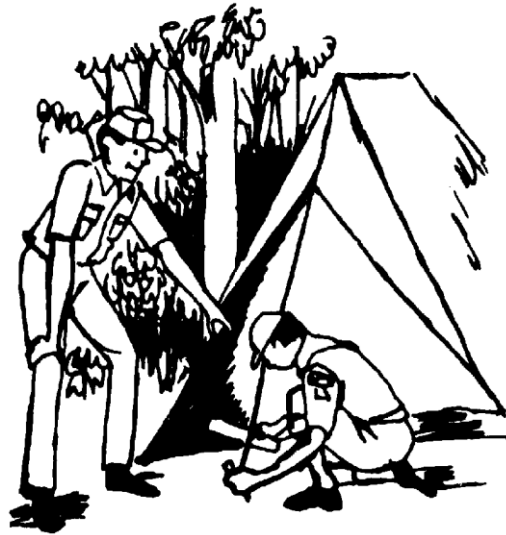


**Crossroads of America Council  
Del-Mi District**

# **WEBELOS ENCAMPMENT 2010**



**Again this year: Separate Programs for  
First and Second Year Webelos**

**Camp Kikthawenund**

**October 8-10, 2010**

This Encampment is presented by:  
Prairie Valley Ember – Firecrafter  
Quanasita Chapter - Order of the Arrow



# Del-Mi District Webelos Encampment October 8-10 Camp Kikthawenund



**This camporee is the result of a joint effort between youth Firecrafter and Order of the Arrow members in the Del-Mi District. For 2010, the Encampment will again be back in main camp Kikthawenund.**

**REGISTRATION:** The registration fee for youth is \$9.00 per person. Adults are free. Adult patches will be available at a cost of \$3.00. Registration will take place in the Dining Hall Friday night, between 5:00 and 9:00, and Saturday morning between 8:00 and 10:00. Please complete the Registration Form in this packet, including the roster, and bring it with you to the Encampment.

**A \$25 reservation fee must be submitted with your pre-registration. This can be applied to unit registration fees. If your unit cancels before October 1, this reservation fee will be returned. Make checks payable to Prairie Valley Firecrafter.**

**MEDICAL FORMS:** ALL participants must have a Health History to be turned in at registration. No one will be allowed to stay overnight without this form. A copy is provided in this packet. Please copy it for all your participants. If your unit attended summer camp, you can simply bring those medical forms.

**PRE-REGISTRATION:** All Patrols should Pre-Register using the form in this packet. This is necessary to allow us to prepare for your arrival. **If you do not Pre-Register, camping space could be a problem.**

**PARENT PERMISSION FORMS:** Each unit is encouraged to obtain parent permission for each Scout attending the event. This provides you with emergency phone numbers and provides parents with information about the event. A sample is provided in this packet.

**VEHICLE PASSES:** Packs are encouraged to use the wheeled carts to take equipment back to campsites. Each unit will receive ONE vehicle pass for the purpose of hauling a trailer to the campsite. The pass **may not** be transferred to other vehicles. After dropping the trailer all vehicles must return to the parking lot and the pass returned to the registration desk. Trailers are allowed to stay in the campsites; however, **NO VEHICLES WILL BE ALLOWED TO REMAIN IN THE CAMPSITES.** No vehicles will be allowed to drive back to the campsites after 9 pm on Friday, anytime on Saturday, or before 9:30 on Sunday.

**CAMPSITES:** Units will have to share campsites. We've had excellent cooperation in the past, but wanted to make you aware that you might have close neighbors. Your Pre-Registration will help us plan the best fit for all.

**AWARDS** will be handed out at the Scouts' Own service. If you don't attend, you will need to pick them up at the next Roundtable.

## PURPOSE

The purpose of this event is to give Webelos Scouts the opportunity to experience outdoor activities similar to the Camporees that take place in Boy Scouts; overnight weekend camping with advancement opportunities, fellowship, and fun.

## CAMPFIRE

There will be a main campfire Saturday night at 7:45. Each pack **may** contribute a skit, song, etc. to the program. All skits and songs will be previewed for appropriateness and to avoid duplication during lunchtime on Saturday.

