



2019 WEBELOS/AOL

WILD KLONDIKE

JANUARY 19, 2019

Webelos/AOL Wild Klondike 2019

We want everyone to have a fun day adventuring in the woods of Camp Squanto and to accomplish that, there are a few rules that **must** be followed:

General information

- To be allowed to participate, all scouts **MUST** be wearing appropriate clothing (winter coat, snow pants, gloves, hats, and winter boots, at a minimum!)
 - Remember, cold humans are cranky humans
 - Dress in layers for optimal comfort. New England weather is unpredictable.
 - Remember, Cotton is Rotten! Wear moisture wicking, fleece, or wool layers and bring an extra pair of socks.
- Scouts ***MUST*** bring a water bottle and snacks and *should* bring a mug and hot cocoa packets if desired; we will provide the hot water
- We recommend 8 scouts per sled (mainly to ensure the whole sled can participate in each station as monster skis allows 4 scouts per pair of skis and the slingshot range only has 8 shooting stations that can be used at a time) We want all scouts to be able to contribute at each station and smaller groups help that happen. We would rather have 2 sleds of 5 than 1 sled of 10.
- You DO NOT have to go to each station. Know your Scouts and adventure accordingly. If you complete 7 stations you earn a ribbon for your sled
- All participants – Adult and Youth – are required to provide a health history and consent form – BSA Health Form Parts A, and B at a minimum (no Dr signature required) and a copy of their insurance card. These are turned in at registration. (Forms are included in the Resources section of this packet.)

Schedule

- Arrival is at 7:30
- Check in begins at 8:00.
 - Please send ONE representative to the Dining Hall to check your group in for the day. ***DO NOT bring your sled to check-in.***
- Opening on the Parade field begins at 8:30
- Stations will be open from 8:45-2:45
- Closing ceremony will begin on the Parade field at 3:00, and the Wild Klondike will finish on the Camporee field with a sled race to close out the day.

Parking

****We will have parking attendants assisting during arrival.**

- *Please follow their directions and park where they send you so we can get as many cars into the main parking lot as possible.*

Lunch

- Lunch will be in shifts this year. You will be given a wristband color at check-in. Your wristband color will correspond to your assigned lunchtime. *Please be considerate to others and attend your assigned lunch shift, fill your belly/warm up during your assigned shift, before making way for the next shift. Stations will also be assigned a lunch shift and will be closed accordingly so Stationmaster's bellies are full as well.* Stations will be color coded so you know which ones are closed during each shift.

Each sled MUST have:

- Eye protection for each scout (sunglasses, goggles or prescription glasses)
- One 12 foot piece of rope
- One 4 foot piece of rope
- 1 orienteering compass per sled
- 1 golf ball per sled
- 1 blindfold for each scout
- 2 poles for a stretcher
- 2 poles for an overhead reach
- Blanket/tarp for a stretcher
- Survival kit (you assemble it and we'll put it to the test!)
- 5 gallons of water (1 to drink and 4 for station use)
- Animal track print out (to identify tracks)
- Pencil, paper, 1 scout handbook
- Patrol flag and cheer (to be used for identification)

****Sleds must have all these items, our stationmasters will be asking for them!!***

*****WHEELS are allowed, BUT, must be removed for sled race***

2019 Klondike Station list

Sling shots (shooting dog food at pie tins)

Monster skis (a classic, limit 4 scouts per pair of skis)

2 man saw with branding (cut a slice and then brand the slice you cut)

Bear bag (hang a bear bag)

Tracking a lost scout (orienteering with a purpose)

Alaskan Pipeline (move a golf ball inside of pipes without dropping it)

Spider web (scouts get empty sled through a spider web of rope)

Snow ball shot (tossing tennis balls at a target)

Blindfolded stretcher carry (scout on stretcher provides the eyes)

Survival scenario (we will put their survival kit to the test)

White out (blindfolded adventure through an obstacle course)

Ice rescue (toss a bowline)

Water carry (carry water through a course, keeping it IN the bucket)

Animal tracks (find and identify animal tracks)

Injured Scout river crossing (get an injured scout to safety)

Ring the bell (lash together 2 poles and ring a bell overhead)

*The Activities Chairpersons from Cranberry Harbors and Sachem District hope you
enjoy your adventure!!*

RESOURCES

Animal tracks to be familiar with:

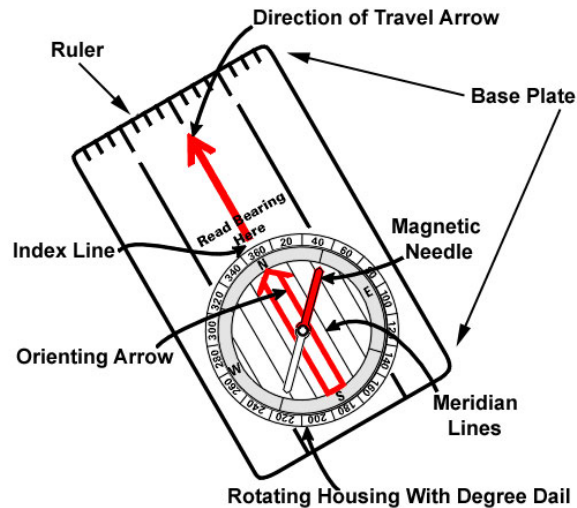


Klondike orienteering information:

*Make sure you have an **orienteering compass** like this one that has a moveable housing with degree markings on it.

(Silva compasses are good quality and basic ones cost \$8 to \$15)

Parts of a compass:



When you start on the course, you will be given a bearing to set on your compass. Let's say you are told "set your compass to 215 degrees."

