

Colonial-Trail District presents

2016 Cub-O-Ree Olympacs



Leaders & Parents Guide

Mattanock Town
1001 Pembroke Lane
Suffolk, VA 23434
April 15-17, 2016

Cub-O-Ree Coordinator:

David Willis

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At a Glance

What: Colonial Trail District 2016 Cub-O-Ree

For: Cub Scouts, their leaders, Siblings, Parents and/or Guardians

When: Friday, April 15th thru Sunday, April 17th, 2016

Arrival

Time: Campers: Friday, 3:00-7:00 pm, Pack Registration & Camp set-up
and Flag Decoration
One-day participants: Saturday 7:30-8:15 am for registration

Departure

Time: Sunday, 12:00 noon

Where: Mattanock Town (formerly Lone Star Lodge)
1001 Pembroke Lane, Suffolk, VA

Cost:	Cub Scouts:	\$15.00 each	(Patch Included)
	Participating Siblings:		
	(ages 6-11 yrs)	\$15.00 each	(Patch Included)
	Adults, Boy Scouts and		
	Non-Participating Siblings:	\$8.00 each	(Insurance, Porta Potties)
	Tot-Lot	\$8.00 each	(Insurance, Porta Potties)
	Shirts (if applicable)	\$10.00 each	
	Additional Patches	\$3.00 each	
	Late Registration	\$10.00 each after 4/8/16	

Fees are NON-REFUNDABLE unless the event is cancelled by the director/coordinator

EXCEPTIONS: If the Tot-Lot is cancelled due to lack of volunteers, then the Tot-Lot fees will be returned.

Cancellation Policy: **This is a rain or shine event.** In the event of severe weather, the Cub-O-Ree Director/Coordinator reserves the right to cancel the event. The call to cancel the event will be made by 6:00 pm, Thursday April 14th.

Registration:

- ❖ All forms turned in to the Colonial Virginia Council Scout Store by deadline.
 - Open to the first 200 Scouts who register.
- ❖ Tour plan is required if Pack is outside of Colonial Virginia Council.
- ❖ Approved Registration and Mattanock Town Waiver Forms are required at Check In before Packs will be allowed to Set-Up.
 - Packs must have one designated leader to Check-In the entire Pack.
 - Please ensure this person arrives ahead of, or with the Pack.
 - Individual Scouts and Adults check in with their Pack Leader.
- ❖ Annual Medical Form (Parts A & B) is required for *EVERY* participant.
 - Med forms will be returned at the end of the event.
 - All required forms are included in the back of this Leader's Guide.

Deadline: For "Early Bird" prices, registration must be received in the Council Scout Store by Friday, April 8th.

Hello Cub Scout Leaders, Parents, and Guardians!

You and your Cub Scout are cordially invited to attend our

Colonial Trail District Cub-O-Ree

April 15th thru April 17th, 2016

@ Mattanock Town (formerly Lone Star Lodge) in Suffolk, VA

The purpose of the Cub-O-Ree is four-fold:

- ❖ First, is to pique the boys' interests in the Scouting environment while enjoying the great outdoors, and to inspire them to continue in Scouting through a positive outdoor experience;
- ❖ Second, give boys a chance to develop team skills and to interact with Scouts from other Packs
- ❖ Third, it is designed to give the boys an opportunity to work on required and elective adventures as well as activity pins.
- ❖ Finally, it gives the Den Leaders an opportunity to meet with other Pack leaders, share ideas and to strengthen our program by working together.

Your Cub Scouts will be given the opportunity to increase their Scouting skills and knowledge. They will participate in several activities that will challenge them and encourage them to continue to work on their required and elective adventures at the Den level. They will also participate in ceremonies, camp-wide games, and an evening campfire. Patches and awards, as well as a list of achievements accomplished, will be distributed at the close of the event.

