



2020 WEBELOS/AOL

LOST KLONDIKE

JANUARY 18, 2020

Webelos/AOL Lost Klondike 2020

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
- We recommend 8 scouts per sled (mainly to ensure the whole sled can participate in each station) 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. There are 5 scored stations where you can 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 will be checked at registration and should stay with your sled. We recommend you put them in a binder. (see 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
- At 2:45 sleds will build their weather station on the parade field, followed by Closing ceremony.
- Finally, we will finish on the Camporee field with a sled race to close out the day. PLEASE unload your sled at your car and **WALK** to the parade field. *Moving cars causes a safety issue and delays the race.*

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

- Hot lunch will be provided. Lunch will be in shifts. 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)
- Rope (a 12' section and an 8' section)
- 1 tarp (at least 10x 10)
- 1 orienteering compass per sled
- Water & snacks for each scout
- Pencil, paper, 1 scout handbook
- Patrol flag and cheer (to be used for identification)
- Extra socks for each scout
- 3 tennis balls
- 1 decorated/painted rock for weather station
- 3 4' poles
- 1 blanket
- Splinting material and basic first aid supplies

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

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

2020 Klondike Station list

****Scored stations:***

3 scout sling shot (shooting tennis balls as far as you can)

Bear bag (hang a bear bag)

Compass station (orienteering- see reference sheet)

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

Sled pull (toss a bowline to your sled and drag it in)

****Other stations:***

Shelter building (build a primitive shelter and get your den inside)

Knots and lashing (learn lashings to make a weather station)

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

Monster Skis (a classic)

First aid (someone gets hurt and scouts need to treat the injury)

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

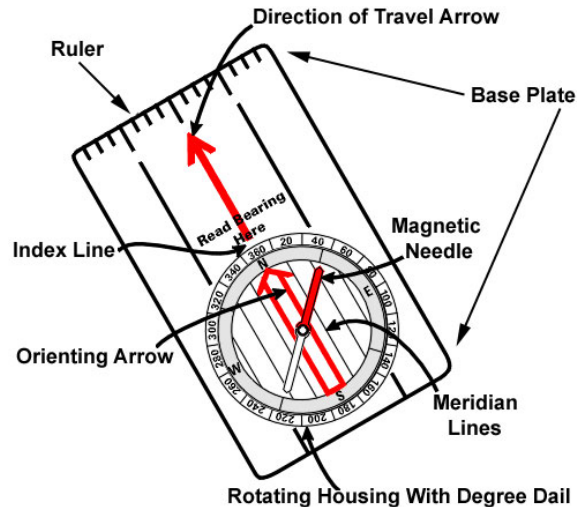
RESOURCES

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:



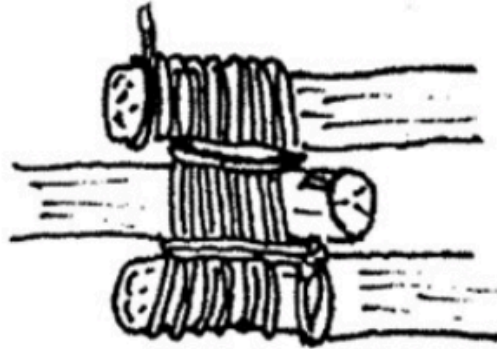
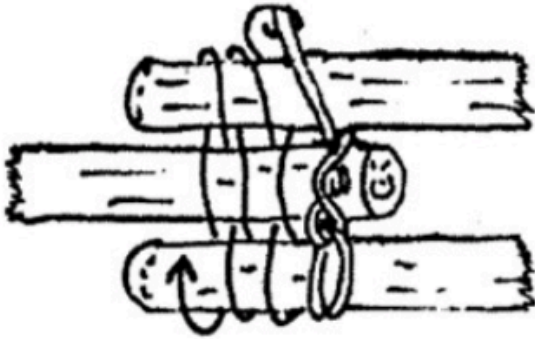
When you start on the course, you will be given a bearing to set on your compass. Let's say you are told "set your compass to 215 degrees."

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.

Tripod Lashing



From the side...



From above ...

A Tripod lashing is made by laying three spars alongside each other, with the center spar the opposite direction to that of the outside spars.

