



## **TRAI KHAI PHÁ 4 National Venturing Supercamp**

June 28<sup>th</sup> - July 4<sup>th</sup>, 2020

Camp Whitsett at Kernville, CA

Register online at [www.traikhaipha.org](http://www.traikhaipha.org)

November 26, 2019

Dear Crew Advisor,

We are very excited to welcome your Crew to Trai Khai Pha 4 (TKP4), the National Vietnamese Venturing Supercamp at Camp Whitsett in Kernville, California from June 28<sup>th</sup> to July 4<sup>th</sup>, 2020. This will be a wonderful opportunity to attend a weeklong summer camp with Venturing Crews from across the country and a chance to learn more about what the Venturing program can offer. We are already in the works of creating a program that is challenging, enriching, and will create memories of a lifetime for our Crews and leaders.

Enclosed in this packet is a guide to prepare for TKP4. We encourage you to read through the information, as this guide includes all of the forms necessary to attend camp. There is also an FAQ enclosed with more information regarding what to expect and how to prepare for camp.

The camp fee will be \$350 for Venturers and adults. The deadline for the registration and camp fee is Tuesday March 31<sup>st</sup>, 2020. After that, fees will increase accordingly. Registration is now open and our website is live, please register your Crew at <http://www.traikhaipha.org>.

If you have any questions regarding camp, please feel free to contact us. Our staff looks forward to seeing everyone at Camp Whitsett summer 2020!

Yours in Scouting,

Nguyễn Minh Trí,  
Camp Chief Trai Khai Pha 4



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Ngày 26 tháng 11 năm 2019

Thân gửi quý Thanh Trưởng,

Chúng tôi vô cùng phấn khởi chào mừng Thanh Đoàn của quý trường về tham dự Trại Khai Phá 4, tại trại trường Whitsett, thành phố Kernville, California từ ngày 28 tháng Sáu đến ngày 4 tháng Bảy năm 2020. Đây là một cơ hội tốt để các thanh trưởng cùng các em thanh sinh gốc Việt khắp nơi trên toàn nước Mỹ về tham dự một tuần lễ trại hè. Đây cũng là dịp tốt để tìm hiểu thêm về ngành Thanh. Chúng tôi đang chuẩn bị một chương trình sinh hoạt phong phú và sống động để tạo những kỷ niệm khó quên cho các thanh sinh và các trưởng.

Đính kèm theo tập tài liệu này là bản hướng dẫn để chuẩn bị cho Trại Khai Phá 4. Chúng tôi xin khuyến khích quý trưởng nên tham khảo trước những tài liệu đính kèm vì bản hướng dẫn gồm có tất cả những mẫu đơn cần thiết để tham dự trại. Ngoài ra chúng tôi cũng đính kèm những câu hỏi thường gặp để giúp các trưởng và các em chuẩn bị cho kỳ trại này.

Trại phí cho mỗi trại sinh (thanh sinh, trưởng, thiện nguyện viên) là \$350. Hạn chót để ghi danh và đóng tiền trại phí là ngày thứ Ba, 31 tháng 3 năm 2020. Nếu ghi danh sau ngày 31 tháng 3, trại phí sẽ gia tăng theo từng giai đoạn. Quý trưởng có thể bắt đầu ghi danh bằng cách bấm vào <http://www.traikhaipha.org>.

Nếu quý trưởng có thắc mắc gì về kỳ trại này, xin vui lòng liên lạc với chúng tôi. Ban điều hành trại hy vọng sẽ gặp tất cả quý trưởng và các em thanh sinh vào mùa hè năm tới tại trại trường Whitsett!

Thân Ái Bất Tay Trái,

Nguyễn Minh Trí  
Trại Trưởng Trại Khai Phá 4



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### **Vision & Mission Statement**

At the National Venturing Supercamp (Trại Khai Phá 4), our vision is to provide an experience for Venturers from around the United States that challenges them both physically and mentally, and to expose them to opportunities that the Venturing program can provide. In order to achieve our vision, our mission is to create a week long program that is based on skills, teamwork, adventure and comraderie that meets those requirements and opens up the doors for the Venturers to better understand the Venturing program.