Attendees

- ❖ The Cub-O-Ree is open to all registered Cub Scouts and their Packs regardless of district or council.
- ❖ All Scouts attending without their parent/legal guardian **MUST** have a signed permission slip naming an adult responsible for him.
- ❖ For those Scouts and Scout families who cannot attend overnight, you are encouraged to bring your Scouts for the Saturday activities, checking in Saturday morning by 7:30 am with your Pack Leader.
- ❖ Packs without enough volunteers to run their own camp are encouraged to reach out to the camp coordinator to identify another Pack that their Scouts & parents may camp with.
- ❖ Maximum capacity is 200 Scouts plus their leaders, parents and guardians.
- ❖ Each family must sign the Mattanock Town Waiver (back of Leader's Guide)

Siblings

- ❖ Cub-O-Ree is a family event – all family members are welcome to attend.
- ❖ Siblings ages 6-11 may participate in the activities (with paid registration).
- ❖ All siblings must be under supervision at all times.
- ❖ A Tot-Lot will be provided, **if there are enough volunteers**, to take care of younger siblings during scheduled Scout activities.
- ❖ All Tot-Lot children must be a minimum 3 years old **AND** potty trained.
- ❖ Parents are responsible for all drinks, snacks and bedding material.
- ❖ There is an additional fee for Tot-Lot children to cover supplies.
- ❖ All Parents of Tot-Lot children must be in the Cub-O-Ree area at all times.

NO EXCEPTIONS!

- ❖ ALL PARENTS BRINGING TOT-LOT SIBLINGS ARE **REQUIRED** TO WORK AT THE TOT-LOT FOR 1-2 HOURS.

Camping

- ❖ Camping for the weekend is NOT mandatory.
- ❖ Pack leaders must notify Cub-O-Ree coordinators whether their Pack intends to camp out or not by April 8th.
- ❖ If you are interested in camping this must be coordinated through your Pack.
 - If your Pack is not camping, but an individual Scout wishes to stay, contact the camp director/coordinator and we will assign you to another Pack for the overnight.
- ❖ All aspects of camping (food, cooking, policies, etc.) are to be managed by the individual Packs.
- ❖ All Packs will be assigned a camping area upon registration.
- ❖ Packs that are not camping will be assigned an area to stage their gear (food, personal items, etc.). It is strongly recommended that you bring a pop-up shelter or tarp w/ poles.
- ❖ All Youth Protection Guidelines must be followed.
- ❖ Pack camp fires must be in above ground fire pits.
- ❖ Packs may (not mandatory) make a gateway to their camp site. Pack and American flags are appropriate to bring and display at your site.
- ❖ Lights out is at 10 pm every night.

Check-In Procedures

- ❖ All registered Packs will check in at Cub-O-Ree headquarters (Lodge Building).
- ❖ Campsite assignments will be given once a Pack has turned in a roster of all participants, all the Mattanock Town waivers and Medical Forms for each person attending.
- ❖ Adults may check in with their Pack Leader and set up camp beginning at 3:00 pm on Friday.
- ❖ Saturday check-in begins at 7:30 am with your Pack Leader.
- ❖ Program begins at 8:15 am sharp on Saturday morning.

Set-Up & Parking

- ❖ Due to possible muddy conditions and safety, vehicles will not be allowed in the campsites to unload gear. Vehicles may be parked nose/tail in on the field edge to be unloaded. Once the vehicles are unloaded they must be immediately removed from the road and parked in the designated parking area.
- ❖ Wagons are strongly encouraged to move gear from vehicles; ask your Pack who is bringing one.
- ❖ No child(ren) will be left alone in vehicles while they are being unloaded.
- ❖ Due to emergency vehicle accessibility, vehicles are not allowed to remain in the Pack's campsite.

Pets

- ❖ Pets are not allowed at the Cub-O-Ree. This includes during drop-off, set-up or pick-up. This applies to all visitors and staff personnel as well.
- ❖ The only EXCEPTIONS are licensed service animals.

Scouts Leaving the Cub-O-Ree Before Closing:

- ❖ Scouts are not allowed to leave the Cub-O-Ree unless accompanied by the Scouts parent or guardian ... AND ...
- ❖ The Scout's pack Leader has been notified ... AND ...
- ❖ The Scout's parent/guardian has checked out with the Cub-O-Ree coordinators.

