



# TRẠI KHAI PHÁ 3

## National Vietnamese Venturing Supercamp 3

### LEADER'S GUIDE

July 9 - 15, 2017  
Camp Emerald Bay on Catalina Island, California  
Register online at [www.traikhaipha.org](http://www.traikhaipha.org)





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November 14, 2016

Dear Crew Advisor,

We are very excited to welcome your crew to Trai Khai Pha 3, the National Vietnamese Venturing Supercamp, at Camp Emerald Bay on Catalina Island from July 9 to July 15, 2017. 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 process of putting together a program that is challenging and enriching, one that will create memories of a lifetime for our crews and leaders.

Enclosed in this packet is a guide to prepare for TKP3. We encourage you to read through the information as this guide includes all of the forms necessary to attend camp. There is also a list of FAQs with more information regarding what to expect and how to prepare for camp.

The camp fee is \$275 for Venturers and adults. The deadline for the registration and camp fee is Friday, March 31, 2017. After that, registration will increase (see "Camp Information" for fee increase details). Registration is now open. 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 next summer on Catalina Island!

Yours in Scouting,

Katrina Phuonglan Huynh  
Camp Chief - Trai Khai Pha 3



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Ngày 14 tháng 11 năm 2016

Thân gửi quý Thanh Trường,

Chúng tôi rất hân hạnh và vui mừng đón tiếp Thanh đoàn của quý trường về tham dự Trại Khai Phá 3, tại trại trường Emerald Bay, Catalina Island từ ngày 9 đến ngày 15 năm 2017. Đây là một cơ hội tốt đẹp để các trường cùng các em thanh sinh khắp nơi trên toàn nước Mỹ về tham dự một tuần lễ trại hè. Đây cũng là dịp tốt để giúp các trường 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 trường.

Đính kèm theo tập tài liệu này là bản hướng dẫn để chuẩn bị cho Trại Khai Phá 3. Quý trường 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 trường và các em chuẩn bị chu đáo cho kỳ trại này.

Trại phí cho mỗi trại sinh (thanh sinh, trưởng, thiện nguyện viên) là \$275. Hạn chót để ghi danh và đóng tiền trại phí là ngày thứ sáu, 31 tháng 3 năm 2017. Nếu quý trường ghi danh sau ngày 31 tháng 3, trại phí sẽ gia tăng theo từng giai đoạn. Quý trường có thể bắt đầu ghi danh bằng cách bấm vào <http://www.traikhaipha.org>.

Mọi thắc mắc gì về kỳ trại này, xin quý trường vui lòng liên lạc với chúng tôi. Ban điều hành trại hy vọng sẽ gặp tất cả quý trường và các em thanh sinh vào mùa hè 2017 tại Catalina Island!

TABTT,

*Katrina Huynh*

Katrina Phương Lan Huỳnh  
Trại trưởng Trại Khai Phá 3



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### **Vision & Mission Statement**

At Trai Khai Pha 3, 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 weeklong program that is based on skills, teamwork, adventure, and camaraderie that meets those requirements and opens up doors for the Venturers to understand the Venturing program in greater detail.

### **TKP3 Executive Committee**

Camp Chief	Katrina Huynh	KatrinaTPK3@gmail.com
Admin Chair	Huong Dao	Huongdao21004@gmail.com
Finance Chair	Ty Tran	Tydiemtran@gmail.com
Quartermaster	Maurice Le	MauriceTKP3@gmail.com
Medical Chair	Gia-Hung Phan	Drphandc@gmail.com
Program Chair	Lynda Vu	Lyndakvu@gmail.com
Program Chair	James Pham	Jamezpham@gmail.com
Program Chair	Niki Nguyen	Niki.nguyen11@gmail.com
Advisor	Dinh Tran	Dinh.thien.tran@gmail.com
Advisor	Mallorie Dang	MallorieTKP2@gmail.com
Staff Advisor	De Nguyen	Detan.nguyen@scouting.org





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## LEGEND:

