- Footlocker or back pack to hold everything
- Daypack to carry items

Camp Alexander will provide the following

- Lodging
- Cot
- Food & dining needs
- First aid kit
- Transportation to/from activities*
- Gear for climbing, biking, and whitewater rafting

***If your week has more than the 20 participant capacity, you may be asked to provide your own transportation for the off site activities.**

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS, INDEMNIFICATION & BINDING ARBITRATION AGREEMENT

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration of being allowed to use the facilities and participate in Guided Rock-Ice Climbing/Hiking/Biking and other activities (collectively the “Activities”) provided by Front Range Climbing Company (the “Host”), the Participant, and the Participant’s parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

- 1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant’s participation in the Activities or the use of any equipment provided by the Host (“Equipment”), including while receiving instruction and/or training;
- 2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her parent(s) or legal guardian(s) understand that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen and include serious physical injury and death;
- 3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training. The Participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers, to the fullest extent permitted by law. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence or intentional conduct; and
- 4) **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training.

Photography/Video Release

Participant hereby grants to the Host, its representatives, and employees the right to take **photographs/videos of Participant** in connection with Participant’s participation in the Activities. Participant hereby authorizes the Host to copyright, use, and publish the same in print and/or electronically. Participant hereby agrees that the Host may use such photographs of Participant for any lawful purpose, including but not limited to publicity, illustration, advertising, and Web content.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) certify that Participant has no physical or mental condition that precludes him/her from participating in the Activities and that he/she is not participating against medical advice.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant’s participation in the Activities is voluntary and further understand that they have the opportunity to inspect the Host’s Equipment and facilities before any participation.

The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and that he/she can minimize his/her risk of injury by doing so and through the exercise of *common sense* and by being aware of his/her surroundings.

If, while participating in the Activities, the Participant or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition, which they believe jeopardizes Participant’s personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) will remove Participant from participation in the Activities and immediately bring said hazard or condition to the attention of the Host.

Binding Arbitration

The Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, hereby agrees to submit any dispute, claim, or controversy, relating to and/or arising from (a) this Release of Liability, Assumption of Risk, Waiver of Claims, Indemnification & Binding Arbitration Agreement, (b) Participant's participation in the Activities, and/or (3) any other interaction between the Participant and the Host, including the determination of the scope or applicability of this agreement to arbitrate, to binding arbitration. For such disputes, there shall be a three-member arbitration panel, consisting of two party-appointed arbitrators (one arbitrator to be appointed by each party) and one neutral arbitrator (collectively, the "Panel"), to be chosen by the party-appointed arbitrators. In the event that the two party-appointed arbitrators are not able to agree on a third, neutral arbitrator, the neutral arbitrator shall be appointed by the United States District Court, for the district in which the Activities occurred. Each party shall pay its own costs, including the costs associated with the party-appointed arbitrators, and the parties shall share equally the costs associated with the neutral arbitrator. The arbitration proceeding shall proceed in the State and County where the Activities occurred, and shall be governed by the Federal Rules of Evidence. The Panel shall establish a reasonable and appropriate discovery schedule to expeditiously resolve this matter. As a threshold matter, the Panel shall confirm whether the Waiver and Release contained in this Agreement are enforceable under applicable law. Judgment on the Award may be entered in any court having jurisdiction over the parties and controversy. Participant and the Host specifically intend this Binding Arbitration provision to survive in the event that any other portion of this Agreement is held invalid. **NOTICE TO PARTICIPANT: By signing this Agreement, you are giving up your right to commence litigation against the Host in a court of law, and you are giving up your right to a trial by jury.**

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name (Printed): _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____

Swim Classification Record

(Changes and/or corrections to the following chart should be initialed and dated by the test supervisor.)

Unit Number _____

Date of Swim Test _____

	Full Name (Print) (Draw lines through blank spaces)	Medical Recheck Parts A-B	Swim Classification		
			Non-Swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

The swim classification test performed at a unit level should be conducted by one of the following council-approved resource people: Aquatics Instructor, BSA; BSA Lifeguard; BSA Swimming & Water Rescue; or other lifeguard, swimming instructor, etc. Test administrators should utilize chapter 5 of the [BSA Aquatics Supervision Guide](#).

NAME OF PERSON SUPERVISING & FACILITATING THE SWIM TEST:

Print Name

Signature

Type of Authorization/Training
(Attach a copy of certification if required by council procedure)

Expiration Date if applicable

SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in Safe Swim Defense and Safety Afloat. These swim classification tests are a foundational unit of the Aquatics Continuum.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the individual's circumstances in the water.

SWIM TESTS FOR COUNCIL ACTIVITIES

Swim tests for **council activities** are conducted following procedures approved by a council-level committee, preferably the Council Aquatics Committee. The council committee should use the guidance contained in *BSA Aquatics Management Guide*. SPECIAL NOTE: When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

REGARDLESS OF WHERE OR WHEN THE SWIM TEST IS GIVEN THE FOLLOWING PROCEDURES APPLY:

- **The test is given one-on-one.** The test administrator and the swimmer are buddies during the administration of the test.
- **Each component of the test is important.** The test must not be changed either to assist the Scout or to expedite the process.
- **The test must be completed without aid or support.** Aid includes lifejackets, wetsuits, fins, etc. Swim goggles may be used to avoid eye irritation.
- **Swim tests must be renewed annually,** preferably at the beginning of the outdoor season.

