

SINOQUIPE



SCOUT

RESERVATION



2019

Appendix



# 2019 Sinoquipe Payment Tracking Form (Council Copy)



- Week 1: June 23rd-29
- Week 2: June 30-July 6th
- Week 3: July 7th-13th
- Week 4: July 14th-20th
- Week 5: July 21st-27th
- Week 6: July 28th-August 3rd
- Week 7: August 4th- 9th

Please include a troop liaison email address on each of these forms so the Council is able to contact you with Merit Badge Pre-Registration instructions when troop is paid in full. Forms should be cut out and mailed with payments.

**The first \$125 of a scout's fees are non-refundable.**

	Youth	Adult
1st payment	\$125	First two Adults \$75
2nd payment	\$125	
3rd Payment	\$125	Additional adults \$150
<b>Total</b>	<b>\$375</b>	

This is a suggested payment schedule. Payments can be made in full at any time prior to the dates below. Full payments made by April 26th get access to merit badge registration when it goes live.

-----Cut Here-----

Third Payment Form: Due May 15th                      Troop: \_\_\_\_\_                      Week: \_\_\_\_\_

	Number		Amount		Total
Final Youth Payment				=	
Additional Adult Payment				=	
<b>Total</b>					

Troop Liaison: \_\_\_\_\_                      Email Address: \_\_\_\_\_

Council Use Only                      Date Received: \_\_\_\_\_                      Receipt # \_\_\_\_\_

-----Cut Here-----

Second Payment Form: Due April 15th                      Week: \_\_\_\_\_

	Number		Amount		Total
2nd Youth Payment		X	\$125	=	
Additional Adult Payment		X	\$150	=	
<b>Total</b>					

Troop Liaison: \_\_\_\_\_                      Email Address: \_\_\_\_\_

Council Use Only                      Date Received: \_\_\_\_\_                      Receipt # \_\_\_\_\_

-----Cut Here-----

First Payment Form: Due March 15th                      Troop: \_\_\_\_\_                      Week: \_\_\_\_\_

	Number		Amount		Total
1st Youth Payment		X	\$125	=	
Adult Payment	2	X	\$75	=	
Additional Adult Payment		X	\$150	=	
<b>Total</b>					

Troop Liaison: \_\_\_\_\_                      Email Address: \_\_\_\_\_

Council Use Only                      Date Received: \_\_\_\_\_                      Receipt # \_\_\_\_\_

# 2019 Sinoquipe Payment Tracking Form (Unit Copy)



- Week 1: June 23rd-29
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-----Cut Here-----

Third Payment Form: Due May 15th                      Troop: \_\_\_\_\_                      Week: \_\_\_\_\_

Total

Final Youth Payment		X	\$125	=	
Additional Adult Payment		X	\$150	=	
Total					

Troop Liaison:

Council Use Only                      Date Received:                      Receipt #

-----Cut Here-----

Second Payment Form: Due April 15th                      Troop: \_\_\_\_\_                      Week: \_\_\_\_\_

	Number		Amount		Total
2nd Youth Payment		X	\$125	=	
Additional Adult Payment		X	\$150	=	
Total					

Troop Liaison:

Email Address:

Council Use Only                      Date Received:                      Receipt #

-----Cut Here-----

First Payment Form: Due March 15th                      Troop: \_\_\_\_\_                      Week: \_\_\_\_\_

	Number		Amount		Total
1st Youth Payment		X	\$125	=	
Adult Payment	2	X	\$75	=	
Additional Adult Payment		X	\$150	=	
Total					

Troop Liaison:

Email Address:

Council Use Only                      Date Received:                      Receipt #

# Troop Medicine Check In Sheet

Troop: \_\_\_\_\_ Council: \_\_\_\_\_ Week in Camp \_\_\_\_\_

Acting Scoutmaster: \_\_\_\_\_ Cell # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

To speed up the check in process the Scoutmaster can collect medications for the troop prior to arriving at camp. Each Scout's medications should be placed in a well marked zip lock bag with the Scout's name and troop number.

During check-in the Health Officer will meet with the Scoutmaster and acknowledge the accuracy of this document and turn in listed medications. It is permitted for the Scoutmaster to keep medications at the campsite only if it is kept under lock and key while in their possession. Refrigerated medications must be stored in the Health Office.

