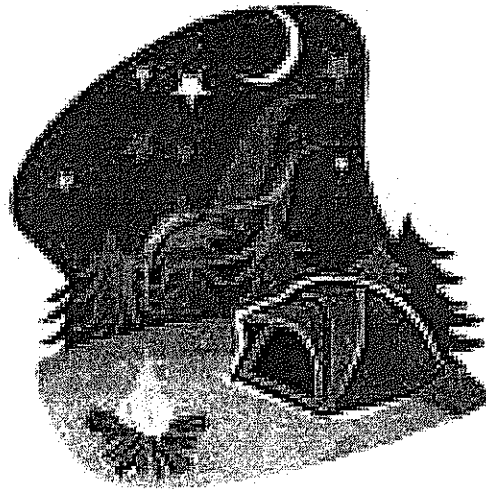


Fall Campere



Shannon's Neighborhood

October 7, 8, 9 2011

2011 Shawnee District Fall Encampment

Overview:

We are really excited to be doing something new in the Shawnee District. For the first time ever we are inviting not only every Boy Scout Troop in the district to the Fall Encampment, but also every Cub Scout Pack!! Every Pack will be partnered up with a host Boy Scout Troop for the weekend.

Packs and Troops will be able to plan their own activities as well as take part in the activities available to everyone on Saturday morning.

After lunch on Saturday, each Pack will be partnered with a Boy Scout Troop. The Troop will have fun activities planned for the Cub Scouts. During that time, our hope is that parents of the Cub Scouts will learn more about the benefits of Boy Scouts and get to know the leaders in the Troop. In addition, we hope Cub Scouts will be encouraged to join Boy Scouts as they get older. Saturday evening will feature a really fun campfire that will include skits and songs.

This is going to be a really fun weekend and we are looking forward to a big crowd. If you have any questions, please contact our Camping Chairman Darryl Huggins at 270-2915 dhuggins@missourigreatdane.com or Bill Crowell at 335-3346 bcrowell@stlbsa.org.

We look forward to seeing you there!!

Fall Encampment Committee

LOCATION: Shannon's Neighborhood, Hwy O, Perryville, MO

DIRECTIONS: (From Cape) North on I-55, take the Biehle Exit. Turn left and go about 1 mile to Hwy O and turn right. Follow Hwy O for 5 miles to Shannon Lane (it's on the right and there is a small sign—we will post signs as well). There is a yellow house there. Take the driveway past the house and follow the road/path as it takes you into a field and around to the back side of the property.

COST: \$6.00 per Cub Scout and Boy Scout.

\$2.00 for each adult.

 The price includes a patch

All Packs and Troops must pre-register by Friday, September 30th. Payment for additional youth and adults may be made at check-in.

CHECK IN: Packs and Troops may arrive any time after 4pm on Friday.

FACILITIES: Porta-Potties will be provided, no showers. Early registration will greatly help us have the facilities there we need. Fresh water is on site.

CUB SCOUT CAMPING: In **most** cases, Cub Scouts need to have a parent or guardian present that is responsible for the supervision of that Cub Scout. In **all** cases, each youth participant is responsible to a specific adult.

HEALTH FORMS: Packs and Troops need to have on file the A and B portion of the Annual Health and Medical Record.

ITEMS TO BRING

FIRE/FIREWOOD: Bring ample firewood. Use good safety and low impact rules as well as a water barrel/bucket at the fire site

PACKS AND TROOPS: need to plan for their own meals. We will provide a cracker barrel for adult leaders only on Friday night. Packs and Troops are encouraged to plan their own cracker barrel for their Scouts on their campsite.

TRADING POST: Scouts can bring money to buy snacks and drinks at the trading post

OTHER ITEMS TO BRING: Fishing Pole, Bait, Lawn Chair, Water Bottle (We will have some fishing poles and bait available for those that don't have any, but there may not be enough to go around)

WHAT NOT TO BRING

Alcohol, Drugs, Fireworks are not allowed. Smoking is allowed, but it must be done away from the Scouts where they won't see it.