1. Turn the housing degree **dial** on your compass until the degree you want (215) matches up with the **index line**.
 2. Hold the compass flat in your hand so the **direction-of-travel arrow** points directly away from you.
 3. Turn your entire body until the north (red) end of the needle rests squarely in the red **orienting arrow**. (aka Put the Red in the Shed)
- ***DO NOT** twist your hand to orient the compass, you **MUST** turn your whole body for accurate bearing determination.

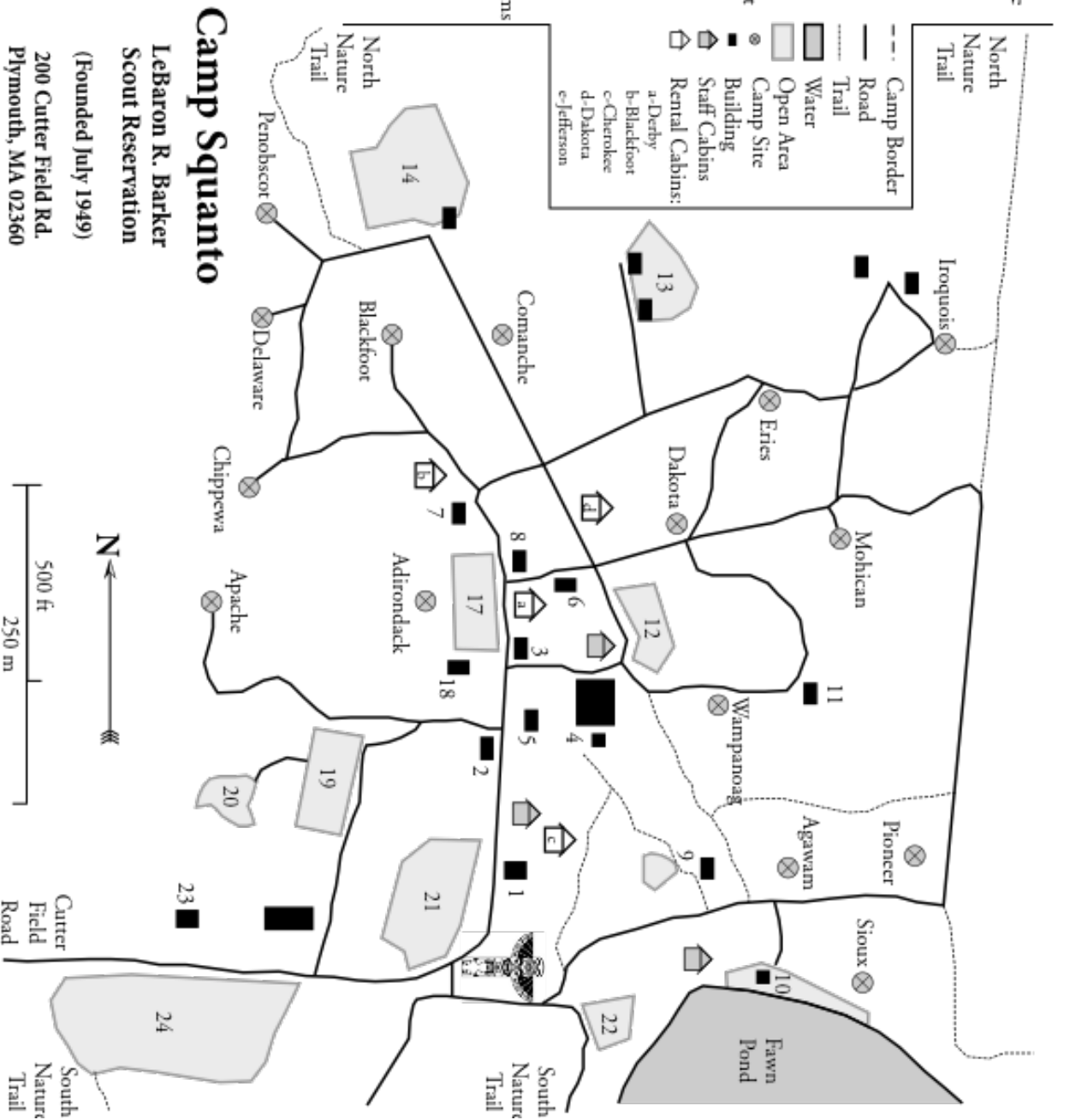
Congratulations!

You are now facing 215 degrees. Walk forward to the next landmark and proceed as directed.

Camp Squanto Map **(Main parking lot is #21)**



- Map Key:**
- 1 Silver Beaver Welcome Lodge
 - 2 Camp Office
 - 3 Health Lodge
 - 4 Dining Hall & Bell Tower
 - 5 Trading Post
 - 6 Youth Shower House
 - 7 Adult/Staff Shower House
 - 8 Handicraft Area
 - 9 Amphitheater & Chapel
 - 10 Jefferson Tower & George W. Magee Waterfront
 - 11 Lyons Nature Area
 - 12 Scoutcraft & Activities
 - 13 Rifle & Archery Ranges
 - 14 Shotgun Range
 - 15 Family Beach*
 - 16 Jefferson Center & Family Camping Sites*
 - 17 Parade Field
 - 18 Casoni Museum & Classrooms
 - 19 Sports Field
 - 20 C.O.P.E. & Climbing Area
 - 21 Parking Lot
 - 22 Memorial Field
 - 23 Ranger Station
 - 24 Camporee Field
- * (See Greater Squanto Map)



Part A: Informed Consent, Release Agreement, and Authorization

A

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: _____



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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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date:
<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	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	
<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"/>	Behavioral/neurological 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	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"/>	Excessive fatigue	
<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	



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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

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



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