



Pack 285 - Troop 285 - Crew 222 BSA – Troop 61212 GSUSA

Hướng Đạo Việt Nam - Liên Đoàn Ra Khơi - Vietnamese Scouts – Founded Feb. 1985

4483 Park Sommers Way San Jose, Ca. 95136 - U.S.A. (408)440-4522

Website: www.rakhoi.org - Email: ldrakhoi@yahoo.com

Trại Thẳng Tiến 11

Trại Hợp Bạn Thế Giới Hướng Đạo Việt Nam

11th International Jamboree of Vietnamese Scouting

CAMP INFORMATION

When: June 28th – July 4th, 2018

Where: Camp Snyder, Haymarket, Virginia, USA

Closest Airports: IAD, DCA

REGISTRATION DEADLINES

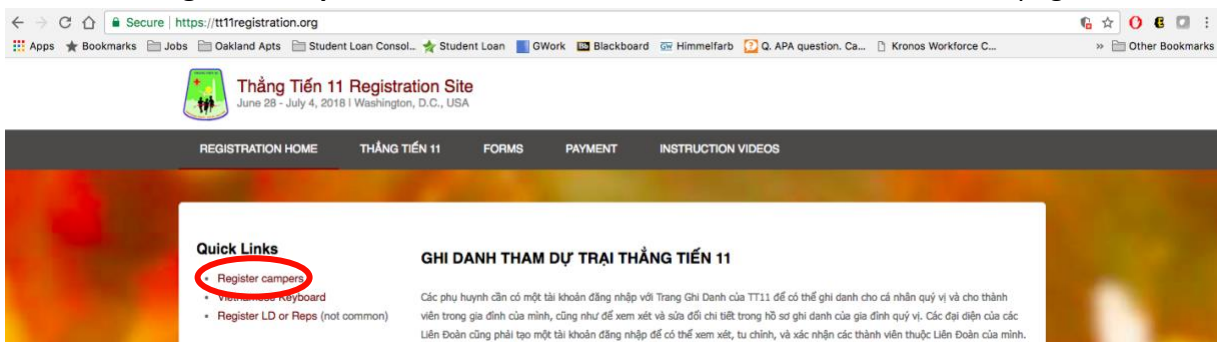
Early Bird	(by February 18 th)	\$330
Regular Registration	(After February 18 th to March 31 st)	\$360
Late Registration	(After March 31 st)	\$390
Final Day of Registration	(May 15 th)	

HOW TO REGISTER

1. Create an Account

Each family only needs one account

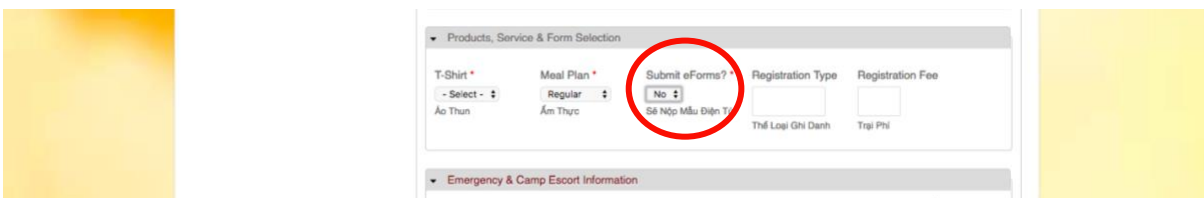
- Go to: <http://thangtien11.org/>
- Click on the "Register Now!" button at the bottom of page. Enter data and click on "Submit".
- **Check your email for the notification.** Follow the provided information to set password.
- Log in by **using your email address as the "User Name"** and the newly created password.
- Click **"Register campers"** under **"Quick Links"** on the left side of the web page.



- Click on the **LĐ Ra Khơi** link in the Miền Tây Bắc Hoa Kỳ (North-West U.S) column.