### **TKP4 Executive Committee**

Camp Chief	Tri Nguyen	Tri.tkp4@gmail.com
Asst. Camp Chief	Kevin Vu	Kevin.vu_nguyen@yahoo.com
Admin Chair	Niki Nguyen	Niki.tkp4@gmail.com
Finance Chair	Steven Nguyen	Steven.tkp4@gmail.com
Quartermaster 1	Dung Huynh	Johnh.tkp4@gmail.com
Quartermaster 2	James Pham	Jamezpham@gmail.com
Medical Chair	Anh Nguyen	Nguyendthienan@yahoo.com
Program Chairs	Bach Vu	Bachxvu1991@gmail.com
Program Chairs	Jonathan Nguyen	Jnguyen2@alumni.nd.edu
Advisor	Dinh Tran	Dinh.thien.tran@gmail.com
Advisor	Katrina Huynh	Katrina.Huynh89@gmail.com
Advisor	Mallorie Dang	Malloriedangh@gmail.com
Staff Advisor	De Nguyen	Detan.nguyen@scouting.org



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### TKP4 Camp Schedule

	June 28- Sun	June 29- Mon	June 30 - Tues	July 1 - Wed	July 2 - Thu	July 3 - Fri	July 4 - Sat	
7:00	Staff Arrival/Set-up	Set-Up	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	
8:00		Breakfast/Advisor Pres Meeting						
9:00		Opening Ceremony	Program Block	Program Block	Program Block	Action Center		Closing Ceremony
10:00		Team Mixers/Friendship Games/Group Photos						Pack
11:00								Leave Camp
12:00	Staff Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	[Black Box]	
1:00								
2:00	Staff Arrival/Set-up and Camper Registration	Crew V Crew	Program Block	Program Block	Program Block	Final Battle		
3:00								
4:00			Break					
5:00			Dinner	Dinner	Dinner	Closing Banquet/Evening Program		
6:00	Staff Dinner	Opening Dinner	Game Show Night	Crew Time	Talent Show + Open Mic			
7:00				Campfire				Crackerbarrel
8:00	Staff Arrival/Set-up and Camper Registration	Ice breakers	Crackerbarrel	Crew Time	Crackerbarrel			
9:00		Crew Time						
10:00		Return to camp	Crew Time					
11:00		Lights Out	Lights Out	Lights Out	Lights Out	Lights Out		



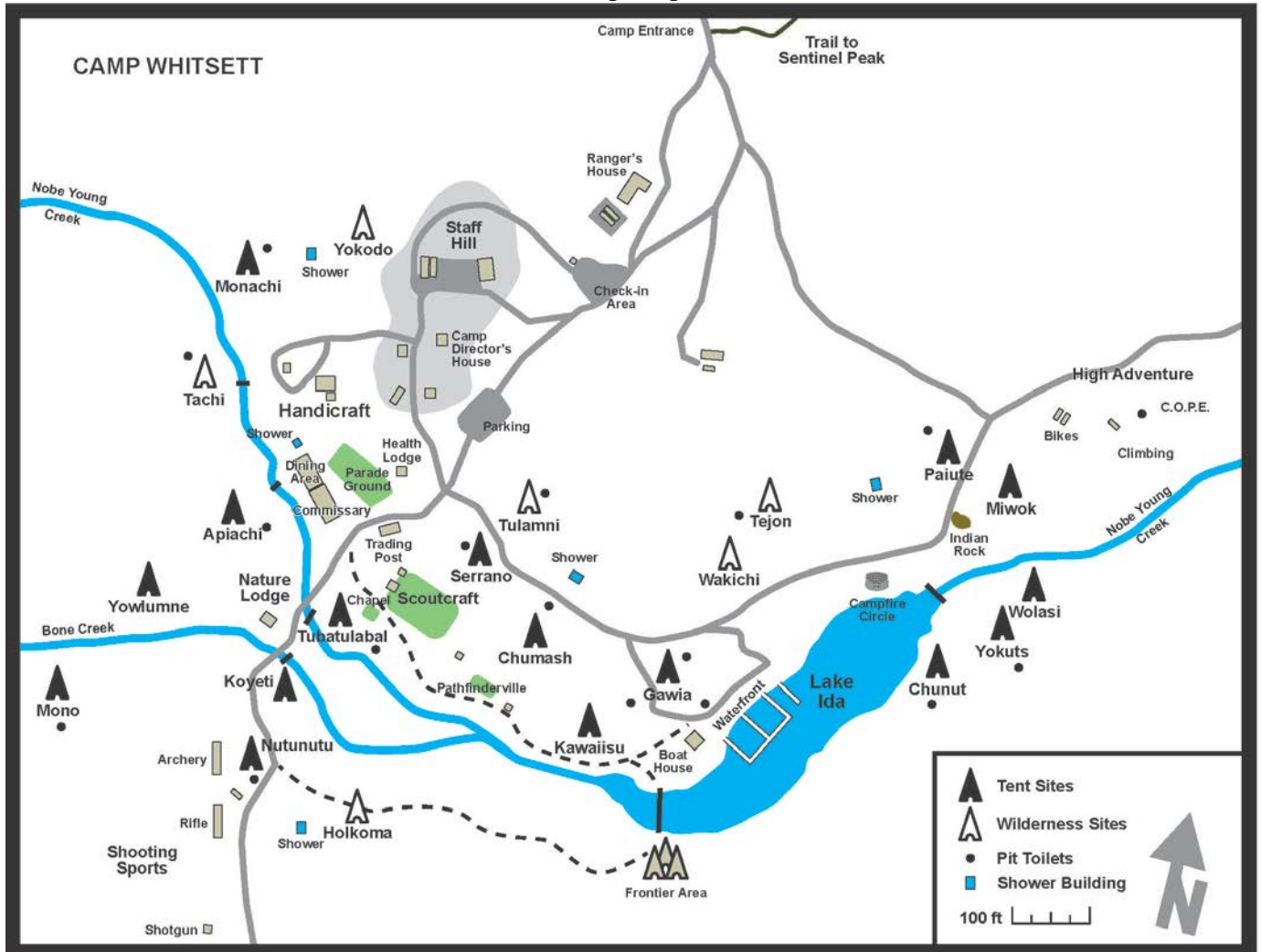
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## Camp Map