### Campsites

1. Malibu
2. La Jolla
3. Palos Verdes
4. Dana Point
5. Laguna
6. Zuma
7. Monterey
8. Carmel
9. Morro Bay
10. Santa Cruz
11. Coronado
12. Redondo
13. Venice
14. Big Sur
15. Half Moon Bay
16. Santa Barbara
17. Del Marr
18. Santa Monica
19. Oceanside
20. Newport

### Program Areas and Meeting Locations

#### Waterfront

Canoeing, Lifesaving, Motorboating, Rowing, Small Boat Sailing, Swimming, BSA Lifeguard, Shorkeling BSA, Mile Swim BSA

#### Pennington Marine Science Center

##### Upstairs

Fish and Wildlife Management, Oceanography, BSA Aquarist, BSA Oceanographer

##### Downstairs

Scuba merit badge, Rugged Scuba, Rugged Oceanographers

#### Handicraft

Art, Basketry, Leatherwork, Woodcarving, Pottery

#### Scoutcraft

Camping, Orienteering, Pioneering, Wilderness Survival

#### Field Sports

Archery, Rifle, Shotgun

#### Nature

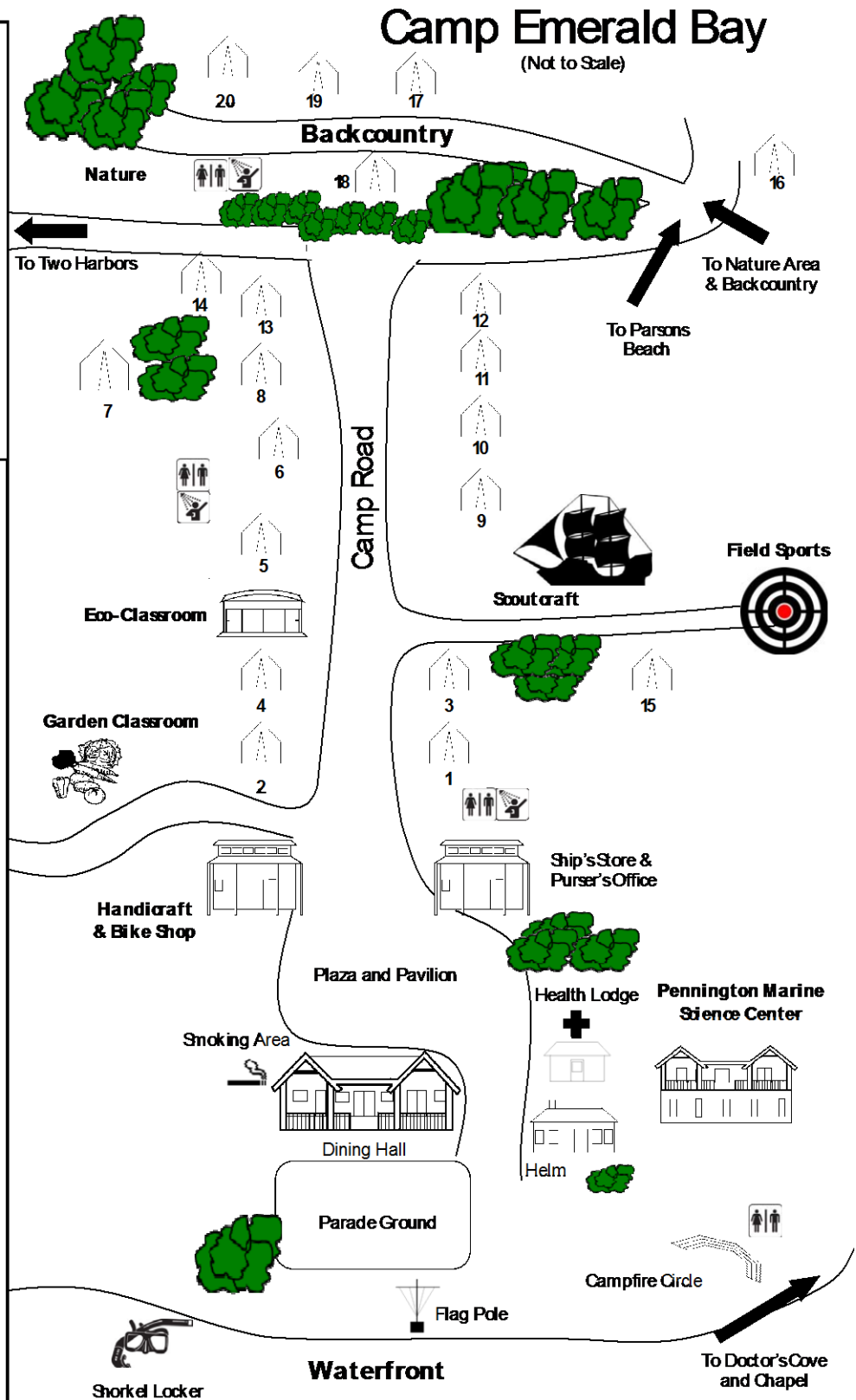
Environmental Science, Geology, Mammal Study, Nature, BSA Naturalist.

