

October 20th—22nd 2017

Santa Fe Recreational Dam Area

15501 Arrow Hwy, Irwindale, CA 91706

Participant Guide

Revised 10/10/17

Event Chair: Joseph Lopez (562) 208-7291 (C/T) or joseph.ra.lopez@gmail.com

Assistant Chair: Steve Reifschneider (562) 305-5883 or steverEIFS@gmail.com

Table of Contents

Background	1
Registration and Fees	1
Arrival & Check In/Check Out	1
Campfires & Open Flame	1
Meals	2
Disability Access	2
Parking	2
First Aid	2
Rules of Conduct	3
Prohibited Items	3
Campsite Clean Up & Trash	3
Unit & Individual Awards	3
Suggested Camping List	4
Tentative Schedule	5
Tentative Activity List	6
Driving Directions	7
Tentative Layout Map	8
Frequently Asked Questions	9
Firearms Consent Form	10
Medical Release Form (Parts A and B)	11

Background

Santa Fe Dam Recreational Area is nestled at the foot of the San Gabriel Mountains and is considered one of the many hidden jewels of Southern California. This 836-acre facility boasts a serene 70-acre lake with year-round fishing and non-motorized watercraft usage. During the summer months, the recreational area highlights a five-acre chlorinated Water Play Area. The facility is home to many protected native plants and animals. The Nature Center is operated and staffed by volunteers of the San Gabriel Mountains Regional Conservancy offering educational, interpretive and walking tours throughout the year.

Registration and Fees

Registration is available online at <http://www.longbeachbsa/cubbooree>. Most forms of credit cards are accepted. Each participant must be registered and pay all fees online. The registration deadline is October 14. Youth participants under 18 years old must be accompanied by an adult parent or guardian that is also registered for the event. Scouts who participate in shooting sports must possess and show the **FIREARMS CONSENT FORM** (page 10) to the RangeMaster.

PLEASE NOTE: Medical Forms and Consent Forms for each PARTICIPANT are to be collected by the Unit Designee and handed in for that Unit for individuals to participate in Shooting Sports and other activities.

Arrival & Check In/Check Out

Each unit must send a Designee to check in on Friday between 4-9PM at the Registration station located near Parking Lot 5. Late arrivals are accepted with prior notification to event staff. Saturday check in available from 7AM - 1PM. Check-out on Sunday begins at 10:00AM. Unit Designee may only check-in/out participants who are in their direct responsibility.

If you need to leave the Camp Early or leave for a period of time during the event you must notify your Unit Designee and the Designee must notify the Registration Chair in person or Via Text with the Unit, the Individuals Names, Time of Check Out, and Expected Return time (if applicable).

Campfires and Open Flame

Campfires are restricted to above ground portable fire rings. Each unit must provide their own ring, and are limited to 1 per campsite. Please bring a stone, ceramic or brick 12x12 inch square paver to put under the fire ring to protect the ground. Cooking equipment with open flame or pressurized fuel are permitted at this event.

Meals

Meals are not provided to attendees as part of the camp. Individuals are recommended to discuss arrangements with their units or bring their own food. Please bring coolers to store food, bags may attract unwanted attention for nearby wildlife.

Remember do not eat or store food in your tents.

Disability Access

Camp Staff can accommodate disability needs on request and has a handicap accessible campsite for campers with disabilities. Please contact the Event Chair if you have need of these services, and we will try to accommodate you as best as possible. Handicap parking is available for those with placards, please notify parking staff so they can direct you

Parking

The Santa Fe Dam has a \$10 Entrance Fee per/Vehicle for Vehicles Arriving before 4PM

Carpooling is strongly encouraged. All vehicles must be parked in designated parking areas. Parking is not permitted at campsites and there is no driving on the grass. Participants may drop off their gear at the designated drop off location, and immediately return their vehicle to the designated parking area. Portable wagons are strongly encouraged to haul camping gear to your camp site. Unattended vehicles will be towed or moved to a safe location for safety reasons. Drivers should keep their keys with them at all times. Per BSA camp rules, driving in camp is prohibited except during check-in and check-out only.

First Aid

Fully trained emergency medical staff will be available on a 24-hour basis during the entire event. They are outfitted with a wide range of emergency equipment. Minor incidents will be handled on-site, while major or life-threatening emergencies will be reported immediately to local First Responders. Parents or guardians will be contacted immediately in response to any major incidents. Packs are required to bring their own first aid kits with them for their campsites.

