

**REYES ADOBE DISTRICT**

# **WEBOREE 2023**

**PARAMOUNT RANCH, AGOURA HILLS, CA**

**APRIL 29, 2023**



**Boy Scouts of America**  
**Western Los Angeles County Council**  
**16525 Sherman Way, Unit C-8**  
**Van Nuys, CA 91406**

## TABLE OF CONTENTS

WHAT IS WEBOREE?	1
COVID UPDATES	1
CAMPOREE/WEBOREE STAFF	2
MAP TO WEBOREE	3
NOTES ABOUT VALLEY TRAILS	4
WEBOREE MEAL PLAN	4
GENERAL RULES AND NOTICES	5
WEBOREE T-SHIRTS	6
ORDER OF THE ARROW SHARK SNACK SHACK	7
SCOUTING FOR FOOD ~ PATCH CONTEST!	7
SCHEDULE OF EVENTS	7
WEBELOS WELCOME & BRIDGING CEREMONY	8
CAMPOREE SKIT ALERT!	8
SCOUT SPIRIT	9
PATROL CLASSIFICATION FORM	10
RUN AN EVENT AT CAMPOREE	11
REGISTRATION INFORMATION	12
JUDGING CRITERIA	13
UNIFORM INSPECTION	13
PATROL FLAG JUDGING	13
DUTCH OVEN DESSERT COOK-OFF RULES	14
CHECK-IN PROCEDURES	15
CHECK-OUT PROCEDURES	15
<b>CALIFORNIA RIFLE CONSENT FORM</b>	<b>17</b>
<b>MOBILE ROCK CLIMBING WALL CONSENT FORM</b>	<b>19</b>
<b>VALLEY TRAILS CONSENT FORM</b>	<b>21</b>
<b>SCOUTING HEALTH AND MEDICAL RECORD</b>	<b>23</b>

## WHAT IS WEBOREE?

This year is going to be a little different experience for our Webelos and Arrow of Light scouts. A recent change to the Guide for Safe Scouting states that Webelos and AOL's can only be day visitors to Scouts BSA Camporees. With that in mind, the Reyes Adobe Camporee Committee is working hard to put together a great program for you this year and put all the best parts of Camporee in to a one day program! Still the same competition events but you'll be starting later in the morning and your events will be moving to the afternoon. The Order of the Arrow will be hosting a special hot dog dinner for all of you AND we'll be doing a special awards ceremony for you at Campfire!

A Weboree is many things; a day of fun for Cub Scouts and the stomping of hundreds of feet on the way to the evening campfire. It's the ripple of wind-blown flags in the morning sun. It's catching the idea of teamwork in the Patrol method. It's working together for a common goal and learning how rewarding that can be. It is an opportunity for Cub Scouts to get together and compete against one another in friendly competition of scouting skills, games and a campfire.

A Weboree is also an opportunity for Webelos and Arrow of Light Patrols to learn about Scouting and for Scouts to help teach their younger counterparts. Friendships will grow, bonds will be made, and the Webelos and Arrow of Light Scouts will feel more comfortable in their transition to Scouts BSA.

But most of all.. Weboree is FUN!

## BACK TO BROWNSEA ISLAND

Back in 1907, Robert Baden-Powell conceived of an experimental camp to test out his idea of a new youth organization based on the book he was writing, "Scouting for Boys". There were only 21 boys at that first scout camp on Brownsea Island. They were organized in to 4 patrols, Wolves, Ravens, Bulls and Curlews. The scouts did not have uniform shirts, but wore khaki scarves and were presented with brass fleur-de-lis badges, the first use of the Scout emblem. They also wore a colored knot on their shoulder indicating their patrol: green for Bulls, blue for Wolves, yellow for Curlews, and red for Ravens. The patrol leader carried a staff with a flag depicting the patrol animal. After passing tests on knots, tracking, and the national flag, they were given another brass badge, a scroll with the words Be Prepared, to wear below the fleur-de-lis.

Scouting has changed quite a bit over the years, but in some ways not so much. We still wear Khaki, we still test our skills in fire building, in signals, tracking and of course, tying knots. This year, we're going back to the basics of Scouting and returning to our own version of Brownsea Island. The Weboree events will highlight the skills all scouts need to know and even the traditional names for the patrols. We can't wait to see how all you Wolves, Ravens, Bulls and Curlew show off what you can do!



## COVID UPDATES

The Reyes Adobe Weboree will be following the most current WLACC recommendations for safe practices and procedures regarding COVID. We'll post updates as we get closer to the event.

All the information in this packet is subject to change. Please check for updates with the Camporee Staff or our Facebook page.