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### **Camp Information**

#### **Camp Fee & Deadlines**

**\$350 for youth Venturers & adults**

A deposit of \$200 is due by **March 31st, 2020** and the remainder (\$150) by **April 30th, 2020**. If no deposit is sent by March 31st, the camp fee will increase to \$375, with the full cost due by April 30th, 2020. After that, the camp fee will increase to \$400 and the final date to register is May 31st, 2020.

Each Crew will need to write **ONE** check for everyone's registration fees. Checks can be made payable to **BSA-TKP4**, please mail **checks** and **BSA Medical Form Part A, B, and C** to:

Tri Nguyen  
225 Matlage Way #935  
Sugar Land, TX 77478

We will have a limited number of camperships (camp scholarships) available on an as-needed basis. Scholarships applications are due by January 31<sup>st</sup>, 2020.

All forms are due by **April 30, 2020**. The forms required are:

BSA Medical Form Part A, B, C (Section C requires physical performed by a physician)

Code of Conduct

Talent Release

Parental Firearms Release (not required for 18+ years)

The Code of Conduct, Talent Release, and Parental Firearms Release can be emailed to [niki.tkp4@gmail.com](mailto:niki.tkp4@gmail.com).

Cancellation/Refund Dates:

Up to March 31<sup>st</sup> – Full refund

April 1<sup>st</sup> to April 30<sup>th</sup> – 50% refund

After May 1<sup>st</sup> – No refund



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### **Arrival to Camp & Transportation**

All Crews are responsible for their travel arrangements to Camp Whitsett.

Kernville, CA is located in Central California, therefore Crews traveling by plane can fly into either Southern California or Northern California. It is up to each Crew to arrange their own transportation from the airport to camp and vice versa.

#### **From the Northern Central Valley (Sacramento/Fresno/Porterville)**

From Porterville, go south on CA-65 to Ducor, and take Avenue 56 East. Travel 50 miles through California Hot Springs until you reach the forest service road 22s82 on your left; it is signed also for Peppermint Campsite and the Wilderness Trailhead. (If you reach R-Ranch at Johnsondale, you have gone too far.) Camp Whitsett is on the right, after three miles and public campsites numbers 1,2, and 3.