#### Eco Classroom

Astronomy, Energy

#### Garden Classroom

Soil and Water Conservation





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### **Camp Information**

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

##### **\$275 for youth Venturers & adults**

The camp fee of \$275 is due **Friday, March 31, 2017**. After the March 31<sup>st</sup> deadline, the fee will be increased by \$50 per month. From April 1<sup>st</sup> to April 30<sup>th</sup>, 2017, the camp fee will be \$325. Any registration after May 1, 2017, will be \$375.

Each crew will need to write **ONE** check for everyone's registration fees. Checks can be made payable to **BSA/HDVN – TPK3**, please mail checks to:

Ty Tran  
9322 Andalusia Ave  
Fountain Valley, CA 92708

We will have a limited number of camperships (camp scholarships) available on an as-needed basis. Scholarship applications are due by **March 1, 2017**. Scholarship application can be found on [www.huongdao.org](http://www.huongdao.org) website.

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

As part of the camp fee, Camp Emerald Bay will have chartered ferries that will transport participants from San Pedro to Camp Emerald Bay and back to San Pedro at the end of camp. We will meet at San Pedro Catalina Island terminal next to the USS Iowa, Berth 87, in San Pedro, CA. Each Venturing crew and staff is responsible for its own travel arrangements to San Pedro Port by 12:00 noon on Sunday, July 9, 2017.

The ferry ride will be approximately 1 hour and 15 minutes. Depending on the weather, the waters be rough and choppy. Especially for those with a history of having motion sickness, we highly recommend that you prepare for seasickness.

Crews traveling by plane should arrange to fly into LAX, Long Beach, or John Wayne Airport and provide your own transportation to and from San Pedro Catalina Island Terminal. For crews that will be driving, parking is available at the terminal for a daily rate. Please visit <http://www.catalinaexpress.com/port-long-beach/long-beach-port.html> for more information regarding parking.

According to BSA policies, all Venturers and leaders are required to be in their Venturing field uniform (Class A) for the duration of travel to and from Camp Emerald Bay.

**There will be no special arrangements for missed ferry rides. It is the responsibility of each crew to arrive at San Pedro at their designated time (12:00 noon on Sunday, July 9, 2017).**



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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:

- Kayaking
- Boating
- Snorkeling
- War canoes
- Field sports (archery & shotgun)
- Traditional Vietnamese Scouting activities

On Sunday, July 9, 2017, 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 Emerald Bay are 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 at Avalon on Catalina Island.

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

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 & Venturing Youth Protection Training). We encourage all adults and parents to register for TKP3 and serve on the staff.



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## Getting Ready to Attend Camp

### Required Documents

The documents listed below are the required documents to attend camp:

#### Crew Forms

- **Crew/Unit Insurance:** Each crew needs to bring a copy of their crew/unit accident insurance. It is often provided by their local council.
- **Tour Plan:** Each crew is responsible for filing a Tour Plan with their local council. Bring a copy with you during your travel to and from camp.

#### Individual Forms

- **Health Forms:** Parts 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 with the camp rules and regulations.
- **Parental Firearms Permission & Release**
- **Talent Release**
- **BSA Youth Protection Training & Venturing Youth Protection Training**

#### Youth Protection Training

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



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## How to Register Online

### Registering Your Crew

Each Lien Doan will select a representative (usually the Crew Advisor) to register their crew. The representative will click on “New Group Register (by a rep).” The representative will fill in the form and will be the main point of contact from our TKP3 admin team.