Visitors

- ❖ Parents and friends of Scouts are welcome to visit between the hours of 8:00 am and 9:00 pm during the Cub-O-Ree.
- ❖ All visitors must check-in at the Cub-O-Ree Lodge to receive a Visitor's Pass.
- ❖ Visitors must obtain permission in writing from the individual Pack Leaders they are visiting. It is required that Pack Leaders will inform the Director/Coordinator of expected visitors.
- ❖ It will be the Pack's responsibility, to ensure all visitors adhere to BSA Youth Protection Policies and are not disruptive during activities.
- ❖ Packs will be held financially responsible for any damage that might occur from their visitors.
- ❖ Visitors may stay for the Saturday evening campfire program, but must leave following the program.
- ❖ Visitors are not allowed to Camp.

Meals:

- ❖ The Cub-O-Ree will NOT be providing food and drinks. All meals, snacks and drinks are the responsibility of each participating Pack.
- ❖ Saturday's lunch is an event wide, Scout built meal.
- ❖ A dinner option is available through the Ruritans on Saturday night. If you need more information, contact the coordinator.
- ❖ Potable water is available at the Lodge building (hose and nozzle).
- ❖ Ice water will be available at each station to fill individual bottles. Encourage all of your participants to drink plenty of water. Also ensure you set the example by carrying and drinking water yourself.
- ❖ All fires must be off the ground. Charcoal cooking must be off the ground as well.
TIP: Warm drinks and soups are recommended, hot chocolate is always a hit!
And don't forget the coffee!

Leadership

- ❖ Each Pack will have as a minimum 2 registered adult leaders camping with them overnight whose BSA Youth Protection Training is up to date. (Available online at <http://my.scouting.org>)
- ❖ Each Pack is required to have one (1) registered leader who has had BALOO training. If your Pack does not have a BALOO trained leader, please contact the Cub-O-Ree coordinator to make arrangements to have you camp with a Pack that does.
- ❖ Each Pack is required to have (1) registered leader who has completed Weather Hazards Training (Available online at <http://my.scouting.org>).
- ❖ Each Pack will have at least one (1) adult for every five (5) Scouts.
- ❖ The Scouts will use the "Buddy System" at all times.
- ❖ This is a family event, so please make all reasonable arrangements to attend with your son and encourage him as well as celebrate his victories!

Buddy System

- ❖ Scouts must use the Buddy System at all times.
- ❖ We will have Buddy Watch Teams that will be patrolling the grounds. If a Scout is found without a Buddy the following will occur:
 - The first time the Scout will be issued a warning.
 - The second time without a buddy, the Scout will be escorted to the Lodge and will require a Pack representative to come and escort the buddy-less Scout back to the Pack.
- ❖ If a Pack has a second Scout cited for not having a buddy, that Scout will be escorted to the Lodge and will need to have a Pack representative pick that Scout up and the Pack will be issued a Ticket and will be disqualified from any camp awards. (See Patches and Awards)
*NOTE: Buddy's waiting outside Porta-Potties will not be cited.

First Aid

- ❖ Each Pack is required to have on hand a First Aid Medical Kit in their Pack camping area at all times, located in an easily accessible area. The medical kit should have enough supplies to administer first aid to the majority of your Packs' Scouts attending the Cub-O-Ree.
- ❖ All prescription medication will be in the possession of the Scouts' parent/guardian at all times.
EXCEPTION: Epi-pens or Bronchial inhalers, which may be carried by the individual Scouts. In the event the parent/guardian is not present (i.e. not at the Cub-O-Ree), the prescription medication will be in the possession of the Scout's Leader.
- ❖ All injuries should be brought to the attention of the Cub-O-Ree Coordinator and the medical personnel immediately.
- ❖ **911 should be called in severe emergency cases and then notify the Cub-O-Ree Coordinator.**

Youth Protection Guidelines (Summary)

- ❖ Scouts are encouraged to sleep in tents with other Scouts. If necessary, they may sleep in tents with their parent or legal guardian.
- ❖ No Scout may share a tent with an adult other than his parent or legal guardian.
- ❖ At no time will a Scout be left alone with an adult other than his parent or legal guardian.