#### **From the Southern Central Valley (Bakersfield) and the LA area**

Take Interstate 5 North to CA-99 North to Bakersfield. Then take CA-178 East 40 miles to Lake Isabella. Exit at CA-155 W and travel 11 miles up the edge of the lake to Kernville. (Stay right when CA-155 turns left; continue straight on Wofford Heights Blvd. and Burlando Rd.) Turn left on Mountain Road 99 – Labeled “Sierra Highway” (a T-intersection) and go 26 miles to R-Ranch at Johnsondale. About a mile past Johnsondale, is forest service road 22s82 which takes off to your right; it is signed for Camp Whitsett and also for Peppermint Campsite and the Wilderness Trailhead. Camp Whitsett is on the right, after three miles and public campsites numbers 1,2, and 3 (and over 3 bridges).

#### **From the Mojave desert (Las Vegas, Nevada and Inland Empire, California)**

From the intersection of US Highway 395 and CA-58 (Kramer’s Junction/Four Corners), go North 50 miles on the 395. Take the signed offramp to CA-14/Inyokern West for five miles; turn left again onto CA-14 South. After three miles, turn right onto CA 178 West. Take the 178 for 32 miles, and turn right onto Sierra Way; take this for 17 miles on the East edge of the lake into Kernville, and then another 20 miles to R-Ranch at Johnsondale. Immediately past this is forest service road 22s82 on your right; it is signed for Camp Whitsett and also for Peppermint Campsite and the Wilderness Trailhead. Camp Whitsett is on the right, after three miles and public campsites numbers 1,2, and 3.





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## **Camp Information**

### **Camp Program**

For the week, our camp program will include a mix of activities on land and in the water. Participants will rotate through different program blocks in the morning and afternoon. These activities include:

- Water sports (kayaks, canoes, and stand up paddleboards)
- Whitewater Rafting
- Cope (high, low, and zip lining)
- Mountain Biking
- Shooting sports (archery, rifle, and shotgun)
- Traditional Vietnamese scouting activities

On Sunday June 28<sup>th</sup>, after completing camp check-in, each participant is required to complete a swim test. Each participant will be noted to be a Swimmer, Beginner, or Non-swimmer.

For the evenings, we will have a variety of events including game show night, cracker-barrel and other activities. Each crew will need to prepare one skit, song, or performance for the evening of the campfire.

### **Health & Safety**

Camp Whitsett is staffed by a physician who is available 24/7. In addition, we will also have medics available at our various program areas who are CPR & First Aid certified. For the aquatic activities, there will be lifeguards at the waterfront. The closest emergency medical facility is located an hour away in Kern Valley.

Every participant and staff is required to have their BSA Annual Health & Medical Record parts A, B, & C up to date. This must be completed within the last 12 months. Part C requires a physical from a physician.

Upon check-in to camp, our medical staff will review each participant's medical forms.

### **Parents & Visitors**

Parents attending camp are required to be registered with BSA as an adult leader and have the appropriate adult volunteer training (BSA Youth Protection Training). We encourage all adults and parents to register for TKP4 and serve on the staff.





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## **Getting Ready to Attend Camp**

### **Required Documents**

The documents listed below are required documents to attend camp:

#### **Crew Forms**

- **Troop Insurance:** Each crew needs to bring a copy of their troop accident insurance. It is often provided by their local council.

#### **Individual Forms**

- **Health Forms:** Part A, B & C are required. **If there are missing or incomplete medical forms, participants will not be allowed to attend camp.**
- **Code of Conduct:** Every participant is required to read and understand the Code of Conduct. By signing the Code of Conduct, each participant is in agreement of the the camp rules and regulations.
- **Parental Firearms Permission & Release (Under 18 year-old)**
- **Talent Release**
- **BSA Youth Protection Training**

Per BSA policies, **every participant and staff over the age of 18 is required to complete BSA Youth Protection Training.** Please bring a copy of your certificate of completion of YPT training.



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## How to Register Online

### Step 1: Crew Registration

Each Lien Doan will select a representative (usually the Crew Advisor) to register their Crew. The representative will click on “New Group Registration (By a Rep).” The representative will fill in the group registration form and will be the main point of contact for our TKP4 administrative team. Once the registration is approved, individuals may begin to register under their Crew.



### Step 2: Individual Registration



Venturers and adults will register themselves by selecting “New Camper Registration.” If the Crew has been approved by the administrative team, the individual will be able to click on their Lien Doan by region to register under their own Crew. Each participant will need their BSA ID (Found on individual membership cards or can be provided by the Crew Advisor from the Crew Roster), list of allergies and medications, and an unique email address to complete their registration. Once the registration form is complete, our admin team will be notified, along with your Crew representative.