Find us on   
@ReyesAdobeDistrictCamporee

**CAMPOREE/WEBOREE STAFF**

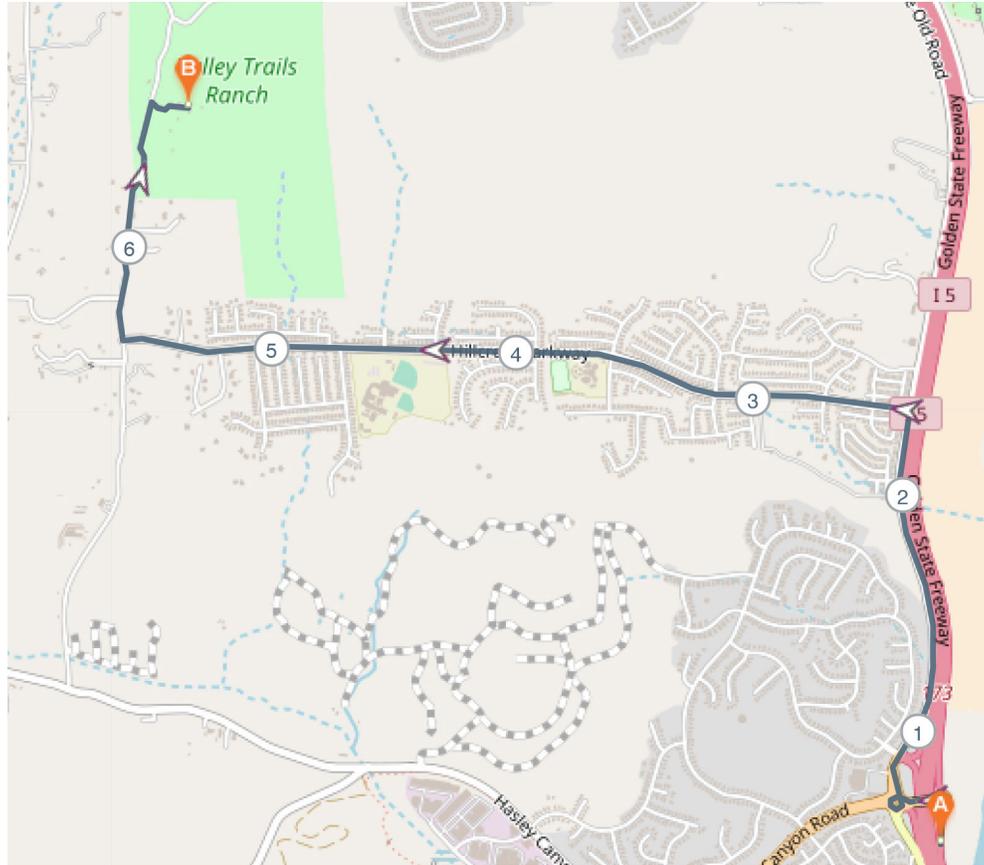
Camporee Co-Chairs	Steve Vincent Gerald Jenne
Weboree Co-Chairs	Jose Vazquez, Sharyn Ohlaug
Events Competition	Anett and Hrair Assilian
Campsite Layout and Signage	Gerald Jenne
Registration / Check-in	Steve Vincent
Scoring	Robert Foster
First Aid Station	Diane Freeman
Inspections	Jonathan Watts
Shooting Sports	Troop 583, Luann Peterson
Dutch Oven Program	Sami Dahdal
Sound System	Walter Hicks
Campfire Program and OA Call-Out	Order of the Arrow, SIPO Chapter Bruce McDonald
Scouts Own Interfaith Program	Troop 320 Scouts and Leaders
Event Staff	The Scouters of Reyes Adobe District <i>(And thank you for running the events!)</i>
Reyes Adobe District Executive	Juan Ramirez
Reyes Adobe District Chair	Victor Avalos
Camporee Committee at Large	Raul Estravit

## MAP TO WEBOREE

We are fortunate to again have Valley Trails Ranch for our Weboree site. As you'll only be there for a day, there will be parking in the front part of the lot area near the Scouts BSA Camporee Camping area. You should probably make sure that you can carry everything you'll need for the day. This is also a great opportunity to practice "Leave No Trace."

### Valley Trails Ranch

30910 S. Sloan Canyon Road, Castaic, California 91384



### Directions From San Fernando Valley

- Take 405 Freeway North
- Merge on to I-5 Freeway North to Santa Clarita
- (A.) Take Hasley Canyon exit off I-5 Freeway
- (1.) Turn right on Old Road
- (2.) Turn left on Hillcrest Parkway
- (3-5.) Continue on Hill crest
- (6.) Turn right on Sloan Canyon Road
- Entrance is on your right-hand side

**While driving on Sloan Canyon, please observe the 10 mph Speed Limit.**

## NOTES ABOUT VALLEY TRAILS

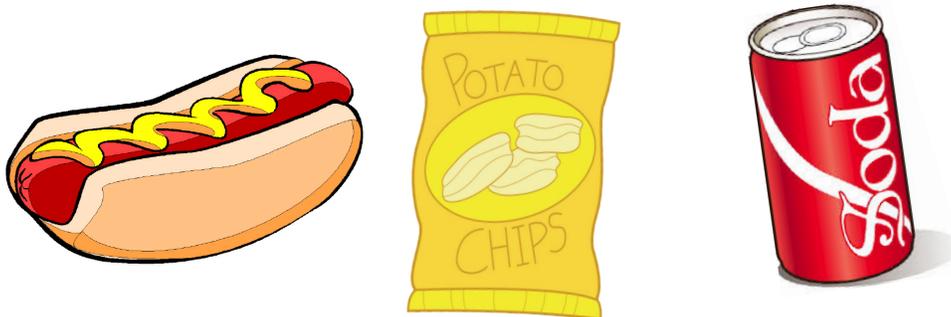
- **PACK IT IN, PACK IT OUT.** Your Unit will be responsible for removing its own trash. We hope to have dumpsters on site again, but regardless, you need to Leave no Trace. We are guests at Valley Trails and we need to respect the grounds by keeping our site clean and tidy. Remember, Scouts always leave an area cleaner than the way they find it.
- **PORTA-POTTIES WILL BE ON SITE FOR SCOUT AND ADULT USE.** Units are responsible for the cleanliness of the Porta-Potties in your area. Staff will have extra toilet paper and cleaning supplies available. Please promptly report any issues.(No Showers or Flush Toilets will be available on site)
- **WEBOREE BOUNDARIES:** Our Weboree has specific physical boundaries. It is imperative that these boundaries be observed. Scouts do not have the run of Valley Trails. We are only permitted to use specific portions of the area.
- **NATIVE PLANTS and ANIMALS:** It is normal for rattlesnakes to be in this area so be careful. Do not pick up or bother any of the wildlife in the area.
- **CAMP AREA:** Boundaries will be outlined on the Weboree map. **This is private property, so we need to stay in the camping area.** Anyone found outside the designated Weboree area will be sent home. No hikes or hill climbing. **NO EXCEPTIONS!!**