A medicine log must be kept for any medications used in camp. This log must be kept by the Scoutmaster if medications are dispensed in the camp site. This log must be turned in to the Health Officer before leaving camp

**THE INFORMATION IN THIS DOCUMENT IS PRIVATE AND NOT TO BE SHARED WITH ANYONE OTHER THAN THE HEALTH OFFICER OR CAMP DIRECTOR**

					Please check only one location.	
	Scout Name	Age	Medicine	Dosage	Locked in campsite	Health Office
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

If more lines are needed please use additional forms



**RELEASE FROM LIABILITY  
PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK**

In consideration of the services of the Mason Dixon Council of the Boy Scouts of America and, their agents (R. Clem & Jana L. Malot do as Uncle Clem's Place), owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf [hereinafter collectively referred to as "BSA/U.C."], I hereby agree to release, indemnify, and discharge BSA/U.C. On behalf of myself, my children, my parents, my heirs, assign personal representative and estate as follows:

1. I acknowledge that horseback trailrides entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

*The risks include, among other things:* loss of control, collisions, horses; irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by rider; latent or apparent defects or conditions in equipment, animals or property, acts of other participants in this activity, adverse weather conditions; contact with plants or animals; my own physical condition or my own acts or omissions; the condition of remote roads, trails, waterways, or terrain, and accidents connected with their use; first-aid, emergency treatment or other services rendered; consumption of food and drink.

Furthermore, BSA/U.C. guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless BSA/U.C. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of BSA/U.C.'s equipment or facilities, including any such Claims which allege negligent acts or omissions of BSA/U.C.

4. Should BSA/U.C. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - - and bear the costs of - - all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against BSA/U.C., I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of the state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

*By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against BSA/U.C. on the basis of any claim from which I have released them herein.*

*I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.*

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by BSA/U.C. to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless BSA/U.C. from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**This Record is to be mailed in with health forms for check-in at the camp.  
It must be filled out and signed at the time of the swim classification testing.**

## **Swim Classification Procedures**

The swim classification of individuals participating in a Boy Scouts of America aquatic activity is a key element in both Safe Swim Defense and Safety Afloat plans. The swim classification tests must be renewed annually, preferably at the beginning of each outdoor season. All Safe Swim Defense rules must be followed.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the circumstances in which the individual will be in the water. The Swimmers Test demonstrates the minimum level of swimming ability for recreational and instructional activity. Each step of the test is important and should be followed as listed. As indicated in the Safety Afloat Plan and the Summer Camp Leader's Guide, all persons participating in off-camp water activities (if available) are required to be "swimmers". This swim classification test can be done at the unit level by one of the following resource people: Aquatics Instructor, BSA; Cub Scout Aquatics Supervisor; BSA Lifeguard; certified (Red Cross, YMCA or other similar certification) lifeguard; swimming instructor; or swim coach.

**NOTE: You MUST attach a copy of the certifier's certification (i.e., Aquatics Instructor card, BSA Lifeguard card, etc.) to this form in order for the pre-camp swim test to be accepted. The Aquatics Director at camp may review or re-test any Scout or adult whose skills appear to be inconsistent with his classification.**

Any Scout or leader that did not complete a swim pre-check should be prepared to take the swim test at check in time. Safety is the number one priority in the aquatics program. At any time, the waterfront staff may require a recheck.

### **SWIMMER CLASSIFICATION**

- Jump feet first into water over the head in depth, level off, and begin swimming.
- Swim 75 yards in a strong manner using one or more of the following strokes: Sidestroke, breaststroke, trudgen, or crawl.
- Swim 25 yards using an easy, resting backstroke.
- The 100 yards must be completed in one swim without stops and must include at least one sharp turn.
- After completing the swim, rest by floating.

### **BEGINNER CLASSIFICATION**

- Jump feet first into water over the head in depth, level off
- Swim 25 feet on the surface, stop, turn sharply, resume swimming as before
- Return to starting place.

### **LEARNER CLASSIFICATION**

- No test is required, but all are encouraged to get in the water.

This Record is to be mailed in with health forms for check-in at the camp.  
It must be filled out and signed at the time of the swim classification testing.

MASON-DIXON COUNCIL  
PRE-CAMP SWIM CLASSIFICATION RECORD

This form indicates the individuals' swim classification as of the date listed below. This date must be within 12 months of the starting date of your unit's week at summer camp.

Troop / Crew Number: \_\_\_\_\_ Home Council: \_\_\_\_\_

Date of Swim Test: \_\_\_\_\_ Week Attending Camp: \_\_\_\_\_

The following troop or crew members (including adults) have all passed the test indicated on the next page and are classified as either: a "Swimmer", "Beginner" or "Learner". (See definitions on the next page.)

Full Name (Print)	Youth or Adult	Classification
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

Qualification of Person Conducting Test: (Attach a copy of the certification)

Certified Lifeguard     
  Swimming Instructor     
  Aquatics Instructor, BSA  
 Swim Coach     
  BSA Lifeguard     
  Cub Scout Aquatics Supervisor

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Unit Leader Info

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_



# 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:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**High-adventure base participants:**  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

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?

	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	



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# 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?

	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	Frequency	Other

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.

Disease	Immunized	Date
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: \_\_\_\_\_

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:**

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: \_\_\_\_\_

Examination	Findings	Restrictions	Comments
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):

	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:

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



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