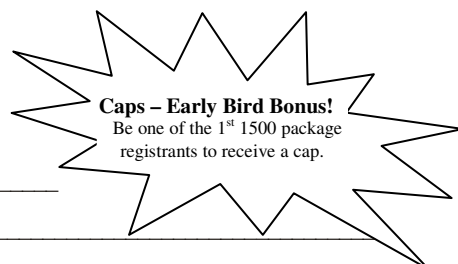


2010 Lincoln Pilgrimage Registration Form



(Circle one) Cub Scouts - Boy Scouts - Girl Scouts - Venturers - Explorers Unit # _____

Leader's Name _____ Council _____

Address _____

City, State, Zip _____

Phone _____ Day Phone _____ E-Mail* _____

Camping Location Preference: List 1st and 2nd choices: ___ Illinois State Fairground; ___ New Salem; ___ Camp Illinek; ___ not camping
 (*You will receive confirmation of your location prior to the event if registered by Thursday, April 15, 2010.)

Estimated total # camping _____

Pilgrimage Package Pricing (per person)

Pilgrimage caps available to first 1500 package registrants only!

Packages	Includes	Price	# Youth & Adults		Total \$
A Lincoln Trail	Lincoln Trail, patch or medal, 2 nights camping, Sunday program, parade, and Pilgrimage cap if one of first 1500 package registrants.	\$20			
B Junior Pilgrim	Pioneer Days, Museum Trail, 2 nights camping, Sunday program, parade, and Pilgrimage cap if one of first 1500 package registrants.	\$25			
C Museum Quest	Pioneer Days, Presidential Museum admission, Museum Quest patch, 2 nights camping, Sunday program, parade, and Pilgrimage cap if one of first 1500 package registrants.	\$30	(Y)	(A)	
D Museum Trail	Museum Trail, Oak Ridge Cemetery Trail, 2 nights camping, Sunday program, parade and Pilgrimage cap if one of first 1500 registrants. (Presidential Museum admission NOT included.)	\$25			
	Oak Ridge Cemetery: Quantity** of each trail level:				
	Oak R 1: _____ Oak R 2: _____ Oak R 3: _____				
E Heritage Trail	Heritage Trail, Oak Ridge Cemetery Trail, 2 nights camping, Sunday program, parade, and Pilgrimage cap if one of first 1500 registrants.	\$25			
	Heritage Trail: Quantity** of each trail level:				
	HT 1: _____ HT 2: _____ HT 3: _____ HT 4: _____				
	Oak Ridge Cemetery: Quantity** of each trail level:				
	Oak R 1: _____ Oak R 2: _____ Oak R 3: _____				
F Sunday Special	Sunday program, parade and Pilgrimage cap if one of first 1500 registrants.	\$12			

Ala Carte Pricing (per person):

Activity	Cost	#	Total	Heritage Trail	Cost	#	Total	Oak Ridge Trail	\$	#	Total
Program & Parade	\$5			1 st Year	\$5			Introductory (1)	\$5		
Camping (Friday)	\$4			2 nd Year	\$5			Intermediate (2)	\$5		
Camping (Saturday)	\$4			3 rd Year	\$5			Advanced (3)	\$5		
Lincoln Trail	\$5			4 th Year	\$5			Subtotal \$			
Museum Trail	\$5			Subtotal \$				Grand total payment \$ _____			
Pres. Museum Quest*	\$5			* Museum admission pass not included							
Pioneer Days	\$5			**Only one patch/package; additional patches may be purchased at ala carte price.							
Museum Admission	\$5			No registration without payment! Sorry, no refunds.							
Pilgrimage Cap (if available)	\$15			Pre-ordered items will be delivered to your camping location for you to pick up (or to the Tomb, if you are not camping).							
Subtotal \$				Note: Package pricing available only on registration forms received by 4/15/10!							
				Please make separate payment for Pilgrimage Apparel orders.							

Method of Payment (Check one)

___ **Check** (make checks payable to Abraham Lincoln Council, BSA)

___ **Credit Card #** _____ Master Card ___ Visa ___ Discover ___ Amex

Code (Req'd.) _____ **Amex:** 4 digit # above card #; **Others:** 3-digit # after card # by signature

Expiration Date _____ Customer Signature _____

Mail to: **Abraham Lincoln Council, BSA**
 5231 South Sixth Street Road
 Springfield, IL. 62703



Fax to: (217) 529-5786
 Email to: AskAbe@Scouting.org
 Phone: (217) 529-2727

For more information or to download this form, go to www.alincolnbsa.org

**The 65th Annual
 Lincoln Pilgrimage
 "GUIDANCE FOR THE NEXT 100
 YEARS"
 April 23-25, 2010
 Springfield, Illinois**

Package Pricing

Designed to make planning your pilgrimage easier, and to save you money. Choose the package that best fits your interest and budget.

Package A: The Lincoln Trail

(limited to Scouts age eleven or more)
\$20 per person (\$33 value)

Hike the famous Lincoln Trail on Saturday (with choice of medal, cluster pin for repeat hikers, or patch). Includes two nights camping, the Sunday program, parade, patch, and commemorative cap if one of the first 1500 package registrants.

Package B: Junior Pilgrim

(Excellent for younger scouts)
\$25 per person (\$38 value)

Split Saturday between Pioneer Days, and the Museum Trail. Includes 2 nights camping, the Sunday program, parade, and commemorative cap if one of the first 1500 package registrants. Patches provided for each event.

Package C: The Presidential Museum Quest

\$30 per person (\$43 value)

Split Saturday between Pioneer Days and the fabulous Presidential Museum. Includes 2 nights camping, the Sunday program, parade, and commemorative cap if one of the first 1500 package registrants.

Package D: The Museum Trail

\$25 per person (\$38 value)

Check out both the Museum Trail (Does not include Presidential Museum admission) and the Oak Ridge Cemetery Trail. Includes 2 nights camping, the Sunday program, parade, and commemorative cap if one of the first 1500 package registrants. Patches awarded for each event completed.

Package E: The Heritage Trail

\$25 per person (\$38 value)

Follow both the Heritage Trail and the Oak Ridge Cemetery Trail. Includes 2 nights of camping, the Sunday program, parade, and commemorative cap if one of the first 1500 package registrants. Patches awarded for each event completed.

Package F: The Sunday Special

\$12 per person (\$20 value)

This is the core event of the weekend. Includes the Sunday program and parade, and a commemorative cap if one of the first 1500 package registrants.

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."
In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see [Scouting Safely on Scouting.org](http://ScoutingSafely.org).)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Last Name

D.O.B

Allergies

Emergency Contact #

**Part C
Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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, including 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.

- Without restrictions.
 With special considerations or restrictions (list) _____

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/ film/videotapes/electronic representations and/or sound recordings made of me or my child at 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 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.

Yes No

Adults authorized to take youth to and from the event: (You must designate at least one adult. Please include a telephone number.)

1. _____
 2. _____
 3. _____

Adults NOT authorized to take youth to and from the event:

1. _____
 2. _____
 3. _____

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____

(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
 1325 West Walnut Hill Lane
 P.O. Box 152079
 Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



34605 2009 Printing

Part C Last name: _____ **DOB:** _____

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