Rules of Conduct

A Scout is Trustworthy, Loyal, Helpful, Friendly, Courteous, Kind, Obedient, Cheerful, Thrifty, Brave, Clean, and Reverent. Scouts and adults will be expected to avoid profane or offensive language and gestures. Cub Boo Ree follows the Boy Scouts of America Policy concerning the use of alcoholic beverages, drugs or other mind-altering substances. Adults will be restricted to smoking within the parking lot area only, not in campsites. There shall be NO alcoholic beverages, drugs or other controlled substances present at or consumed during Cub Boo Ree. Participants that violate this Policy or who become disruptive to others will be required to leave the event.

Prohibited Items

Do not bring alcoholic beverages, drugs, any type of liquid fueled device (White gas, Kerosene, etc.), play or real weapons, firearms, archery equipment, sheath knives, slingshots, saws, axes, hatchets, fireworks or pyrotechnics of any sort. Since this is an outdoor Scouting event, no radios, electronic games, tablets, computers, or other electronic equipment will be allowed during the event. Adults are also discouraged from bringing or using these devices as an example to the Scouts.

Campsite Clean-Up & Trash

Campsites must be inspected by staff prior to departure of the members in your pack. Participants are responsible to "Leave No Trace" at their campsites. Pick up all trash, remove all personal gear, and ask for a campsite inspection at the Registration Station before leaving. Units are expected to haul out trash so please pack lightly.

Unit and Individual Awards

Judges will award participants from several category opportunities:

- All Packs will receive a Participation Ribbon.
- Pack Award for Best Camp Decoration to Theme (1st - 3rd).
- Pack Award for Best Group Costume to Theme (1st - 3rd).
- Pack Award for Best Attendance by Percentage to Total Members (1st - 3rd).
- Best Individual Costume to Theme (1st - 3rd).
- Best Individual Scariest Costume (1st - 3rd).
- Troop Award for Participation.
- Troop Award for Best Activity To Theme.
- Troop Award for Best Creepy House Design.

Suggested Camping List

Here is a helpful camping list for this event.

Personal Items

- Scout Spirit
 - Portable Wagon
 - Outdoor Essentials; First Aid Kit, rain gear, water bottle, flashlight, sun block
 - Class A Uniform for Flag Ceremony
 - Complete Change of Spare Clothes
 - Pack Class B or Scouting T-Shirt for Activities
 - Sneakers or Hiking Boots preferred
 - Towel
 - Sleepwear
 - Underwear and Socks (2 days)
 - Long Pants for Cool Evenings and Mornings
 - Sweater and/or Warm Jacket
 - Spare Batteries
 - Broad Brimmed Hat & Sunglasses for Sun Protection
 - Rain Gear/Poncho
 - Personal Medications & Prescriptions
 - Toiletries-Hair brush, etc. (No Shaving Lotion or Perfume)
 - Toilet paper
 - Garbage bags
 - Insect Repellant
 - Hat
 - Toothbrush & Toothpaste*
 - Chapstick*
 - Soap & Hand Towel*
 - Den Skit or Song for Rally
- * Use fragrance-free if possible.

General Camping Items

- Tent, Stakes, Hammer, (Hand Broom & Dustpan Optional)
- Ground Tarp for Under Tent
- Sleeping Bag, Pad, Air Mattress, or Cot & Pillow
- Camp Chairs
- Camp Tables
- Water and soap for washing cooking equipment
- 25 ft Nylon Cord and Clothes Pins for Drying Your Clothes
- Lantern with Extra Batteries
- First Aid Kit
- Recloseable Bags/trash bags
- Wet Wipes

TENTATIVE SCHEDULE

Friday

4:00pm-9:00pm	Check-in and Campsite Assignments
9:00pm	Leaders Meeting at HQ
10:00pm	Lights Outs

Saturday

7:00am-1:00pm	Saturday Check-in
7:00am-8:15am	Breakfast
8:30am-8:45am	Flag Ceremony and Announcements
9:00am-12n	Activities Open
12n-1:30pm	Lunch
1:30pm-5:00pm	Activities Re-Open
5:00pm-6:30pm	Dinner
6:00pm-7:15pm	Costume Serpentine, Camp n' Treat & Haunted House
7-15pm-8:00pm	Campfire, Skits & Awards
8:00pm-9:45pm	Movie
10:00pm	Lights Out