SCHEDULE OF EVENTS

<u>Friday:</u>	4-7pm	Registration and camp set-up
	8-9pm	Adult Leader Cracker Barrel
	9pm	Movie
<u>Saturday:</u>	7am	Pack and Troop Breakfast
	8:15am	Flag Raising and Opening Ceremony
		Saturday registration immediately after opening ceremony
	8:45am	Activities begin
	12-1pm	Lunch
	1-4pm	Afternoon activities (Packs to be with their host Troop)
	4-5pm	Free time
	5-6pm	Dinner
	6:30pm	Religious Service
	7:30pm	Campfire
	10pm	Quiet time
<u>Sunday:</u>	7-9pm	Breakfast and tear down.
		Packs and Troops may depart after campsite is clean.

ACTIVITIES INCLUDE

BB Guns

Fishing

National Wildlife Turkey Federation

Shot gun Shoot (Boy Scouts only)

Turkey Call

Ham Radio Demonstration

Dutch Oven Cooking Demonstration

Frisbie Golf

Friday Night Movie

Service Projects (Boy Scouts only)

Anvil Launch (Pending)

Tug-O-War

Camp Fire

Story Tellers (Pending)

O.A. Dance Team (Pending)

Activity Pins

Attention Boy Scout Troops

The goal for this event is to really set the hook for these young Cub Scouts to want to become Boy Scouts. It is also a great opportunity to sell the parents on what Boy Scouts are all about and also educate them about your Troop.

To do this, you will need to be prepared and ready to go for the weekend. We are leaving it up to you as a Troop to come up with activities for Saturday afternoon for the Pack you will be partnered with. We recommend that you contact your Pack prior to the campout to see how you can assist them and help them have a great weekend. It is totally appropriate to share equipment and resources if possible and you will also want to know how many Cub Scouts they will be bringing so you can plan. If you have the resources and decide to, you could also prepare a meal to share with your Pack. It could be lunch and/or dinner if you choose to do so. We also highly encourage giving the parents of the Cub Scouts a tour and short presentation about your Troop while your Scouts are entertaining the Cubs.

Here are a few activity ideas you could do with your Pack:

- Work on an activity pin

- Games- wiffle ball, kick ball, etc.

- Scout Skills-

 - Teach them some knots and have a knot tying relay

 - Teach some lashings and help them build a small pioneering project

 - Fire building- burn the string

 - Teach them how to put up a tent and then have a race.

 - Nature hike (split them into smaller groups)

 - A basic orienteering course

There are certainly many more ideas. Be creative and make it fun. Get the input from your Scouts as to what they would like to do with the Cub Scouts.

Please feel free to share any great ideas you have with other Troops. If you need anything or have questions please contact our Camping Chairman Darryl Huggins at 270-2915 dhuggins@missourigreatdane.com or Bill Crowell at 335-3346 bcrowell@stlbsa.org.

Annual BSA Health and Medical Record

Part A

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

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. 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 _____

HEALTH HISTORY

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

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea) Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and 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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib) _____

Exemption to immunizations claimed (form required).

(For more information about immunizations, as well as the immunization exemption form, see *Scouting Safely on 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 _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants: Expedition/crew No.: _____ or staff position: _____
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I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

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 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. 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.

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.

Without restrictions.

With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

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 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 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.

Yes No

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

1. Name _____ Telephone _____

2. Name _____ Telephone _____

3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

1. Name _____

2. Name _____

3. Name _____

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, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____

(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____

(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ DOB: _____

*Shawnee District Fall Encampment
Pre-registration Form*

Pack/Troop (please circle which) _____

Scoutmaster/Cubmaster _____

Address _____

Phone _____

e-mail _____

TOTAL FEES FOR SCOUTS @ \$6.00 _____

TOTAL FEES FOR ADULTS @ \$2.00 _____

TOTAL PAID _____

A Pack/Troop roster will be due upon check-in

Must be turned into Council Service Center in Cape by Friday, September 30th

3000 Gordonville Rd.

Cape Girardeau, MO 63703

1-6801-624-20