A BRIDGE TO ADVENTURE

AT

Pacifica District's Webelos Woods

September 24-26, 2010
Will J. Reid Scout Park

What is Webelos Woods?

Webelos Woods is an outdoor activity program designed to aid in the Webelos to-Scout Transition plan. The purpose of this outdoor experience is to create in all Webelos Scouts a genuine desire to know more about Boy Scouting, and through a fun-filled series of events to give them a preview of the thrills of scout skills and camping.

Probably nothing in the scouting program appeals to boys more than the opportunity for adventure in the great outdoors. The Webelos Woods event will expose the participants to glimpses of the fun and skills of Boy Scouting. It also offers an opportunity for parents to gain a perspective on troop programming and the opportunity to "graduate' along with their sons.

Who can attend? All Webelos Scouts are invited to participate, but each Scout must be accompanied by their dad, mom, guardian or any family member over 18 years of age. Due to the limited size of this event, we ask that no siblings attend.

When is it? Friday, Saturday, and Sunday, September 24-26, 2010
Where is it? WILL J. REID SCOUT PARK
4747 Daisy Ave., Long Beach, CA 90805

Some of the activities you can expect to experience include:
Camping, Foil Cooking, Fire Building Skills, GPS, Knots & Lashings, Games, Leadership, Scoutcraft, Scout skills plus fun crafts and an exciting campfire program.

Meals:
Friday-Bring your own Dinner
Saturday Breakfast, Lunch and Dinner
-Scrumptious meals will be prepared by the camp cooks.
Sunday Breakfast-Provide your own

Questions: Contact Mindy Bostick @ jmbostick@aol.com

Please bring all attached completed registration forms to camp on Friday

WEBELOS WOODS 2010 – PACIFICA DISTRICT, LAAC
At Will J. Reid Scout Camp
SEPTEMBER 24-26, 2010
REGISTRATION FORM – You must pre-register!

Pre-registration due date: Tuesday August 31, 2010
Early Bird Deadline: Tuesday August 10, 2010

- Please fill out the form below and mail together with both health history forms and registration fee.
- $35.00 PER PERSON EARLY BIRD before August 10, 2010
- $40.00 PER PERSON AFTER August 10, 2010
- Make checks payable to: BSA – LAAC
  2333 Scout Way
  Los Angeles, CA 90026

REGISTRATION

Webelos Scout

Name:_____Pack#:_____

Address:_____

City:_____Zip:_____

Phone: Day_____ Evening_____

E-mail_____

Age:_____ Birthdate:_____

Adult

Name:_____Pack#:_____

Address:_____

City:_____ Zip:_____

Phone:_____ Cell phone:_____

Email:_____

Relationship:_____

BSA registration date:_____

Previous Scouting Experience: _____

CPR Trained: ___Yes ___ No

Signature:_____Date:_____
(parent or guardian)

WEBELOS SCOUT HEALTH HISTORY AND PARENTAL RELEASE

Name:_____Date:_____
Phone #: ( )_____
Address:_____
City:_____ Zip:_____
Health/Accident Insurance Co.:_____
Policy #:_____

Have or subject to: (check if yes)
__ Attention Deficit Hyperactivity Disorder__Diabetes __Fainting spells__Asthma
__Contact lenses__Heart trouble__Seizure Disorders__Bleeding disorders__Dentures
__Allergy to any medication* or ___Food* or ___Plant* or ___Animal* or ___Insect**
__ Any condition that may require special care, medication or diet*
*Explain:_____
_____
**If there is a known allergy to bee stings, the adult partner must provide the health officer with a bee sting kit.

___ Check here if none of the above applies.

Have difficulty with: (check if yes)
___ Eyes ___ Ears ___ Nose ___ Throat
___ Lungs ___ Sleeping disorder ___ Digestion
___ Any condition now that requires regular medication.
Name of Medication:_____
___ Any restriction of activity for medical reasons? If yes, please explain:_____
_____

Immunizations: Give date of last inoculation
Diphtheria _____ Tetanus _____ Pertussis_____
Polio_____ Hib Titer _____ Rubella_____
Hepatitis B_____ Mumps_____ Measles _____

Parental Authorization:
This health history is correct as far as I know and the person herein described has my permission to engage in all activities, except as noted above by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician or medical technician, selected by the adult leader in charge of camp, to treat, hospitalize, secure proper anesthesia, or to order injections for my son.

Signature: _____ Date:_____
(Parent or Legal Guardian)
Daytime Phone: ( )_____Nighttime Phone: ( )_____
Cell Phone: ( )_____ Pager: ( )_____

ADULT HEALTH HISTORY

Name:_____ Date:_____
Phone #:( )_____
Address:_____
City:_____ Zip:_____
Health/Accident Insurance Co.:_____
Policy #:_____

Have or subject to: (check if yes)
___ Asthma ___ Diabetes ___Fainting spells ___ Contact lenses
___ Heart trouble ___ Convulsions ___Bleeding disorders ___ Dentures
___ Allergy to any medication* or ___ Food* or ___ Plant* or ___ Animal* or ___ Insect**
___ Any condition that may require special care, medication or diet*
*Explain:_____
_____
**If there is a known allergy to bee stings, the adult partner must provide the health officer with a bee sting kit.