Sunday

7:00am-8:15am	Breakfast
8:30am-9:00am	Scout's Own
9:15am-9:20am	Closing Ceremony
10:00am	Break Camp / Check Out

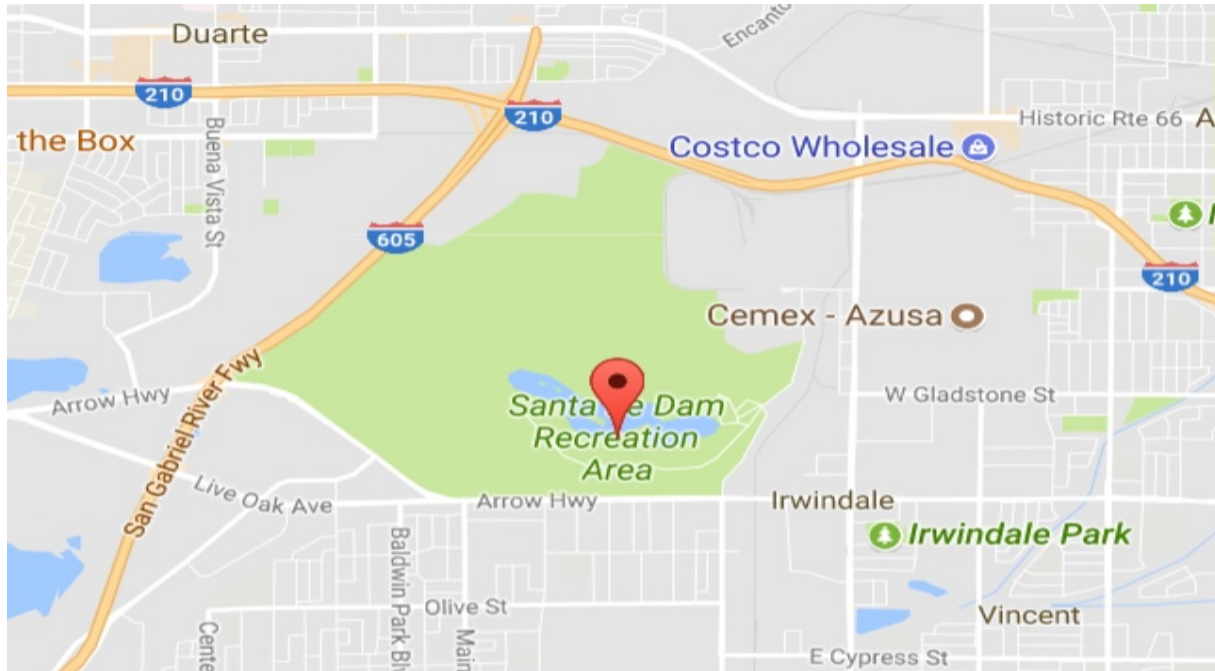
TENTATIVE ACTIVITY LIST

ACTIVITY	UNIT	AREA	DESCRIPTION
SHOOTING SPORTS			
Slingshots*	Troop 134	West Field	Sling Shooting Gallery using dogfood to shoot at a number of Targets. Achievements: Shooting Sports Patch (By Rank), Shooting Sports Pin
Archery*	CSLUB Archery Club	West Field	Multi Lane Archery hosted by the Cal State Long Beach Archery Club. Achievements: Shooting Sports Patch (By Rank), Shooting Sports Pin
BB Gun*	Troop 140	West Field	Multi Lane BB Gun Range. Achievements: Shooting Sports Patch (By Rank), Shooting Sports Pin
Haunted Bridge	Troop 65	South Field	A spooky rope bridge.
Gaga Ball	Troop 75	Activity Field	A compact last-scout-standing game of dodge ball. Achievements: Games Tigers Play [T] (1); Paws of Skill [W] (4,6)
Canoes*	RETC Exploring Post 0082	Western Shore	Paddle your Canoe around the lake (in a group) to practice your rowing skills. Achievements: Aquanaut [W] (2,3,4,9), Salmon Run [B] (4,5)
Inflatable Obstacle Course	Troop 613	Activity Field	Challenge another den to see who can make the quickest Time! Achievements: Games Tigers Play [T] (1); Paws of Skill [W] (4,6)
Bounce House	Troop 613	Activity Field	A Spooky Bounce House.
Leather Crafts	Pack 21	West Pavilion	Leather Stamping.
Paracord	Pack 21	West Pavilion	Survival Bracelets and Keychains.
Halloween Treat Bag Decoration	Pack 21	West Pavilion	Decorate your Treat Bag for the Camp'er Treat!
Fishing & Casting / Fishing		Lakeshore	Casting Practice will be available along the shore into floating hula-hoops, Fishing is available on the lake. Please bring your own equipment. Please purchase any required fishing licenses through https://www.ca.wildlifelicense.com/InternetSales/ regulations can be found here https://www.wildlife.ca.gov/Fishing/Inland
Haunted House		North Pavilion	Be thrilled by a (not-so) Spooky house!
Flush Tank			Units can take turns at the Flush Tank... Soaking their... Leaders?
Stomp Rockets			4 Launch pads to launch from.
Hiking Trails		Trails Start Near West Field	Beautiful trails to meet the needs of different rank requirements.
Sunday Morning Scout's Own	Pack 21 Dave Bridges	Flag Pole	A non-denominational service Sunday morning with opening to help Duty to God requirements for different ranks. Sign-ups will be available at the Registration table.