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### **What to Bring to Camp**

#### **Toilet Kit**

Toothpaste & toothbrush  
Soap & shampoo  
Personal toiletries  
Medication (as needed)  
Towel  
Comb  
Deodorant

#### **Misc.**

Camera  
Flashlight & batteries  
Scout knife (no fixed blades)  
Water bottle  
**Sunscreen - VERY IMPORTANT**  
Chapstick  
Spending money

#### **Camping Gear**

Sleeping bag  
Venturing field uniform (Class A)  
Hat/visor  
Extra t-shirts & shorts  
Swim suits  
Hiking shoes & water shoes  
Socks & undergarments

### **Things to Leave at Home**

Valuables  
Jewelry  
Water balloons  
Water guns  
Boogie boards/floaties  
Pets  
Firearms  
Ammunition  
Matches  
Fireworks

Music players/speakers  
Tablets  
Comic books  
Large/illegal knives  
Alcohol  
Gang paraphernalia  
Illegal substances



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### Code of Conduct

Trai Khai Pha 4 (“TKP4”) is sponsored by the Boy Scouts of America (BSA). Therefore, the legal status of BSA applies to TKP4. For this reason, from a legal standpoint, TKP4 constitutes a private activity of a private organization. Hence, the TKP4 Executive Committee reserves the right to refuse admittance to or terminate the participation of one or more individuals or entity without being compelled to offer explicit reasons.

**One of the essential conditions for admittance into the TKP4 is that every participant, regardless of age, nationality or residency, must sign the following affidavit, agreeing to the TKP4 Code of Conduct stated below:**

#### Law and Order

1. The TKP4 Executive Committee reserves the right to terminate the participation of any attendant(s) deemed to have attitudes which are hostiles, disorderly, violent, controversial and may cause unnecessary attention or harm to the security and safety of the camp or of other participants.
2. Participants are not allowed to leave the campground without the explicit permission of their unit leaders and the completion of the camp exit procedure designed by the Camp Executive Committee.
3. Participants are responsible for maintaining the camp living conditions and are forbidden to destroy the landscape, plants, and camp properties.

#### Discipline

5. The Scout Oath and Law are also the laws of the camp.
6. Participants are expected to obey not only direction of the TKP4 Executive Committee but also the orders and guidance of the Rangers. Any complaint or question must be directed to the leaders of each subcamp right after an incident.
7. Participants are responsible for any loss or damage to their personal belongings.

#### Behavior

8. Camper badges are expected to be visible all the times; outfits must be appropriate and conform to Scouting standard. No indecent or sloppy clothing style is permitted.
9. Foul language, harassment, impolite, or indecent attitudes are strictly prohibited.

#### Activities

10. Each participant must camp within the designated area.
11. Campers must follow the directions of the Camp Executive Committee and participated in all activities of the camp program.
12. Camp schedule, including nightly curfew, must be strictly followed.
13. Buying and selling goods on the camp premises are prohibited, unless otherwise permitted by the TKP4 Executive Committee via prior approval.
14. All gambling activities and provocative or violent forms of entertainment are forbidden on the camp premises.
15. Drugs and alcoholic beverages are strictly banned from the campground.
16. Campers 21 years or older may smoke only in designated areas.
17. All activities not included in the official camp program require the prior approval of the Camp Executive Committee.

#### Banned Items

18. Absolutely no weapons, explosives, alcoholic beverages or drugs are tolerated on the camp premises.
19. No indecent or obscene materials (pictures, movies, magazines, etc.) are allowed on the camp premises.
20. The distribution of any printed or visual media must be approved by the Camp Executive Committee, and it may be carried out only in the designated area of the Information Center, unless instructed or otherwise permitted by the Camp Executive Committee.



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### Code of Conduct

I, the undersigned, have read, understood and hereby agree to follow all above regulations during the time I attend the Trai Khai Pha 4. As a participant of TKP4, I understand the TKP4 Executive Committee has the right to terminate my participation at any time for any violation of of the Code of Conduct.

Participant's Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if under the age of 18)

Unit Leader's Name \_\_\_\_\_

Signature of Unit Leader \_\_\_\_\_ Date \_\_\_\_\_



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### Talent Release

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 this date 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.