TO THE SWIM TEST ADMINISTRATOR

SWIMMER'S TEST:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

BEGINNER'S TEST:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resumeswimming as before, and return to starting place.

Anyone who has not completed the beginner or swimmer tests is classified as a **nonswimmer**.



DIETARY NEEDS

Camp Alexander is able to accommodate any special dietary needs. Our food-service vendor, Kandle Dining, has an on-site staff member throughout camp that specifically handles all special dietary needs.

For assistance with special dietary needs, please fill out the web-form, **at least 3 weeks prior to attending camp**, located at the following link: [Special Diet Request](#)

If you have any questions or concerns please contact the Pathway to the Rockies Council Program Director, Dianna Kaszuba @ 719-219-2916 or camp.alexander@scouting.org



**EVERY ADULT LEADER ATTENDING CAMP ALEXANDER SUMMER CAMP MUST
COMPLETE THIS LEADERS REFERENCE FORM:**

PURSUANT TO: COLORADO DEPARTMENT OF HUMAN SERVICES,
MINIMUM RULES AND REGULATIONS FOR CHILDREN'S CAMPS
GENERAL REQUIREMENTS FOR ALL PERSONNEL 7.711.21D & GENERAL RULES 7.701.53A

LEADERS NAME: _____ **TROOP NUMBER:** _____

COUNCIL _____ **DATE ATTENDING CAMP:** _____

**THIS FORM IS TO BE FILLED OUT BY ANY ADULT WHO WILL BE
SPENDING A NIGHT AT CAMP ALEXANDER DURING OUR SUMMER
CAMPING SEASON..**

1 – ROLE OF THE UNIT LEADER/ADULT IN CAMP:

It is the role of the unit leader/adult to supervise and monitor the youth in their unit. Unit leaders shall not have any other duties that would detract from the responsibility of service as a leader.

2 – CHARGES OR CONVICTIONS:

Have you ever been charged with or convicted of any charge of child abuse or neglect, unlawful sexual offense , or any felony?

Circle one YES NO

3 – UNDERSTANDING & REPORTING OF CHILD ABUSE:

Child abuse consists of a wide variety of different problems. Usually these are categorized as *physical abuse, emotional abuse, sexual abuse* and *neglect*. Physical abuse is the injury of the child by other than accidental means. Emotional abuse is the constant belittling, criticizing, yelling at and verbal tearing down of the child. Sexual abuse is any sexual activity between a child and an adult, or sexual activity involving children in which the age, size or other power factors between the participants is unequal. Child neglect is failure to provide necessary nurturance when resources are available to do so.

Under the "Child Protection Act of 1987" (C.R.S. 19-3-301) in the Colorado Children's Code, leaders are required to report suspected child abuse or neglect. The law at 19-3-304 states that if a leader has "reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions which would reasonably result in abuse or neglect shall immediately report" such information to the Camp Director. It is not the leader's role to investigate suspected abuse –only to report it. Persons who make a good faith report are immune from civil and criminal liability. Additionally, the law provides for the protection of the identity of the reporting party.

A leader who fails to report suspected child abuse or neglect commits a class 3 misdemeanor and will be punished as provided in section 18-1-106, C.R.S.

I have read and understand the above requirements concerning my responsibility regarding child abuse reporting, and my Role of the unit leader/adult in Camp.

Signature _____ Date _____

4 – CHARACTER REFERENCE #1:

This section to be completed by an individual who knows the adult and who can provide a frank evaluation of the adult's suitability in working with children during a week-long camp.

CIRCLE THE WORD THAT BEST DESCRIBES THE ADULT LEADER

ATTITUDE: Enthusiastic Positive Acceptable Negative
COMMON SENSE: Always Sound Usually Sound Needs Direction None
INTEGRITY: Trustworthy Usually Reliable Lacking

WOULD YOU TRUST THE CARE OF YOUR CHILD WITH THIS PERSON? YES NO
I RECOMMEND THIS PERSON AS AN ADULT LEADER: YES NO

Signature _____ Date _____
Printed Name _____ Telephone: _____

5 – CHARACTER REFERENCE #2:

This section to be completed by an individual who knows the adult and who can provide a frank evaluation of the adult's suitability in working with children during a week-long camp.

CIRCLE THE WORD THAT BEST DESCRIBES THE ADULT LEADER

ATTITUDE: Enthusiastic Positive Acceptable Negative
COMMON SENSE: Always Sound Usually Sound Needs Direction None
INTEGRITY: Trustworthy Usually Reliable Lacking

WOULD YOU TRUST THE CARE OF YOUR CHILD WITH THIS PERSON? YES NO
I RECOMMEND THIS PERSON AS AN ADULT LEADER: YES NO

Signature _____ Date _____
Printed Name _____ Telephone: _____

6 – CHARACTER REFERENCE #3:

This section to be completed by an individual who knows the adult and who can provide a frank evaluation of the adult's suitability in working with children during a week-long camp.

CIRCLE THE WORD THAT BEST DESCRIBES THE ADULT LEADER

ATTITUDE: Enthusiastic Positive Acceptable Negative
COMMON SENSE: Always Sound Usually Sound Needs Direction None
INTEGRITY: Trustworthy Usually Reliable Lacking

WOULD YOU TRUST THE CARE OF YOUR CHILD WITH THIS PERSON? YES NO
I RECOMMEND THIS PERSON AS AN ADULT LEADER: YES NO

Signature _____ Date _____
Printed Name _____ Telephone: _____