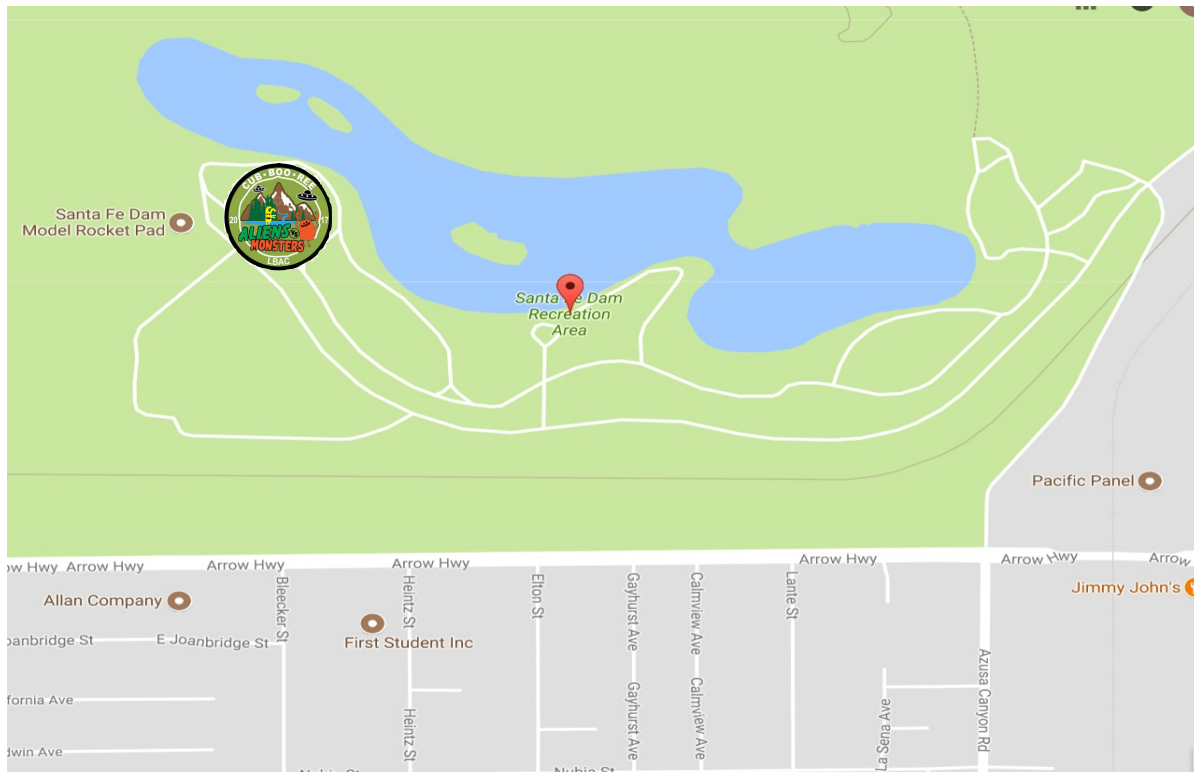
*Units will be scheduled to a Time slot for this activity.