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Crew # \_\_\_\_\_ Crew City \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(if under the age of 18)



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### Parental Firearms Permission & Release

Participant's name (Minor) \_\_\_\_\_

I, \_\_\_\_\_  Parent  Legal Guardian

of the above named participant/minor, do hereby give permission as required by California Penal Code Section 12552 to the Boy Scouts of America, Western Los Angeles Area Council, and to the instructors certified by the Western Los Angeles Area Council meeting the requirements for instructors established by the Boy Scouts of America (national) to furnish a firearm, BB Gun, Shotgun, .22 Rifle, Black Powder Rifle, Air Rifle, Pellet Gun, or CO2 gun, and Ammunition to said participant/minor for the purpose of instructing him/her in the safe handling of firearms, safe shooting, and marksmanship.

I do further agree to indemnify and save harmless the Boy Scouts of America, Western Los Angeles Area Council and all officers, members, employees, and volunteers thereof, from all suits of actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act of omission of the above named participant/minor occurring during the course of said instruction.

Signed \_\_\_\_\_  Parent  Legal Guardian

Date \_\_\_\_\_





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BSA Medical Forms Part A, B, C

[https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001\\_ABC.pdf](https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf)

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

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/we have 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: \_\_\_\_\_



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



## Part B2: General Information/Health History

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

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

### High-adventure base participants:

Expedition/crew 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
		Medication				Plants	
		Food				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 MD/DO, 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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., HIB)	
			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: \_\_\_\_\_



## Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

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

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

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

### Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain
		Medication	
		Food	

Yes	No	Allergies or Reactions	Explain
		Plants	
		Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

#### Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



Prepared. For Life.®

# Prepared. For Life.™

Boy Scouts of America  
Tri Nguyen-TKP4-BSA  
225 Matlage Way #935  
Sugar Land, TX 77478

## SCOUTREACH (Trai Khai Pha 4) SCHOLARSHIP APPLICATION

Please print or type: Return the completed form to the above address.

This form must be returned by **January 31<sup>st</sup>, 2020**

Scoutreach (Trai Khai Pha 4) scholarships are given to make up the difference that a Scout, his/her family, and the unit can't cover toward his summer camp (TKP4) fees. Generally, the scholarship grant is 40 to 50 percent of the total registration fee. The maximum the Scoutreach (Trai Kha Pha 4) will grant is 80 percent of the registration fee. The scholarship committee believes that it is important for a Scout to contribute some portion of his/her fees through personal resources or unit fund-raising projects, thus meeting the spirit of the ninth point of the Scout Law: A Scout is Thrifty.

### INFORMATION FROM THE SCOUT'S PARENT OR GUARDIAN

COUNCIL NAME \_\_\_\_\_ COUNCIL NO. \_\_\_\_\_

NAME OF SCOUT \_\_\_\_\_ TROOP OR CREW NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ NUMBER OF PEOPLE IN HOUSEHOLD \_\_\_\_\_

NUMBER OF BROTHERS \_\_\_\_\_ AGES \_\_\_\_\_ NUMBER OF SISTERS \_\_\_\_\_ AGES \_\_\_\_\_

TOTAL ANNUAL HOUSEHOLD INCOME \$ \_\_\_\_\_

AFDC/WELFARE/FOOD STAMP/FOSTER CARE NUMBER \_\_\_\_\_

SCOUT LIVES WITH  FATHER  MOTHER  BOTH  OTHER \_\_\_\_\_

THE SCOUT WILL PAY \$ \_\_\_\_\_ THE UNIT WILL PAY \$ \_\_\_\_\_

AMOUNT REQUESTED FROM THE SCHOLARSHIP FUND \$ \_\_\_\_\_

PARENT'S OR GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Trai Khai Pha 4 CREW ADVISOR (That will travel with Scout to TKP4)

NAME OF CREW ADVISOR \_\_\_\_\_ Crew Number \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_

TELEPHONE NUMBERS: HOME \_\_\_\_\_ CELL \_\_\_\_\_

**COMPLETE BY UNIT LEADER (home troop/crew)**

Unit Leader Name \_\_\_\_\_ Troop/Crew Number \_\_\_\_\_

Describe and/or give examples of why the Scout needs assistance. \_\_\_\_\_

\_\_\_\_\_

How will he/she benefit from a Trai Khai Pha 4 experience? \_\_\_\_\_

How has Scouting helped the Scout? What special qualities has he/she demonstrated? \_\_\_\_\_