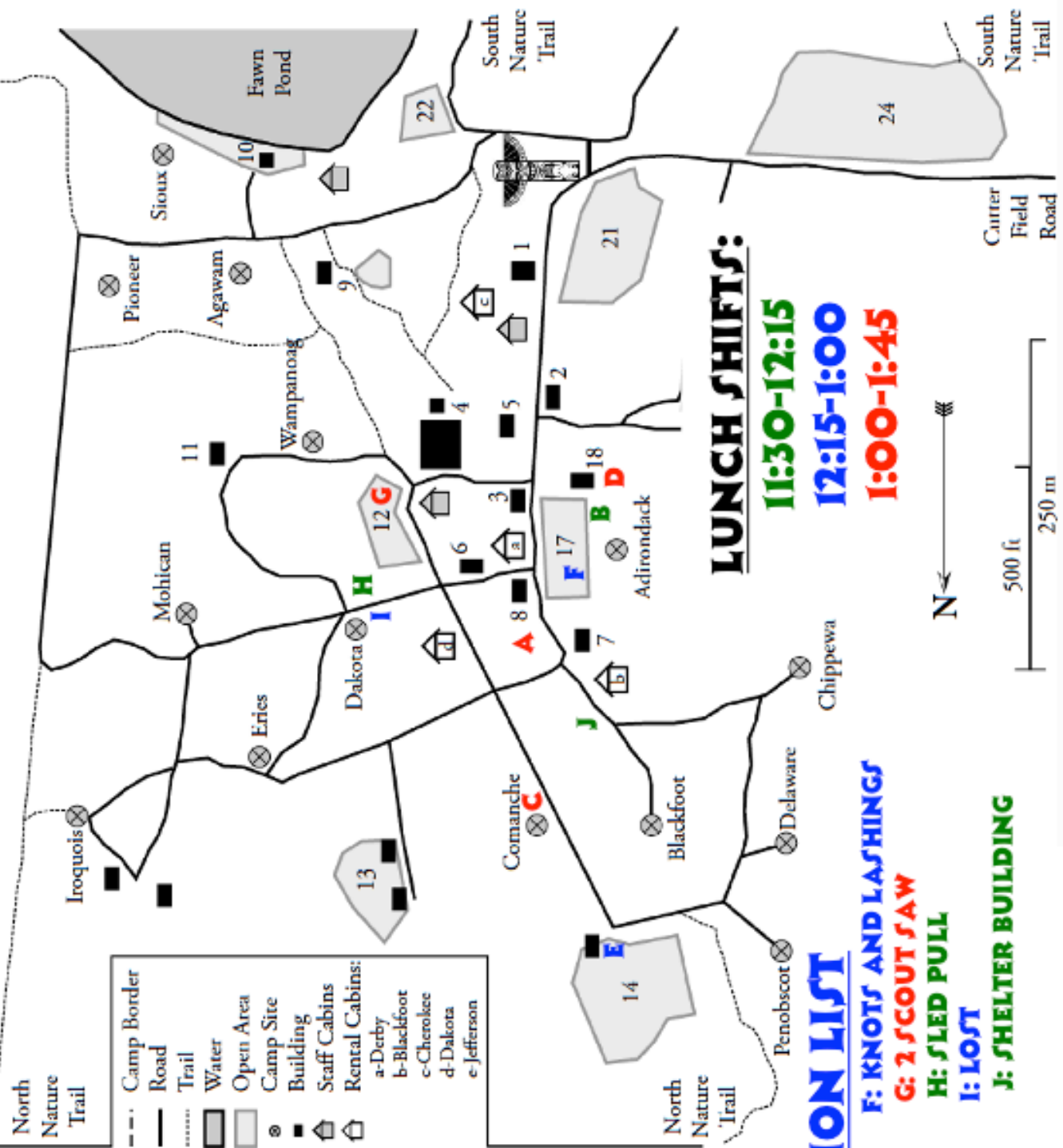
- i) Tie a clove hitch around one outside pole.
- ii) Loosely wrap the spars five or six times, then make the frapping on either side of the center spar.
- iii) Finish the lashing with a clove hitch around the outside spar.

REMEMBER TO ORIENT YOUR MAP

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

North Nature Trail	Camp Border
Road	Water
Trail	Open Area
Water	Camp Site
Open Area	Building
Camp Site	Staff Cabins
Building	Rental Cabins:
Staff Cabins	a-Derby
Rental Cabins:	b-Blackfoot
a-Derby	c-Cherokee
b-Blackfoot	d-Dakota
c-Cherokee	e-Jefferson
d-Dakota	
e-Jefferson	

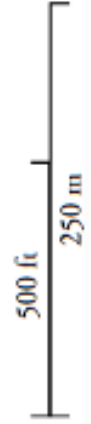


LUNCH SHIFTS:

- 11:30-12:15**
- 12:15-1:00**
- 1:00-1:45**

STATION LIST

- A: SPIDER WEB**
- B: BEAR BAG**
- C: MONSTER SKIS**
- D: INJURY**
- E: 3 SCOUT SLINGSHOT**
- F: KNOTS AND LASHINGS**
- G: 2 SCOUT SAW**
- H: SLED PULL**
- I: LOST**
- J: SHELTER BUILDING**



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: _____

B

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: _____