DIRECTIONS

- Take the 605 North. (20 miles from CA-91).
- Exit at Live Oak Ave (Exit 25) in Irwindale.
- Live Oak Ave becomes Arrow Highway (3.5miles).
- Turn Left at Entrance to Santa Fe Dam Sign at Azusa Canyon Road.



- Follow Signs to Parking Lot 6 for Immediate Camp Equipment Drop Off.
- No driving on Grass to Camping Area.
- Please be prepared to cart your equipment to Camp Area.



TENTATIVE LAYOUT MAP



STAFF LOCATIONS

- 1 REGISTRATION
- 2 Medic/First Aid
- 3 HQ/Staff

Activities

- 1 Rope Bridge
- 2 Shooting Sports
- 3 Movie Screen
- 4 Crafts Tables
- 5 Fishing
- 6 Canoe
- 7 Obstacle Course

OTHER

- 8 Jumper
 - 9 Creepy House
 - 10 Hiking
 - 11 Stomp Rockets
 - 12 Flush Tank
 - 13 Badminton Set
- On-Site Restrooms
 - Additional Restrooms
 - Keep Clear

FREQUENTLY ASKED QUESTIONS

1. Can I bring my other children along on to this event?

- YES, this is a family event, siblings are able to attend for an additional cost.

2. I have a lot of equipment to bring with me- will I be able to drop it at the camp-site?

- Santa Fe Dam Does not allow vehicles on the grass. Please come prepared to carry or cart your gear to your campsite.

3. Are meals included with the event price?

- NO, meals are not included and are the responsibility of yourself and/or respective Scout units.

4. Can I cook my own food at the event?

- YES, you are welcome to cook your own food via portable stove or camp stove using butane or propane gas. One Firepit is allowed per campsite as long as a protective barrier, like stone tile, is protecting the ground below.

5. Is there a discount for attending only one day of the event?

- No, sorry, many costs for running the event are the Saturday Activities. You will be required to register and wear a wristband to participate in most events, like shooting sports.

6. What time is check-in for this event?

- Check in Friday Evening from 4pm-9pm and Saturday Morning 7am-1pm.

7. What equipment should I bring for this event? Please See **SUGGESTED CAMPING LIST**.

8. Can I wear sandals to this event?

- NO, all attendees are required to wear closed-toe shoes or boots at all times while on the campsite.

9. Can I bring a (gas-powered) generator to this event?

- NO, generators are not allowed at this facility.

10. Can we wear costumes to this event?

- YES! We'll have a costume contest Saturday Evening. Please remember that this is a **FAMILY** event - dress appropriately! Costumes in bad taste will be asked to be removed.

FIREARM CONSENT FORM

May 26, 2017



BOY SCOUTS OF AMERICA®

CALIFORNIA RIFLE AND SHOTGUN PARENTAL/LEGAL GUARDIAN PERMISSION FORM

Unit #:

Last Name:

First Name:

I, _____, parent or legal guardian of _____,
(Print Name of Parent or Legal Guardian) (Print Name of Child)
hereby give my child express permission and consent to be loaned and possess firearms (handguns and long guns) and ammunition to engage in lawful, recreational sport, including target practice, and/or a course of instruction in the safe and lawful use of a handgun. (Cal. Penal Code §§ 27945, 29610, 29615, 29650, 29655; 18 U.S.C § 922(x)). As used in this form, “firearms” include any handguns, long guns, or shotguns that may lawfully loaned to and possessed by a minor under state and federal law.

I also give my child express permission and consent to possess, and for a person to loan to my child, a “BB device” as defined in Cal. Penal Code * 16250. (Cal. Penal Code § 19915).

This consent is valid, absent my express revocation thereof, for the calendar year of _____.
(Calendar Year)

A photocopy or facsimile of this written consent will serve as an original.

I represent that I am (1) the parent or legal guardian of the minor named above and (2) not prohibited by Federal, state, or local law from possessing a firearm. I agree to indemnify and hold harmless the Boy Scouts of America, and any local Council and all officers, members, employees, and volunteers thereof, from all losses, damages, causes of action, cost and expenses, arising from any false statements or representations made by me herein.

~~Please bring at least four (4) copies of this form to camp with your child. One (1) copy must remain in your child’s possession at all times while he or she possesses any firearms or ammunition, and one (1) copy should be provided to the owner of the firearm.~~

Signature of Parent or Legal Guardian

Date

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?

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	



Prepared. For Life.®

680-001
2014 Printing

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)
			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: _____