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## WEBOREE MEAL PLAN

- **BRING YOUR LUNCH:** Since Webelos and Arrow of Light Scouts aren't camping this year, you won't have a base camp to go back to after competitions end. You'll need to plan for that and come up with a lunch plan for your Unit. Whether it's packing a lunch or coordinating with a Scouts BSA Unit, that is up to you.
- **HOT DOG DINNER with THE ORDER OF THE ARROW:** As a part of your registration, the Order of the Arrow will be hosting all the Webelos and Arrow of Lights to a Hot Dog Dinner.



## GENERAL RULES AND NOTICES

**CHECK-IN:** Check in will start on Saturday morning **7:00 am**. PLEASE do not arrive prior to this time.

**CHECK-OUT:** Check out will follow after the campfire ceremony on Saturday night. No vehicles on the road after 10pm.

**PACK LEADERSHIP:** Webelos and Arrow of Light Patrols attending Weboree must follow the national policy requiring a one responsible adult to four youth ratio.

**SCOUT BEHAVIOR:** Profanity is not in the Scouting tradition and will not be tolerated. The throwing of any objects will not be tolerated. Porta-Potties will not be used for garbage dumping, horseplay or dish washing.

**YPT:** BSA and WLACC guidelines require that **ALL** registered adult leaders be current with Youth Protection. It is the unit leaders responsibility to make sure **ALL** attending adult unit leaders are Current with YPT and Trained for their position. This Weboree committee also highly recommends that all attending adults be YPT certified. Information on YPT can be found on the BSA website. [scouting.org/training/youth-protection/](https://www.scouting.org/training/youth-protection/)

**UNIFORM:** Your Class A or Field uniform must be worn at all assemblies. It is also suggested you wear your Field Uniform driving to and from Weboree. You may swap to your Class B or Activity during events, but there will be no changing facilities available.

**EVENT EQUIPMENT:** The Dens/Patrols are expected to provide necessary supplies for each event unless specified in the events description. Each Scout needs to have their Cub Scout Handbook with them and *always have your ten essentials as listed.*

1. Pocket Knife
2. First Aid Kit
3. Extra Clothing
4. Rain Gear
5. Water
6. Flashlight (or Headlamp)
7. Trail Food
8. Matches (or Fire-starter)
9. Sun Protection
10. Map and Compass

**A NOTE ABOUT KNOTS:** Make sure you know the knots appropriate to your rank.

- **Webelos and AOL** - All Cub Scout knots, plus bowline.
- **Scouts to 2nd Class** - Basic 7 knots. Square, Two Half-Hitch, Taut-line, Clove, Sheet Bend, Bowline, Timber Hitch, plus Lashings.
- **1st Class or Higher** - You should know every knot in the handbook plus a fisherman's knot

**LOST AND FOUND:** The Weboree Lost and Found area will be located at the Camp Headquarters Area. Please make sure to keep track of all your equipment and clothing.

**ELECTRONIC EQUIPMENT:** In keeping with the Scout experience and spirit we encourage units to have their Scouts leave electronic devices safely stowed throughout Weboree.

**FIRST AID:** All Weboree participants must carry a copy of their BSA Medical Form parts A&B with them for the day. If a participant does not have their BSA Medical form parts A&B they will not be allowed to stay at Weboree. There will be a First Aid station set up near the Camp Headquarters Area. Should you require first aid above and beyond what your personal kit can handle, please go there.

**ALCOHOL, TOBACCO, AND DRUGS:** An important way adult leaders can model healthy living is by following the policies on alcohol, tobacco, and drugs. Leaders should support the attitude that they, as well as youths, are better off without tobacco in any form and may not allow the use of tobacco products at any BSA activity involving youth participants. This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking.

All Scouting functions, meetings, and activities should be conducted on a smoke-free basis, with smoking areas located away from all participants.

As outlined in the Scouter Code of Conduct, Scouting activities are not a place to possess, distribute, transport, consume, or use any of the following items prohibited by law or in violation of any Scouting rules, regulations, and policies: alcoholic beverages or controlled substances, including marijuana.

In addition, the Code of Conduct specifies that if you are taking prescription medications with the potential of impairing any functioning or judgment, you will not engage in activities that would put youth at risk, including driving or operating equipment.

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### ~ WEBOREE IS A GROUP EFFORT ~

We need your help to make this a great event for all the Scouts. We're asking each unit to run at least one competition event. See page 10 for details. If you have any questions please contact our Event Chairs: Anett & Hrair Assilian - [dasboot13@yahoo.com](mailto:dasboot13@yahoo.com) - 818-419-9341

**Roundtable** is a good place to ask anything about Weboree. Reyes Adobe holds it Roundtable on the 2nd Wednesday of every month via Zoom. **Otherwise** contact any staff member, especially this year's chair-people:

Steve Vincent - [reyesadobecamporee@gmail.com](mailto:reyesadobecamporee@gmail.com) - (818) 730-8895

Gerald Jenne - [gerald@geraldjenne.com](mailto:gerald@geraldjenne.com) - (818) 438-2250



### WEBOREE T-SHIRTS

T-shirt's are available for pre-order!