2. Complete the Registration Form Online

- Fill out one form per family member.
- 3 items are required to be submitted per person:
 - a. Photo for camp ID (LDRK will be taking photos for camp IDs starting this Sunday February 4th).
 - b. BSA Medical Forms Parts A, B and C* (**see below**)
***Health Form - part C must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants (Valid 1 year from the Closing Date, which means can't be signed before July 4, 2017, so schedule your appointment now!)**
 - c. Waiver and Photo Consent (**see below**)
- **LĐ will upload these 3 items for you**, so complete registration form online without attachments. Select **“no”** under **“Submit eForms?”** in the **“Products, Service & Form Selection”** box, and hit submit.

A screenshot of a web registration form titled "Products, Service & Form Selection". The form contains several dropdown menus and input fields. The "Submit eForms?" dropdown menu is circled in red and has "No" selected. Other visible options include "T-Shirt" (set to "Áo Thun"), "Meal Plan" (set to "Regular"), "Registration Type" (set to "Số Nội Mẫu Điện Tử"), and "Registration Fee" (set to "Thẻ Loại Ghi Danh"). Below this section is another dropdown menu labeled "Emergency & Camp Escort Information".

3. Submit Camp Fees and Forms to LDRK

- Refer to Registration Deadlines above. LDRK will be making a single payment for attendees by each registration deadline.
- Bring completed Medical Waiver and Photo Consent forms to LĐ
- Everyone must register and pay fee to enter camp (Includes all Campers, Staff, Volunteers, Families, Guests)

DAY-PASSES

- Day-Pass: Limited available each day for guests and family members to visit camp.
- Will be available after registration for Full-Time Campers has completed.
- \$100 per person/per day - Includes all meals for that day.
- Day-Pass is for Family and Guests only (not for Scouts).
- Cannot participate in Subcamp program (Reserved for Full-Time Campers).

LDRK SCHEDULE

- June 27th: Fly out to DC
- June 28th: Arrive to TT11 campsite
- July 3rd: Leave TT11 campsite to outside lodging
- July 4th-5th: July 4th Concert/Fireworks, National Mall Tour (Capiol Building, Museums, White House, Memorials)

Please contact Chi Tran if you have any questions.

(408) 393-2909 | tcctran@gmail.com

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/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	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		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 B: General Information/Health History

Full name: _____
 DOB: _____

High-adventure base participants:
 Expedition/crew No.: _____
 or staff position: _____

Allergies/Medications

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 INDICATE 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 by the BSA. 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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

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: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside 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.



Examiner: Please fill in the following information:

		Yes	No	Explain							
Medical restrictions to participate											
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
		Medication						Plants			
		Food						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			
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.
		Does not have uncontrolled heart disease, asthma, 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 less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider 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





Thăng Tiến XI - Trại Họp Bạn Thế Giới Hướng Đạo Việt Nam
11th International Jamboree of Vietnamese Scouting
June 28th - July 4th, 2018 - Camp Snyder, Haymarket Virginia, USA
Website: www.thangtien11.org - Email: contact@thangtien11.org

WAIVER STATEMENT AND CONSENT FOR USE OF PHOTOGRAPHS

(complete a separate form for each participant - if both parent and child are attending, fill out 2 forms, one for each participant)

WAIVER STATEMENT

Participant's Name: _____
(Full name of Participant: First – Middle – Last)

Parent's Name (if participant is under 18-year-old):

(Full name of Parent: First – Middle – Last)

I hereby assume all risks and hazards of participation in the Thăng Tiến XI events/activities.

I hereby do waive, release, absolve, and agree to indemnify and hold harmless the Boy Scouts of America (BSA), the Girl Scouts of the United States of America (GSUSA), the local councils and all employees, the Chartered Organization, the Thăng Tiến XI Organizing Committee and staffs, units, leaders, scouts, volunteers, other participants, related parties or other organizations associated with the activity from any and all claims or liability arising out of any injury to me and/or my son/daughter.