\_\_\_\_\_

What are his/her home and neighborhood like? \_\_\_\_\_

\_\_\_\_\_

What personal problems has the Scout encountered? \_\_\_\_\_

\_\_\_\_\_

Positive qualities the Scout has demonstrated that illustrate the reason for the Scout being chosen to receive a scholarship: \_\_\_\_\_

\_\_\_\_\_

What are the Scout's interests and future goals? \_\_\_\_\_

\_\_\_\_\_

What is the Scout's grade level/potential? \_\_\_\_\_

\_\_\_\_\_

What is the Scout's ethnic group? (Circle one):

White      Black      Hispanic      Asian      American Indian: Tribe name \_\_\_\_\_

Other: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date application received \_\_\_\_\_

Membership verified?     Yes     No    Application meets income guidelines?     Yes     No

Application approved for \$ \_\_\_\_\_

If denied, reason for denial \_\_\_\_\_





## **TRAI KHAI PHÁ 4 National Venturing Supercamp**

June 28<sup>th</sup> - July 4<sup>th</sup>, 2020

Camp Whitsett at Kernville, CA

Register online at [www.traikhaipha.org](http://www.traikhaipha.org)

### **TKP4 Frequently Asked Questions**

**Q: Who can go to TKP4?**

A: Currently registered BSA Venturer youth and registered adults.

**Q: Can a Boy Scout attend TKP4 and participate in the activities?**

A: Since this is a National Venturing event, only scouts registered in Venturing may attend. Boy Scouts may register as Venturers if they are at least 14 years old or have completed 8<sup>th</sup> grade by the first day of camp.

**Q: Can a Girl Scout attend TKP4 and participate in the activities?**

A: Girl Scouts must be registered as part of a BSA Venturing Crew in order to participate. Girl Scouts may register as Venturers if they are at least 14 years old or have completed 8<sup>th</sup> grade by the first day of camp.

**Q: What if I'm not 14 years old by the registration deadline, but will be 14 years old by the time camp starts?**

A: If you are 13 years old now, you are able to register now as long as you will be 14 years old and registered as a Venturer by the first day of camp.

**Q: What if my Crew cannot attend, can I attend TKP4? What are my options?**

A: As an individual, yes you can register for TKP4. Email the Administrative Lead at [niki.tkp4@gmail.com](mailto:niki.tkp4@gmail.com) to coordinate your registration.

**Q: What if I have special dietary needs?**

A: Our medical staff will examine the BSA Medical Forms A, B, and C that will indicate any allergies or special dietary needs. You should also let us know when you register on the online form.

**Q: Will there be water at camp?**

A: Yes, water spigots are available near each campsite.

**Q: Do we camp with our Crew?**

A: Yes, you will camp with your crew, but you will be assigned to a team for our daily activities.

**Q: Where will we sleep at camp?**

A: Crews will be assigned to different campsites. Each campsite has two-person wall tents. Each tent contains two cots and two mattresses.

**Q: What is the dress code for camp?**

A: The BSA green Venturing shirt is the official uniform for both Venturing youth and adults, no exceptions. A camp dress code will also be instituted for all campers to follow.



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### **Q: What are the bathrooms like?**

A: There are flushable toilets with separate facilities for adults and youth.

### **Q: What are the showers like?**

A: Showers will be separate for adults and youth. There will be posted shower times for adults and youth.

### **Q: Will there be wildlife?**

A: Yes, there are foxes, feral cats, deer, bison, snakes and other creatures.

### **Q: Is there a store at camp?**

A: Yes, there is a small store/trading post with camp souvenirs and snacks for purchase.

### **Q: Will my Crew need to fundraise for TKP4?**

A: Individual crew fundraisers are encouraged to help offset costs. It will be up to each individual crew.

### **Q: Can I bring my cell phone?**

A: Yes, but there is very limited service at camp. Usage of phones and electronics are not allowed during program time. There is no public Wi-Fi.

### **Q: Can I bring my own stove and cooking gear?**

A: No, the camp prohibits bringing personal stoves and cooking gear.

For further questions, please contact us at [Tri.tkp4@gmail.com](mailto:Tri.tkp4@gmail.com) or a member of the TKP4 Executive Committee.