**Only \$8**

Order them from Doubleknot during registration.

**Youth sizes: YM, YL**

**Adult sizes: S, M L, XL, XXL**

**Please indicate quantity and sizes when you register. You can modify your registration up until April 19, 2023**



**\*\*\*\*Must Be Pre-Ordered when you register Online\*\*\*\***

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## SEE YOU AT WEBOREE!

## WEBOREE SCHEDULE OF EVENTS

### SATURDAY, APRIL 29, 2023

11:00 am	Event Sponsor Check in at Camp Headquarters
11:30 am - 11:45 am	Opening Assembly (Camp Headquarters Area)
11:45 am - 12:15 am	Uniform Inspection / Patrol Flag Judging / Photo Session (Camp Headquarters Area)

(Option to change to Class B uniform for Events)

12:30 am - 4:00 pm	Competition Events
2:00 pm - 5:00 pm	Dutch Oven Cooking Competition (Camp Headquarters Area)
5:00 pm - 6:30 pm	Dinner, Clean up, Free Time
6:30 pm - 7:00 pm	Webelos/AOL Awards
7:00 pm - 9:00 pm	Campfire Program / OA Call-out

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### SCOUTING FOR FOOD ~ PATCH CONTEST!



Reyes Adobe is looking for Patch Design submissions for the 2023 **Scouting for Food** event in November. Are you a Cub or Scout with some artistic skills? Then you should put your creative muse to work and submit a patch design! Sami Dahdal will have a canopy set up in the Camporee Headquarters Area where he'll be taking your submissions and answering questions. All Patch designs should be Round, only 3-4 colors, and include: "Boy Scouts of America", a Fleur-de-lis, "WLACC - Reyes Adobe District", "Scouting for Food 2023".

**Additionally - if your Unit participated in the 2022 Scouting for food and didn't receive their patches, have a leader stop by Sami's canopy during the afternoon to pick them up.**

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### ORDER OF THE ARROW SHARK SNACK SHACK

Shark Shack Items will be available throughout the day on Saturday

Snacks ranging from \$1.00 to \$5.00



## CAMPOREE SKIT ALERT!

The Campfire will again be organized by the Order of the Arrow and presented by the Scouts.

Sign-up for Skits or songs will take place at Camporee. OA will set up a schedule on Saturday afternoon, April 29.



All Troops, Packs, Crews, and Ships, are welcomed and encouraged to participate. Please note, all units will only be chosen for one program item, so choose wisely! New ideas for skits, songs and stories related to the Back to Basics theme will have a better chance to be selected.

We also encourage units who wish to participate in the campfire program to conduct an OA election/visitation. Although not mandatory it is much appreciated.

If you have any questions, comments, or concerns, please contact the SIPO Chapter Advisor Bruce McDonald at [bruce.mcdonald@csun.edu](mailto:bruce.mcdonald@csun.edu).

## WEBELOS WELCOME & BRIDGING CEREMONY

The SIPO chapter of the Order of the Arrow will be holding a special ceremony at the Camporee Camp Fire celebrating those Webelos that are crossing over / bridging into Scouting BSA. If you wish for your Webelos to participate please email [bruce.mcdonald@csun.edu](mailto:bruce.mcdonald@csun.edu) your Webelos Name, pack number and Troop that they are going to.



# 2023 WEBOREE EVENTS

## BACK TO THE BASICS OF SCOUTING

### RAVENS Webelos and Arrow of Light Scouts (See Page 13)

<b>1.</b>	<b>READYMAN</b> (Scout Skill: First Aid) Cub Scouts demonstrate treating patients with basic first aid knowledge.
<b>2.</b>	<b>KNOTS</b> (Scout Skill: Tools) Cub Scouts race through a relay tying basic six knots.
<b>3.</b>	<b>PITCH~A~TENT</b> (Scout Skill: Camping) Cub Scouts race against time to show their tent pitching skills.
<b>4.</b>	<b>MOONWALK</b> (Scout Skill: Leadership) Cub Scouts must work together to navigate an obstacle course with 2x4s.
<b>5.</b>	<b>FIDGET LADDER</b> (Scout Skill: Fitness) Cub Scouts demonstrate their agility.
<b>6.</b>	<b>SLINGSHOTS</b> (Scout Skill: Shooting Sports) Hand held sharp shooting.
<b>7.</b>	<b>FIRE SAFETY</b> (Scout Skill: Outdoor Ethics) Cub Scouts show off their best safety skills.
<b>8.</b>	<b>TRAIL SIGNS</b> (Scout Skill: Navigation) Follow the signs to the end of the trail.

### EVENTS COMPETITION

Each Den/Patrol can earn up to 800 points for the eight events (100 points per event). You will be competing as a Den or Patrol and not as an individual.

Please make sure to complete ALL of your events.