I hereby expressly authorize and request the organizing committee and staffs, his/her unit scout leaders to use their best judgment in any emergency or injury to me and/or my son/daughter requiring paraprofessional or professional medical attention or treatment. I agree to pay for all medical expenses for myself and/or my son/daughter.

CONSENT FOR USE OF PHOTOGRAPHS

I hereby authorize and give full consent to the Boy Scouts of America, Girl Scouts of the USA, and Thăng Tiến XI Organizing Committee to publish and copyright all photographs in which I and/or my son/daughter may appear at the Jamboree.

I further agree that the Boy Scouts of America, Girl Scouts of the USA, and Thăng Tiến XI Organizing Committee may transfer, use or cause to be used, these photographs in brochures, websites, social media, newsletters, advertisements, posters, displays, slide shows, videotapes, catalogs, CD-ROMs, and like publications, literature or materials without limitations or reservations.

I have read this release Waiver Statement and Consent for Use of Photographers agreement, understand it, and signed it voluntarily.

Signature: _____ Date: _____
(Adult Participant or Parent/Guardian) (mm / dd / yyyy)



Thăng Tiến XI - Trại Họa Bạn Thế Giới Hướng Đạo Việt Nam
11th International Jamboree of Vietnamese Scouting
June 28th - July 4th, 2018 - Camp Snyder, Haymarket Virginia, USA
Website: www.thangtien11.org - Email: contact@thangtien11.org

CODE OF CONDUCT

Thăng Tiến XI constitutes a private activity of a private organization. Thăng Tiến XI Organizing Committee (Organizing 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.

An essential condition for admittance to Thăng Tiến XI is that every participant, regardless of age, nationality or residency, must sign the following affidavit, agreeing to the Thăng Tiến XI's Code of Conduct stated below:

Law and Order:

1. The Organizing Committee reserves the right to terminate the participation of any attendant(s) deemed to have attitudes which are hostile, 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 determined by the Organizing Committee.
3. Car speed limit is strictly enforced and vehicles must be parked only in designated areas.
4. Participants are responsible for maintaining the camp living conditions and are forbidden to destroy the landscape, plants and camp properties.

Discipline:

5. The Scout's Oath and Laws are also the laws of the jamboree.
6. Participants are expected to obey not only direction of the Organizing Committee but also the orders and guidance of the Park Rangers who are the authority in enforcing camp discipline. Any question, concern, complaint, should be directed to the leaders of the Subcamp promptly after an incident.
7. Participants are responsible for any loss or damage to their personal belongings.

Behavior:

8. Camper badges and/or wrist bands are expected to be visible at all time.
9. Outfits must be appropriate and conform to Scouting standard. No indecent or excessive sloppy clothing style is permitted. No improper body display of piercing and tattoos is permitted.
10. Foul language, harassment, impolite or indecent attitude is strictly prohibited.

Activities:

11. Campers must follow the directions of the Organizing Committee and shall participate fully in all camp activities. In addition, each participant is an official member of a subcamp and must participate fully in that subcamp's activities and carry out assigned subcamp responsibilities.
12. Camp schedules including nightly curfew must be strictly followed.
13. Buying and selling of goods on camp premises are prohibited, unless otherwise officially approved by the Organizing Committee.
14. All gambling activities and provocative or violent forms of entertainment are forbidden on camp premises.
15. Drugs and alcoholic beverages are strictly banned from the campground.
16. Smoking at camp is discouraged. Campers, 21 years or older may smoke only in designated areas away from sight of Scouts, and may not impact the air quality and comfort of other campers.
17. All activities not included in the official camp program requires the prior approval of the Organizing Committee.

Banned Items:

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

I, the undersigned, have read, understood and hereby agreed to follow all above regulation during the time I attend Thăng Tiến XI. As a participant of the jamboree, I understand the Organizing Committee has the right to terminate my participation at any time without being compelled to provide any explanation.

Participant's Name (Print) _____

Participant's Signature _____ Date: _____

Signature of Parent/Guardian if Participant is under 18 _____ Date: _____