## PROGRAM

The program for the Encampment will be similar to recent Encampments, with separate programs for the first and second year Webelos. Hopefully, this will accommodate the different skill levels between the age groups. We are not focusing on advancement related skills as much as we are skills that the Webelos will need to be successful in Boy Scouts. Many of these skills are part of the Webelos advancement, but we are not working on a specific activity badge. We are striving to make the Encampment activities more hands-on than ever before. The patrols will visit stations in a *Round Robin* fashion. For Webelos I, areas of activity will include knot-tying, fire building (a relay from gathering the wood to fire out), a game, two model campsites (patrol and backpacking), and nature (with plant identification). For Webelos II, activities include advanced knots, fire building (without the matches), a map and compass course (using topographical maps of Ransburg [the Boy Scout camp]), knife safety and usage, and a game. We will be having a scavenger hunt during free time for all the Scouts. There will be presentations about both Firecrafter and Order of the Arrow, the older-Scout programs in Crossroads. There will be a campsite judging competition held Saturday afternoon. Criteria are included in this packet. Please check the Campsite Grading form carefully; criteria have changed this year. (Most Camporees have a campsite inspection included in the events. This will be an introduction for your Scouts.) This year information will be distributed via handouts or announcements **at flags**, to allow adults to stay with their Scouts.

Dens are to provide all meals for their Scouts. If assistance is needed to plan these meals, contact Sally Byer. **Please**, don't skip the Encampment because cooking out scares you!

If you have questions or need explanations, contact Roy or Sally Byer, Firecrafter Ember and Flame Advisor at 317-432-6756 (Roy) or 317-432-6757 (Sally) (both cell phones with VM) or [SallyByer@gmail.com](mailto:SallyByer@gmail.com) or Dawn Sowers, Order of the Arrow Chapter Advisor, at [scoutmom.dawn@sbcglobal.net](mailto:scoutmom.dawn@sbcglobal.net).

# Questions and Answers

## **Will tents be set up in the campsites? What about youth protection?**

No, you need to bring your own tents. Youth protection rules will be in effect—an adult can only sleep with his/her own son. Two same sex adults can sleep together, a husband/wife can sleep together, and two youth can sleep together.

## **We'd like to send an advance team to K before the designated registration time of 5:00. Can we do that?**

It's a great idea to set up in the daylight. However, this is a volunteer project, and we all have jobs or school. The earliest we can be ready to register is 5:00. Welcome to the world of Boy Scouting—we set up in the dark. We will have lots of older Scouts available to help you set up tents, etc.

## **I'd like to eat. What is the word on food?**

Basically, if you want to eat, you'll need to plan and prepare it. You may want to think about a snack each night at bedtime—being outdoors makes you hungry! Please, don't let food planning scare you away. Talk to a Scouter, or give us a call. We'll help you plan easy, kid-friendly meals.

## **What about down time?**

There won't be much down time, but there will be some. If you'd like to sit on something other than the ground, bring a (soccer) chair.

## **I don't like bugs much. How can I prepare?**

You are going to be camping; there are going to be bugs. Having said that, use a repellent which really works. Deet is generally accepted as providing the best protection around, and you need **non-aerosol cans** only. Examples include Cutters Backwoods Insect Repellent and Deep Woods Off, among others. Aerosols hurt tents, and can turn into bombs if thrown into fires.

## **Why do you have a health history in the packet? I had a physical for camp.**

**Everyone** in camp (adults too) will need a health history. While we hope to have medical staff at the Encampment, it is your responsibility to be prepared to deal with whatever medical issue comes your way. Our plan is to have an EMT or paramedic to support you, but you need to understand that this is a luxury that is not required by Crossroads of America Council. Nevertheless, standard Scouting protocols include a medical history, so we require it. Please make sure that nobody has changed a significant medication, or had something new come up since the last time you thought about asking. If you have a medical form from camp, as long as the parent signed it within the last year, it will work. Otherwise, a history is fine. We really need to know about allergies, medications, permission to treat, and how to get in touch with a parent in an emergency.

## **Do you have any hints about gear?**

You bet. It's starting to get cold (or at least cool) at night, and there's nowhere to go inside to get warm. Think layers. Bring hats and gloves, long pants, and enough socks (and shoes) to have dry feet at all times. When you are outside for 48 hours, you can get cold. If there's the slightest possibility for rain, bring rain gear! Please, make sure that **no** Scout brings a "slumber party" sleeping bag—it simply isn't warm enough.