### SCOUT SPIRIT

Your Den/Patrol can earn up to 240 points from Scout Spirit. Each Den or Patrol will be judged on their ability to complete the event in addition to the Patrol leader’s ability to lead the Patrol. Scout Spirit will be judged at each event as a part of the competition, according to the following categories:

Organization of Patrol/Den	Patrol/Den Participation	Patrol/Den Yell
<b>Excellent 10</b>	<b>All Involved 10</b>	<b>Without Prompt 10</b>
<b>Good 8</b>	<b>1/2 Involved 5</b>	<b>With Prompt 5</b>
<b>Fair 5</b>	<b>Only 1 or 2 2</b>	<b>No Yell 0</b>
<b>Poor 3</b>		

# PATROL CLASSIFICATION FORM

**IMPORTANT ~ SEND IN YOUR PATROL CLASSIFICATION FORM BY APRIL 19!!**

We need to receive Patrol Classification Forms prior to Weboree.

There are a couple of ways you can sent them in.

- Digital Form - fill this form out in Adobe Reader or another PDF editor and email to the link below
- Fill out the form from the packet (Page 14), then scan or take a photo of it, and email that in.

**Whichever method you prefer, please submit your forms by April 19, 2023.**

Please email forms to:

[robert@robertf.org](mailto:robert@robertf.org) and [reyesadobecamporee@gmail.com](mailto:reyesadobecamporee@gmail.com)

Pack Number: \_\_\_\_\_  
Patrol/Den Name \_\_\_\_\_

Scout Name
PL
APL

Pack Number: \_\_\_\_\_  
Patrol/Den Name \_\_\_\_\_

Scout Name
PL
APL

Pack Number: \_\_\_\_\_  
Patrol/Den Name \_\_\_\_\_

Scout Name
PL
APL

Pack Number: \_\_\_\_\_  
Patrol/Den Name \_\_\_\_\_

Scout Name
PL
APL

## RUN AN EVENT AT CAMPOREE

The Weboree staff is asking all units to sponsor and run at least one event at Weboree. We will give your unit all the details of what is expected. We will look to you for full cooperation in preparing for and providing a fun and challenging event for our Scouts that matches the “Back to Basics” theme of the event.

All sponsors are asked to be able to run two identical stations simultaneously. This gives the Scouts time to complete all their events without the usual “long line, bog down.”

Troops and packs will be expected to provide their own supplies to run the event. If you have trouble finding supplies, please contact Anett A. Assilian at [dasboot13@yahoo.com](mailto:dasboot13@yahoo.com) or 818-419-9341.

To help things run smoothly, there will be several opportunities to discuss how to run the events and the scoring procedures.

- **MARCH 08 - Reyes Adobe Roundtable** (Zoom Call)
- **APRIL 13 - Weboree Staff Zoom Call - TBD**
- **APRIL 28 - SET UP QUESTIONS and CLARIFICATIONS - 11am in the Camp Headquarters Area at Weboree.**

***If you have never run an event or have questions it is extremely important to attend one of these meetings.***

**Don't be afraid to volunteer even if you've never done this before.**

**This is an opportunity to make use of those parents that just want to come and “hang out.”**

**Let them know they are needed. Please pitch in and help.**

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## REGISTERING TO RUN AN EVENT

SignUpGenius worked so well last time, we thought we would try it again. You can sign up for sponsoring an event Online using this link: <https://www.signupgenius.com/go/70A0C49ABAE23A0FE3-reyes2>

***Please designate one leader from your unit to be the contact person on event sign-ups.***

You can also email one of the Camporee Chairman and we'll send you a link.

Steve Vincent - [reyesadobecamporee@gmail.com](mailto:reyesadobecamporee@gmail.com) - (818) 730-8895

Gerald Jenne - [gerald@geraldjenne.com](mailto:gerald@geraldjenne.com) - (818) 438-2250



**Please sign up before April 5 so we can be sure we have enough units running events!**

## REGISTRATION INFORMATION

All registrations will be Online this year

**GO TO:**

[reyesadobe.bsa-la.org/](http://reyesadobe.bsa-la.org/)

Follow the link on that page to be connected to Doubleknot for Weboree registration.

**Information you'll need to complete your registration.**

- # of Youth Participants
- # of Adult Participants
- T-Shirt Sizes if ordering

- Each unit will complete a separate Online registration.
- Online payment only. No checks will be accepted at the scout office.

Registered on Doubleknot by:	COST:
March 8, 2023 thru April 19, 2023	\$25.00 per participant

**Please assign one person from your Unit to complete your registration. Make sure to log in and keep track of the registration information so your Unit can make updates as needed. Multiple registrations from a single unit cause a lot of complications and will foul up your registration.**

**If after your original registration your unit needs to add more participants, Habit meals or T-Shirt Orders, DO NOT start a new registration. Please make sure that you go back to your original registration and make these additions.**

- Registration will close on April 19, 2023.
- No NEW registrations will be accepted after April 12, 2023, though updates to previous registrations can be made.
- Additional participants are subject to the fee schedule active on the date they are registered.
- Additional participants registered after April 12, 2023 will not be able to order a T-Shirt.

**-- REMEMBER --**

- **All Scouts participating in a Shooting sports event** need a signed permission form in order to participate. This includes BB Gun, .22 Single Action Rifle, Muzzle-loader, Shotgun or pistol, spear, slingshot, tomahawk, and/or archery. (See page 17)
- **All Scouts participating in the Climbing wall event** need a signed permission form in order to participate. (See page 19))
- **Valley Trails requires a permission slip from each participant.** (See Pages 21-22)
- Each unit should package each type of form into its own packet to hand in a check-in. Please don't submit forms stapled together for each participant. You will be asked to separate them before they are accepted.