___ Check here if none of the above applies.

Have difficulty with: (check if yes)
___ Eyes ___ Ears ___ Nose ___ Throat
___ Lungs ___ Sleeping disorder ___ Digestion
___ Any condition now that requires regular medication.

Name of medication:_____

___ Any restriction of activity for medical reasons? If yes, please explain:_____
_____
_____

IN CASE OF EMERGENCY, please contact::
Name:_____ Relationship:_____
Daytime Phone: ( )_____ Nighttime Phone: ( )_____
Cell Phone: ( )_____ Pager: ( )_____
Name:_____ Relationship:_____
Daytime Phone: ( )_____ Nighttime Phone: ( )_____
Cell Phone: ( )_____ Pager: ( )_____

Family Physician:_____
Phone: ( )_____

Signature:_____
Date:_____

What to bring to camp: __Class A uniform __Shorts & Long Pants__T-shirt__Socks __Underwear__Toilet Articles__Towel & Wash Cloth__Sleeping Bag & Pad__Tent __Day or Hip Pack__Webelos Handbook__Sun Glasses__Sun Screen__Flashlight __ Medication (labeled)__Warm Jacket__Insect Repellant __Poncho or Rain Coat

Required Forms to mail with registration: __Payment __Registration__Talent Release __Archery Permission slip__BB gun permission slip__Webelos Health __Adult Health

Forms to bring to camp: __Tour permit – each pack must fill one out and make copies for **every** cub/adult attending

Directions to Will J. Reid Scout Park

Will J. Reid Scout Park
4747 Daisy Ave
Long Beach, CA
405 South
710 North
Del Amo Blvd exit East
Right turn onto W. Del Amo Blvd
Right turn onto Daisy

Webelos Woods Schedule

~Subject to Change~

Friday, September 24, 2010

5:00	Check in begins
	Camp set-up, dinner and free time on your own
7:20	General Gathering at Campfire Amphitheater
	Camp rules- Parents Session
7:30-9:00	Patrol Crafts, Patrol Flag, Patrol yell, Neckerchief slide, Skit for campfire
7:30-9:00	Parent Session at the Campfire Amphitheater
	Webelos Transition
10:00	Lights out

Saturday, September 25, 2010

6:45	***Service Patrols report to kitchen***
7:00 - 8:10	Breakfast
8:15 - 8:45	Opening at Flag Poles
9:00 - 9:40	Session 1 -
9:45 - 10:25	Session 2-
10:30 - 11:10	Session 3-
11:15 - 11:55	Session 4-
11:55	***Service Patrols report to kitchen***
12:00 - 1:30	Lunch
1:45 - 2:25	Session 5-
2:30 - 3:10	Session 6-
3:15 - 3:55	Session 7-
4:00 - 4:40	Session 8-
4:40	***Service Patrols report to kitchen***
4:45-5:25	Prep Meals
5:30 - 6:45	Dinner
7:00	Serpentine
7:20	Campfire
10:00	Lights Out

Sunday, September 26, 2010

8:00	Interfaith service

Camp Inspection & Check-Out by 10:00

Patches

Pacifica District
Cub Scout Archery Program Permission Slip

I give permission for _____ to participate in the Archery Program.
(Please print Cub Scout's full name)
I understand that it is my responsibility to see that the above named Cub Scout understands that he is to follow all safety rules and regulations. I agree to indemnify the Boy Scouts of America, Los Angeles Council, and all Officers, members, employees and volunteers thereof, from all suits or actions brought for, or on account of, any injuries or damages received or sustained by any person or persons by or from the consequences of any negligence or any act or commission of the above named minor occurring during the course of said instruction.

_____ _____
(Signature of parent or legal guardian) (Date)

Los Angeles Area Council, Boy Scouts of America
Firearms Permission and Talent Release Form

Name: _____
Address:_____ _City:_____ _
State: _____ Zip: _____ Phone Number: (___) - _____
District: _____Unit Number: _____ Camp Session: **Webelos Woods 2010**

[ ] TALENT RELEASE Parent or Guardian initial _____
I hereby assign and grant to the Los Angeles Area Council - Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me this date by the Los Angeles Area Council - Boy Scouts of America, and I hereby release the Los Angeles Area Council - 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/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Los Angeles Area Council - Boy Scouts of America and I specifically waive any right to any compensation I may have for the foregoing.

[ ] FIREARMS PERMISSION Parent or Guardian initial _____
The above named minor does hereby have permission as required by California Penal Code Section 12552 to the Boy Scouts of America, Los Angeles Council, and to the instructors certified by Los Angeles Area Council meeting the requirements for instructors established by the BSA (National) to furnish a BB Gun, Shotgun and Ammunition to said minor for the purpose of instructing him in the safe handling of firearms, safe shooting, and marksmanship.

I do further agree to indemnify and save harmless the Boy Scouts of America, Los Angeles Council and all officers, members, employees, and volunteers thereof, from all suits of actions brought for, or on account of, any injuries or damages received of sustained by any person(s) by or from the consequences of any negligence or any act of omission of the above occurring during the course of said instruction.

Signed: _____ Date: _____
Guardian: _____ Date: _____
(if subject is younger than 18)

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually **by all BSA unit members.** Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on *www.scouting.org.*

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.