## **How dark is it in the woods at night?**

Really dark. Make sure that everyone brings a flashlight or headlamp—and extra batteries for the boys. If they are available (check with your friendly Scout Troop), a couple of lanterns for your campsite could be helpful.

## **What's the story on fires?**

Kids (of all ages) love fires. This is not state park camping, and in our Scout camps we follow minimum impact camping guidelines as much as possible. Therefore, there are no campfire rings. This does not mean that you cannot have a campfire—you simply have to do it safely. The minimum impact piece means **no pit**, and if you choose to put stones around the fire area, they need to be returned to their original site at the end of the campout. The area around your campfire needs to be cleared of leaves, brush, etc. There is firewood available to be gathered at camp. You may have to go a little distance, but it is there. **Fires need to be kept under control**. There is **no need** for a huge fire to cook marshmallows or for "effect". A small fire should do it. In addition, fires **must be attended** at all times! Any fire found unattended will be extinguished.

## **Are there grills?**

Only if you bring one. If you need one to cook on, you are more than welcome to bring one.

## **Will there be carts available?**

Yes, but...a limited number. Please bring them back promptly, so that others may use them.

## **May we drive cars back to the campsite?**

Yes, **but** one car, one trip. There will be parking passes to enforce this! Plan ahead (take a big car and pack it solid in the parking lot), and plan to use the carts or just "hoof it". It's the Scouting way...and goes back to the Minimum Impact idea.

## **So, just what are the sanitation options?**

Most of the time, you will be using pit latrines (again, it's the Scouting way). This is only a weekend campout, so you need to plan on taking your shower when you get home on Sunday.

**I still have other questions...** Give Roy or Sally an e-mail ([SallyByer@gmail.com](mailto:SallyByer@gmail.com)) or call (Roy) 432-6756 or (Sally) 432-6757. Dawn actually has more hands-on experience at K than Sally and Roy, so try her at [scoutmom.dawn@sbcglobal.net](mailto:scoutmom.dawn@sbcglobal.net)

# Encampment Schedule

## Friday, October 8, 2010

- 5:00-9:00 Registration & Camp Setup
- 9:00 Order of the Arrow interpretation and night hike  
Adult Leader meeting (one leader per unit, minimum)
- 10:30 Lights out

## Saturday, October 9, 2010

- 7:00-8:45 Breakfast & Clean Up
- 8:00-10:00 Late Registration
- 8:45 Flag Raising
- 9:00-10:10 First Activity Period
- 10:15-11:25 Second Activity Period
- 11:30-1:10 Lunch—Webelos could cook lunch for Outdoorsman Requirement # 6 (if needed)  
**Campfire skits and songs are due**
- 1:15-2:25 Third Activity Period
- 2:30-3:40 Fourth Activity Period
- 3:45-4:55 Fifth Activity Period
- 5:00 Flag Lowering
- 5:10-7:40 Dinner & Clean Up—also a great time to practice your contribution to the main campfire
- 8:00 Main Campfire
- 10:30 Lights out

## Sunday, October 10, 2010

- 7:00-9:00 Breakfast & Clean Up
- 9:00 Scouts Own Service (non-denominational worship—a Scout is reverent)
- 9:45-10:30 Checkout & Campsite Inspection (you **must** be inspected—we will not be doing this during Scouts Own). This is when you will receive your medical forms and your patches.
- 11:00 All Units Have Vacated Camp