**FOR ANY QUESTIONS REGARDING FEE SCHEDULE/REGISTRATION:**

E-mail: reyesadobecamporee@gmail.com

## JUDGING CRITERIA

Judging of Uniforms, Patrol Flags, Campsites and Entrances will be done by volunteer Scouters. At this time, we are providing basic criteria the Judges will be using, so that all units can begin to prepare.

If you need additional information, or have questions, please contact:

Steve Vincent - reyesadobecamporee@gmail.com - (818) 730-8895

Gerald Jenne - gerald@geraldjenne.com - (818) 438-2250

## UNIFORM INSPECTION

### *180 points possible for Den/Patrol*

For inspection we are judging based on the [BSA official inspection sheet](#). The primary judging criteria is uniformity within neat, clean, courteous dens/patrols. The entire den should be wearing hats, or none should, etc.

*The following items should be properly affixed in the correct placement per the [Insignia Guide](#):*

Scout Shirt	Epaulets
Pants/shorts	Webelos Colors
Official Belt	Correct Badge of Rank
Official socks (if in shorts)	Patrol Patch
Neckerchief	Unit numerals
Neckerchief Slide	Council Strip
Quality Unit Patch (if earned)	No more than one temporary patch



*The Scout uniform can be any of the official Scout uniforms. It can be the most current or be from a previous era of Scouting. The uniform you wear for Inspection must be worn to all large assemblies such as Scouts Own, the Award Ceremonies, and Campfire.*

## PATROL FLAG JUDGING

### *180 points possible for the Den/Patrol*

Each Patrol or Den should come to the Weboree with a Patrol flag. The Patrols will be asked to bring their flags to the Campfire Stage / Staff Area at lunch time for judging purposes. Please provide a method for your flag to be freestanding on display.

Judging Criteria:

- Patrol name visible.
- Individual members represented - Unit number.
- Scout construction apparent.
- Weboree theme depicted - Creative.
- Can be displayed independently - Durability.
- Color.
- Eye appeal.
- Maximum dimensions 3' x 5'.



## DUTCH OVEN DESSERT COOK-OFF RULES

Director Sami Dahdal - (818) 915-1411 or dutchovenone@gmail.com

The Dutch Oven Cook-off is a fun competition to encourage development of Dutch Oven Skills.

Un-sportsmanship like behavior will be cause for disqualification.

1. All Teams should send one person to come between 1pm and 2pm to the designated cooking area to register and will receive a numbered index card for the recipe and another card to list any possible allergy-triggering ingredients {e.g. nuts, milk, eggs, etc.}

**Youth Division:** Youth participate either by Patrol or as a whole Troop/Pack. There is no limit for how many Patrols can participate from each Troop, but if entering as a Troop; the whole Troop is one entry only. Each Patrol entry can have no more than 3 youth.

**Adult Division:** Adult Leaders participate in teams of up to 2 Adults each. No limit of how many Leader Teams from a Troop or Pack.

2. Cooking time is from 2pm to 5pm. There will be a designated area for cooking. Bring your Dutch oven, charcoal, metal cooking stand or small portable table etc., and your ingredients. {Stand or Charcoal table should be min. 12" above ground}.

If you do not have cooking metal stand or a Dutch oven: Please call Sami Dahdal at 818-915-1411 at least 3 days before Weboree and he will provide one for you.

3. All participants MUST practice safe food handling procedures. {Clean hands, table to work on with table cloth, bowl and plates, etc.}.
4. Dessert must be presented in a Dutch oven or on a Dutch oven lid. No additional sauce or condiments may accompany the dessert.
5. Garnishing should be SIMPLE and complement the dish being presented. This is not a garnishing contest. Garnishes should be edible. Doilies are allowed.
6. Dessert to be considered for judging is due to the cook-off Director Table by 5pm or before at the designated area. Make sure to complete and turn in your numbered recipe card and allergy alert card, that were given to you when you registered for entry.
7. Once the dessert is checked in, participants must leave the area.
8. Comments such as "Wow", "Mine's is the best" or "Here's the winner" regarding your submission will be cause for disqualification.
9. All judging decisions are final. 1st, 2nd, and 3rd place winners for Youth Division & Adult Division will be announced at Saturday's Campfire and will receive a nice Cast Iron prize. Score sheets are available after awards are given.

**This Dutch Oven Cook-off prizes 1st, 2nd & 3rd are sponsored by**

**[www.dutchovengear.com](http://www.dutchovengear.com)**

## CHECK-IN PROCEDURES

Every Cub and Parent should carry on their person a copy of their BSA Medical Form. As you are day visitors there is no reason to check in with the camp medical officer. Your Unit will need to provide the camp staff with the following forms:

- 1. Packet with Unit's Shooting permission forms; One for Each Scout (Page 17)**
- 2. Packet with Unit's Climbing permission forms; One for Each Scout (Page 19)**
- 3. Packet with Unit's Valley Trails Forms; One for each Youth & Adult (Pages 21-22)**
- 4. PLEASE make sure all Cub Parents and Scouts carry their Medical forms with them for the day (Pages 23-25)**

*Please, DO NOT staple these forms together by each participant!  
You will be asked to separate them by form CATEGORY  
before the Check-In staff accepts them.*

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## CHECK-OUT PROCEDURES

When your unit is ready to depart, please inform the Weboree Leadership either at Campfire or at the Camp Headquarters Area. We would ask you fill out one of our questionnaires on your Weboree experience. Giving us feedback will help the Weboree Committee improve for next year.