Once the registration is approved by the admin team, individuals may begin to register.

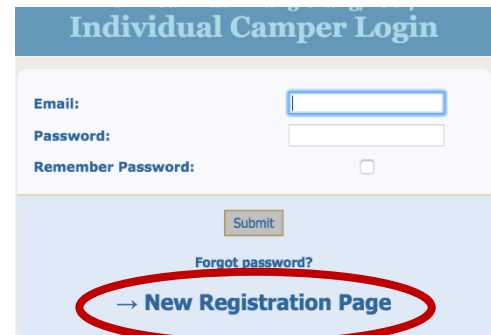


### Individual Registration

Venturers and adults will register themselves by selecting “New Camper Register.” Once the crew is registered by the representative, they will be able to click on their Lien Doan to register under their own crew.

For first-time registration, select “New Registration Page.” Each participant will need an email and a password that will be used as their login to access their account in the future.

Once the registration form is complete, our admin team, along with your crew representative, will be notified.





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

#### **Toilet Kit**

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

#### **Camping Gear**

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

#### **Misc.**

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

### **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

## 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	<b>Last HbA1c percentage and date:</b>
		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	<b>Last attack date:</b>
		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	<b>Last seizure date:</b>
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	<b>CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
		List all surgeries and hospitalizations	<b>Last surgery date:</b>
		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.
		<b>For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.</b>

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



# Prepared. For Life.™

Boy Scouts of America  
De Tan Nguyen – CPD  
1325 W. Walnut Hill Lane  
Irving, TX 75038-2079

## SCOUTREACH (Trai Khai Pha 3) SCHOLARSHIP APPLICATION

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

This form must be returned by **March 1, 2017**

Scoutreach (Multicultural Markets & Trai Khai Pha 3) scholarships are given to make up the difference that a Scout, his/her family, and the unit can't cover toward his summer camp (TKP3) fees. Generally, the scholarship grant is 40 to 50 percent of the total fee. The maximum the Scoutreach (Multicultural Markets & Trai Kha Pha 3) will grant is 80 percent of the 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 3 CREW ADVISOR (That will travel with Scout to TKP3)

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 3 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 \_\_\_\_\_



## **TRẠI KHAI PHÁ 3 National Venturing Supercamp 3**

July 9 - 15, 2017

Camp Emerald Bay on Catalina Island, CA

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

### **TKP3 Frequently Asked Questions**

**Q: Who can go to TKP3?**

A: Currently registered BSA Venturer youth and registered adults.

**Q: Can a Boy Scout attend TKP3 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 TKP3 and participate in the activities?**

A: Girl Scouts must be registered as part of a BSA Venturing Crew in order to participate. Girls must be 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: If my crew cannot attend, can I attend TKP3? What are my options?**

A: As an individual, yes, you can register for TKP3. When you register, select "individual registration" on the registration form.

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

A: Our medical staff will examine the BSA Medical Forms A, B, and C. Any allergies or special dietary needs will be indicated on the medical 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/patrol 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 TKP3?**

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 is not allowed during program time. There is no public wifi.

### **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 [KatrinaTKP3@gmail.com](mailto:KatrinaTKP3@gmail.com) or email a member of the TKP3 Executive Committee.



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# **TRẠI KHAI PHÁ 3**

## **National Vietnamese Venturing Supercamp 3**

July 9 - 15, 2017

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

**Camp Emerald Bay  
1 Cove Rd.  
Avalon, CA 90704  
Phone: (818) 933-0130**

### **Trai Khai Phai 3 - Leadership Emergency Contact Information**

Katrina Huynh 408-218-3992 or [katrinatkp3@gmail.com](mailto:katrinatkp3@gmail.com)

Gia-Hung Phan 408-515-8880 or [drphandc@gmail.com](mailto:drphandc@gmail.com)

De Tan Nguyen 214-505-1328 or [detan.nguyen@scouting.org](mailto:detan.nguyen@scouting.org)