

Cub - Boo - Ree 2016



Leader's Guide

Cub - Boo - Ree



When: October 21 - 23, 2016

Where: Los Alamitos Joint Forces Training Base
(11206 Lexington Dr, Los Alamitos, CA 90720)

Cost: \$25 per Scout and Sibling, \$15 per Adult
(Registration Closes October 8th, Except for New Scout Families)

Increase: October 3rd - October 8th \$40 per Scout and Siblings

Questions Contact:

Registrar: Joe Lopez at joseph.ra.lopez@gmail.com

Event Chair: Travis Burks at travisburks1@verizon.net

District Director: Rebekah Havard at Rebekah.havard@Scouting.org

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Scout Name (s): _____

Sibling Name (s): _____

Adults Name(s): _____

Phone Number: _____

E-Mail: _____

Unit Type: _____ Unit #: _____

Total People Attending: ____ = \$ _____

REF#1-6801-690-20

Schedule

Friday

4:00pm – 9:00pm

9:00pm

10:00pm

Check-in and Campsite Assignments

Leader's Cracker Barrel at HQ

Lights Out

Saturday

7:00am – 8:15am

8:30am – 8:45am

9:00am – 12:00pm

12:00pm – 1:30pm

1:45pm – 3:45pm

4:00pm – 5:45pm

6:00pm – 7:30pm

8:00pm – 9:45pm

10:00pm

Breakfast / Check-in for Saturday arrivals

Flag Ceremony and announcements

Activities open

Lunch

Activities re-open

Dinner

Costume Serpentine and Trunk n' Treat

Movie

Lights Out

Sunday

7:00am – 8:15am

8:30am – 9:00am

9:15am – 10:00am

10:00am

Breakfast

Interfaith Worship

Closing Ceremony

Break Camp / Check out

Packing List

- Scout Spirit
- Uniform for Campfire
- Medical forms Parts A & B
- Firearms Permission slip
- Sneakers or hiking boots.
Open toed shoes or sandals
are not acceptable
- Pack T-shirts are OK for ac-
tivities
- Broad brimmed hat for sun
protection
- Sunscreen
- Bring Carved Pumpkin
- Tent
- Sleeping bag, pad, air mat-
tress, or cot & pillow
- Sleep wear
- Flashlight & Spare batteries
- Complete change of spare
clothing
- Long Pants for evening and
cool mornings
- Sweater and/or warm jacket
- Rain gear
- Personal medications
- Toiletries
- Toothbrush & tooth paste
- Chapstick
- Soap & hand towel
- Camp chairs
- Easy up (campsites have no
shade)
- Camp table
- Camp Stove (propane only)
OR Charcoal BBQ (at least
6 inches off the ground.)
- Food for the weekend
- First aid kit
- Fire Extinguisher or Buckets
for sand and water

**LBAC Is Not Responsible
For Lost or Stolen Items...**

What NOT to Bring

For your safety and the safety of others, please DO NOT bring:

- Alcoholic beverages
- Radios
- Play or real weapons
- Firearms
- Archery equipment
- Sheath knives
- Slingshots
- Saws, axes, hatchets
- Fireworks or pyrotechnics of any sort

Important Notes:

General:

- No Fires are aloud (except propane)
- **UNITS MUST PACK THIER TRASH OUT**
- Sunday the Wings, Wheels, and Rotors Air Show will be taking place at the Base after the Cub - Boo - Ree your welcome to stay.

Food:

- All Packs are to provide their own food for the weekend.
- Only propane can be used for cooking

Firearms Permission Slip:

- Completed for ALL participants doing any shooting sports such as archery, BB guns, and slingshots.

SEE ATTACHED PERMISSION SLIP

Parking / Parking Permit:

- You must have a valid Drivers License to enter the Base
- No RV's or Campers aloud
- All cars must be parked facing out, parking permit must be displayed. Keys must be in drivers pockets at all times.
- Permit is required on all cars staying on the BASE during Cub-BOO-Ree.

Frequently Asked...

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

YES, 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 campsite?*

MAYBE, this depends on where your campsite is and what parking is available. Please come prepared to carry or cart your gear 50 yards if need be.

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 allowable means (either charcoal pit or portable stove

- **ABSOLUTELY NO OPEN FLAMES**, but it is highly recommended you coordinate with your Scout's unit regarding meals for the Scouts.

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

NO, there is no discounted rate. If you elect not to check-in and camp on Friday that is your option. You will still be able to check-in on Saturday morning.

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

Check in schedule for camp is as follows:

FRIDAY evening, check-in will be from 5:00 pm to 9pm; and

SATURDAY check-in will be from 7am to 9 am.

7. *What equipment should I bring for this event?*

See PACKING LIST above.

8. *Are Scouts/siblings allowed to bring items to “entertain” themselves if they get “bored”?*

It is recommended that no toys of any kind are brought to the campsite, as the area and terrain are not conducive or safe for running around or playing on. Attending Scouts will have more than enough events/activities to participate in and keep them busy while at camp. Parental supervision and discretion are strongly recommended for all additional attending siblings.

9. *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.

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

NO, generators are not allowed or needed, as there is no need to bring any type of equipment or items along with you to this campsite that would require that much electricity.

12. Can we wear costumes to this event?

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

13. Trunk or Treat??

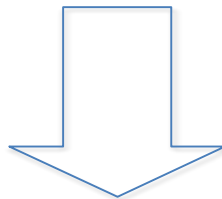
Scouts can dress in costume and parade to each campsite (via serpentine) for trick or treating. There will be a prize for the best decorated campsite/trunk/pumpkin display as well, bring your own candy. Same guidelines for costumes- please decorate FAMILY-FRIENDLY!

We hope that this supplemental list of FAQ's will answer most, if not all, of your questions regarding attendance at Cub-BOO-Ree. And, as always, if you still have any unanswered questions, please don't hesitate to contact our Event Coordinators:

Event Chair Travis Burks, travisburks1@verizon.net

Staff Advisor Rebekah Havard, rebekah.havard@scouting.org

Next Page For Permission Slips



Parking Rules and Regulations:

This permit must be on your dash and readable by Staff.

PLEASE OBSERVE 15 MPH SPEED LIMIT

- Drive Safely on ALL roads and observe speed limit of **15 MPH**.
- No trailers/RVs.
- Park your vehicle “**HEAD OUT**” in case of emergency evacuation.
- Vehicles may enter camp **ONLY** to load or unload gear.
- If you park blocking another car, and the Staff cannot find you, it will be necessary to tow your vehicle. No “In and Out Parking” except for emergencies.
- **LBAC is NOT RESPONSIBLE** for items lost or stolen from vehicles.

ALL DRIVERS MUST KEEP KEYS / PHONE ON THEIR PERSON AT ALL TIMES

Fold here and place on dashboard with Parking Permit side up

Parking Permit

Name of Car Owner: _____ Cell Phone #: _____

Disabled Parking: _____

Unit Type: _____ Unit #: _____

Shooting/Archery Consent Form

I give my permission for _____ to participate in the Slingshot Range program offered at Cub - Boo - Ree.

Parent Signature:

Note: California Penal Code Section 12552 prohibits furnishing firearms to minors under 18 without express or implied permission of the Parent/Guardian of the minor. Understanding this, I give my permission for my son (name stated above) to participate in the BB gun and archery shooting at Webelos Weekend.

Parents Print Name / Date

Parents Phone Number

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

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

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

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

Address: _____

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

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

Full name: _____
 DOB: _____

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

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

!

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____