Assistance in surveying and cleaning common areas is expected and very much appreciated.

**~ ~ ~ PACK IT IN, PACK IT OUT ~ ~ ~**



# WLACC Wood Badge

## Join us in 2023!!

Venturing Crew Advisors,  
Committee Chairs and members.

**Weekend One**  
**OCTOBER 6-8, 2023**  
**Weekend Two**  
**OCTOBER 21-22, 2023**

Additionally Scouters serving at the district and council levels can achieve greater effectiveness through Wood Badge.

### Why Attend?

By taking Wood Badge, Scouters will acquire valuable tools such as listening, communicating, conflict management, project planning and leading change. Participants will better learn to understand and appreciate diversity and differences in our society.

### What is Wood Badge?

Reflecting the best of nearly a century of Scouting experience, Wood Badge draws upon the most current leadership models used by corporate America, academic circles and successful organizations throughout the country.

Wood Badge training was begun by Baden Powell in 1919 as a way to insure that the leaders of Scout troops were properly trained. Since then Wood Badge has been held worldwide, providing advanced leadership training to thousands of Scout leaders.

Wood Badge builds upon the best traditions and experiences of the Boy Scouts of America and also draws from a wide range of courses within and beyond the bounds of Scouting to present the latest in leadership theory and team development.

### Who Should Attend?

Wood Badge is designed to meet the advanced leadership needs of all Scouters, particularly unit level Scouters, such as Cub leaders, Scoutmasters and assistants,

**Early Bird Registration: \$275**  
(Save \$50 if Registered by 8/7/23)

**Regular Registration: \$325**  
(Paid by 9/14/23)

*Scholarships may be available*

### Reserve Your Spot Today

[BSA-la.org/WLACC-wood-badge/](https://BSA-la.org/WLACC-wood-badge/)

**Follow us on Facebook**  
**@WLACC WOOD BADGE 2023**



They will learn skills that will make them a better Scout leader. Units with trained leaders are able to deliver an improved program and a more meaningful experience for the youth Scouting serves.



**TAKE YOUR UNIT**  
**TO THE**  
**NEXT LEVEL**

**CALIFORNIA RIFLE CONSENT FORM** May 26, 2017



BOY SCOUTS OF AMERICA®

Unit #:

Last Name:

First Name:

**CALIFORNIA RIFLE AND SHOTGUN PARENTAL/LEGAL GUARDIAN PERMISSION FORM**

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.

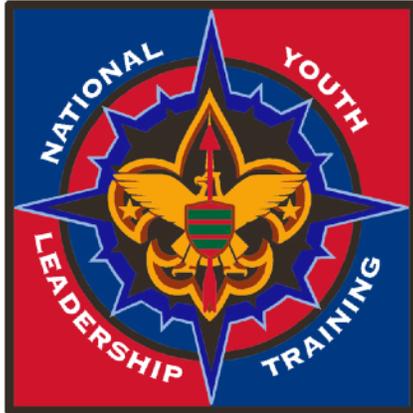
I represent that I am (1) the parent or legal guardian of the minor named above and (2) not prohibited by Federal, state, or local law from possessing a firearm. I agree to indemnify and hold harmless the Boy Scouts of America, and any local Council and all officers, members, employees, and volunteers 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

# National Youth Leadership Training



*Do you want the youth leaders in your unit to...*

- really learn about team leadership and development?
- develop effective communication systems?
- get the same type of training that Fortune 500 managers give to their teams?
- speak the same language that adult leaders who have attended Woodbadge speak?

If you answered yes to any of these questions, I would like to extend an invitation to Scouts in your unit to attend the National Youth Leadership Training course being held in the summer of 2023 at Camp Josepho. NYLT is the top level of training available to the Scouts in our council. This course will provide your youth leaders with training in team leadership and development, project planning and management, goal setting, team vision and much, much, more. This exciting course will help enrich your Scout's participation within your unit and within the Scouting program. It will also challenge them individually to reach their very best of themselves and set them up for success in their future!



## NYLT

### IT'S THEIR TURN!

*taught by the youth, for the youth!*

Like us on Facebook & IG - WLACC NYLT



For more information - contact  
Course Director: Jessica Pazdernik  
at [jessapaz@aol.com](mailto:jessapaz@aol.com) or  
818-414-7672

**When: June 11 - 16, 2023**

**Where: Camp Josepho**

**Cost: \$310 before 5/1/23- \$330 after 5/1/23**

**To Register:**

<https://bsa-la.doubleknot.com/event/nylt-course-camp-josepho-2023/2943219>

#### **Participant Requirements:**

##### Scouts BSA

- At least 13 years old and completed 8th grade by 6/1/2023
- 1st Class Rank & Completed Introduction to Leadership Skills for Troops
- Scoutmaster Approval

##### Venturers and Sea Scouts:

- At least 14 years old or 13 and completed 8th grade
- Completed Introduction to Leadership Skills for Crews or Ships
- Crew Advisor or Sea Scout Adult Leader Approval

*space is limited and registration will close when the course is full*

Pack/Troop/Crew# \_\_\_\_\_ **UPWARD MOBILITY**  
**MOBILE ROCK CLIMBING WALL CONSENT FORM**  
 (818)704-6872 - [www.climbupwardmobility.com](http://www.climbupwardmobility.com) - [climbupwardmobility@gmail.com](mailto:climbupwardmobility@gmail.com)

Participant’s Agreement, Release, and Acknowledgment Of Risk

I acknowledge that climbing on a portable climbing wall entails known and unanticipated risks. Therefore, I hereby expressly release, forever discharge, and agree to indemnify and hold harmless Upward Mobility from any and all claims, demands, or causes of action, which are in any way connected with me or my child’s participation in this activity. I expressly agree that the laws of California shall apply without regard to the conflict of law rules of the state. Any action arising out of the activity described in this waiver shall be heard in Superior Court of California, located in Los Angeles County. I agree, and will instruct my minor child, to follow the directions of the owners and staff for safe climbing and safety around the wall.