## Campsite Grading Criteria

Standard	Possible	Earned
<b>Tents:</b>		
<b>Neatness.</b> Do they look good? Are they in rows or otherwise aligned?	5 points	
<b>Location.</b> Is it safe (no dead trees or limbs that may fall)? Are they in a depression where water will collect?	5 points	
<b>Setup.</b> Are tents correctly set up? Are the ground cloths underneath (and properly folded to keep the Scouts dry)?	10 points	
<b>Dining and Cooking Area:</b>		
<b>Safety.</b> Are foods and utensils stored in appropriate, safe places? Are coolers properly iced?	10 points	
<b>Stoves.</b> Is the stove or fire that you are using for cooking safely away from flammable materials? Is its positioning safe (is it stable so it won't tip over)?	10 points	
<b>Fire:</b>		
<b>Location.</b> Is the fire in the designated fire area if there is one? Is the fire safely located if not? Are minimum impact standards being followed?	10 points	
<b>General Campsite:</b>		
<b>Cleanliness.</b> Is all trash picked up? Even if it is not from you, clean it up.	10 points	
<b>Leave no trace.</b> Are these principles being followed?	5 points	
<b>First aid.</b> Is there a proper first aid kit readily available to everyone?	10 points	
<b>Camp gadget.</b> Are there gadgets made with knots and lashings? (5 points each up to 10 total)	Max. 10	
<b>Scout Spirit.</b> Is there an entrance to your campsite pertaining to your Pack or Den? Are the American Flag and your Pack flag displayed? Strut your stuff! Show your Spirit!	Max. 15 points	
<b>Total</b>	100	

Safety first! Fires must be attended or put out cold. If we find an unattended fire in your campsite, it will be extinguished by our staff.

**Always remember that you are camping to have fun in the great outdoors. Please be respectful to others as well as to nature; do not leave any trash behind and try to preserve the area as much as you can. Be considerate of those who are camping around you: keep the noise down and be respectful of their space. Have a great time, and enjoy yourself at this Encampment**

**Del-Mi District**  
**Webelos Encampment**  
Reservation Form  
**(Please return by October 1, 2010)**

We are excited about coming to this year's Webelos Encampment at Camp Kikthawenund on October 8-10. We anticipate bringing about \_\_\_\_\_ Scouts and \_\_\_\_\_ adults. Enclosed is our deposit of \$25 to ensure our participation.

Patrol/Den \_\_\_\_\_ Pack: \_\_\_\_\_  
First Year \_\_\_\_\_ or Second Year \_\_\_\_\_  
Adult Leader: \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

Mail to:  
Roy and Sally Byer  
204 Sedwick Court  
Noblesville, IN 46062-9083

or e-mail same information to [SallyByer@gmail.com](mailto:SallyByer@gmail.com)

Make checks payable to Prairie Valley Firecrafter



# PERMISSION FORM – Webelos Encampment

On October 8-10, our Pack will participate in the Del-Mi District Webelos encampment at Camp Kikthawenund. For your son's protection, please read the following, fill in the requested information, and return it to your Webelos leader. Retain the top portion for your records. In the event of an emergency, you may contact us at the camp (765) 552-7400 or at Sally Byer's cell phone (317) 432-6757. Please include your unit number and Cubmaster's name when leaving a message.

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## Waiver of Responsibility

Del-Mi District, Boy Scouts of America

### Webelos Encampment

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my child, namely: \_\_\_\_\_, on the activity named above, I agree to his/her participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor.

In the event of an emergency, the Pack unit leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available. This treatment may include hospitalization, anesthesia, surgery, and/or injections of medication.

**ALTERNATE PERSON to contact in an emergency:** \_\_\_\_\_

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

My child \_\_\_\_\_ is on special medication: \_\_\_\_\_

For \_\_\_\_\_

**The Webelos Encampment Committee** has determined that it is the parents' responsibility to ensure that your child takes needed medications on activities. Adult pack leadership will not take this responsibility.

**Special conditions and/or restrictions, such as asthma, allergies, strenuous exercise, etc:**

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**If none, please write "NONE"**

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Date of the latest or last tetanus shot/booster \_\_\_\_\_

### MEDICAL INSURANCE INFORMATION:

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Control no. if group policy \_\_\_\_\_ Other \_\_\_\_\_

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

(Parent or guardian)

Phone number (days): \_\_\_\_\_ Evenings: \_\_\_\_\_

Cell phone or pager: \_\_\_\_\_

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

### In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_

Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____

Exemption to immunizations claimed.

**(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on [Scouting.org](http://Scouting.org).)**

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)

Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication**

**Part C**

**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

- Without restrictions.
- With special considerations or restrictions (list)

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**Talent  
Release  
Form**

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

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**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
under the age of 18) (if

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



Boy ScoutS of AmericA  
1325 West Walnut Hill Lane  
P.o. Box 152079  
irving, texas 75015-2079  
<http://www.scouting.org>

**Part C** Last name: \_\_\_\_\_ DOB: \_\_\_\_\_