\_\_\_\_\_  
Print Minor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Adult Name

\_\_\_\_\_  
Signature of Participant or Parent/Guardian of  
Minor under 18 years of age

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This form is **REQUIRED** for all participants  
**VALLEY TRAILS CONSENT FORM**



**PARTICIPANT REGISTRATION**

In order to comply with American Camping Association and state laws we ask for the following Health History/Medical Consent Form to be completed and signed by each person over the age of 18 or the legal parent/guardian attending VT Ranch. Please be aware that VT Ranch does NOT provide medical or hospital insurance coverage.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Dates of Camp / Program: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Status: \_\_\_\_\_ Camper \_\_\_\_\_ Leader

Emergency Contact: \_\_\_\_\_ Relationship to Camper / Participant: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Thank you for selecting VT Ranch for your experience. During your time at camp your photo may be taken which may be used on our website or used in materials to promote VT Ranch. If you rather not have your photo taken while at VT Ranch, please check here: \_\_\_\_\_

**MEDICAL CONSENT FORM / REQUESTED MEDICAL INFORMATION:**

VT Ranch requests this information in order to provide appropriate medical care in the event of your injury and/or illness while at camp. VT Ranch is committed to protecting the confidentiality of this information.

Do you carry family medical/hospital insurance?  YES  NO

Insurance Carrier: \_\_\_\_\_

Name of Responsible Party: \_\_\_\_\_

Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Are all immunizations up to date?  YES  NO---->If no, please attach explanation.

Has Camper been recently exposed (within last 3 weeks) to any kind of Communicable Disease? \_\_\_\_\_

Please List ALL Allergies: Drug: \_\_\_\_\_

Insect/Plant: \_\_\_\_\_

Food: \_\_\_\_\_ Diet Restrictions: \_\_\_\_\_

List medications Camper will require while at camp and reason for taking the medicine: \_\_\_\_\_

**GENERAL HEALTH HISTORY:** Circle "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper / participant:

- |   |   |
|---|---|
| 1. Ever been hospitalized? ..... Yes No                 | 10. Wear glasses, contacts, or protective eyewear?..... Yes No      |
| 2. Ever had surgery? ..... Yes No                       | 11. Had fainting or dizziness? ..... Yes No                         |
| 3. Have recurrent/chronic illnesses? ..... Yes No       | 12. Passed out/had chest pain during exercise? ..... Yes No         |
| 4. Had a recent infectious disease? ..... Yes No        | 13. Had mononucleosis ("mono") during the past 12 months?... Yes No |
| 5. Had a recent injury? ..... Yes No                    | 14. Have problems with falling asleep/sleepwalking? ..... Yes No    |
| 6. Had asthma/wheezing/shortness of breath?..... Yes No | 15. Ever had back/joint problems?..... Yes No                       |
| 7. Have diabetes? ..... Yes No                          | 16. Have any skin problems?..... Yes No                             |
| 8. Had seizures? ..... Yes No                           | 17. Traveled outside the country in the past 9 months?..... Yes No  |
| 9. Had headaches? ..... Yes No                          |   |

Please explain "Yes" answers in the space on page 2, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

**PLEASE TURN OVER**



By signing this form I give my informed consent to the First Aid personnel assigned by VT Ranch, Valley Trails Summer Camp who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures which includes the use of over-the-counter medications. I understand that it is my responsibility to make arrangements for a camper with greater health care needs than the First Aid personnel can provide within their individual certifications, licenses and scopes of practice. I authorize VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment if indicated, and I do assume all responsibility for payment for such treatment. I hereby give permission to the physician selected by VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation to secure and administer any and all medical treatment deemed necessary for me, including hospitalization. This completed form may be photocopied for trips away from VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation properties.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer: analgesics, decongestants, antihistamines, cough suppressant and/or expectorants, throat lozenges or spray, anti-nausea/diarrhea, epi-pen, antacid, antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, ipecac, glucose, laxatives, electrolyte replacement fluids, analgesic balms and gels, with the exception of \_\_\_\_\_. I authorize VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation to allow myself to participate in any and all activities that may include but are not limited to those outlined in the camp brochure. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my participation in these activities can expose myself to dangers both from known and unanticipated risks.

Acknowledging that such risks exist, I on behalf of myself and any other party who may have the right to assert any rights for or on my behalf, do hereby forever release and discharge, indemnify and hold harmless VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my participation in VT Ranch, Valley Trails Summer Camp, AAA Camp's Inc, Woodcrest Preschool Foundation camp and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Participants UNDER the age of 18 years:**

Signature of Parent / Authorized Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Answers to "YES" Questions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a)) My signature below on this form indicates my permission.*

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

**Checking this box indicates you DO NOT want your child to use a BB device.**

**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

## Complete this section for youth participants only:

### Adults Authorized to Take Youth to and From Events:

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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



# B1

## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

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



# B2

## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_  YES  NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) \_\_\_\_\_  YES  NO

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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 list 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. 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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		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: \_\_\_\_\_