Clothing

- ❖ Saturday the "uniform of the day" will be the Camp T-Shirt (if applicable) or a "Class B", Pack/Scout related T-Shirt. Scouts should have their Class "A" (Field Uniform) for Saturday night campfire and Sunday Scout's Own service.
- ❖ Leave your neckerchief, slide and all danglies at home!
- ❖ Ensure that your Scouts have enough gear to handle any situation. The weather in Hampton Roads has been known to change several times a day, let alone a weekend. "Do your best" to "be prepared" for the weekend! Check the forecast.
- ❖ Ensure that you have rain gear; try to keep them dry.
- ❖ Ensure you have bug spray.
- ❖ Hats are strongly encouraged.
- ❖ Check for ticks daily. Ticks are worse in the edges of the open areas of the camp. However, multiple checks during the day are encouraged ... just in case.

Tobacco Policy

- ❖ All uses of tobacco products (cigarettes, pipes, cigars, e-cigs, vapors, chew, etc.) are prohibited in the Campsite Areas and at all activity areas.
- ❖ All tobacco products (cigarettes, pipes, cigars, e-cigs, vapors, chew, etc.) must be used outside of the camping and event area and out of sight of all Scouts and other children, regardless if it is your child or not.
- ❖ **This policy applies to all Leaders, Parents, Guardians, Visitors, Staff Personnel, and Scouts. Please ensure that visitors know this policy.**
- ❖ **There is not a designated tobacco use area.**

Alcohol Policy

- ❖ **All alcohol beverages are strictly prohibited at ALL Scouting events.**
- ❖ This includes not only arrival, check-in, set-up, event activities, and pick-up at any time of day.
- ❖ Anyone using alcohol will be asked to leave the Cub-O-Ree immediately and a report will be filed with the Council office.
- ❖ **This policy applies to all Leaders, Parents, Guardians, Visitors, Staff personnel, and Scouts.**
- ❖ **There is not a designated alcohol use area.**

General Rules and Regulations,

- ❖ No sheathed knives, fireworks, firearms, electronic games, radios, mp3 players, iPads, tablets, televisions, tent heaters, axes, hatchets, chainsaws, skateboards or roller skates are allowed at Cub-O-Ree.
- ❖ Scouts are not allowed to stay at or roam around the campsite during scheduled events.
- ❖ Pack leaders are responsible to keep their Scouts occupied at all times.
- ❖ **Ground fires are NOT allowed** (Leave No Trace Policy)! All fires must be off the ground (i.e. raised burn barrel or similar)!
- ❖ Charcoal cooking must be off the ground as well. **TIP:** Warm drinks and soups are recommended, hot chocolate is always a hit AND **don't forget the coffee!**
- ❖ A bucket of water or sand and a shovel must be stationed near ALL campfires. Packs to provide bucket/shovel for any campsite fires.
- ❖ Lit campfires are not to be left unattended; you must designate an adult to fire watch whenever a campfire is lit and in use. Ensure embers/coals are cool to the touch prior to discarding them.
- ❖ All ashes are to be brought to the main campfire ring and left there. **DO NOT PUT ASHES IN THE WOODS OR IN THE GARBAGE CANS.**
- ❖ Cutting of live trees are not permitted.
- ❖ The buddy system and youth protection guidelines will be enforced at all times.
- ❖ National and Council policies will be adhered to at all times.

Garbage and Trash

- ❖ Each Pack is responsible for packing out their garbage. Trash facilities are provided; however, this event can and should be used to teach your scouts about ecology and reducing waste. Each Pack doing their part also lessens the burden on the volunteers running the camp when it comes time to pack up and leave.
- ❖ Each Pack is responsible for policing their area prior to leaving their campsites for events and after the Cub-O-Ree is over. Camping and staging areas will need to be inspected before the Pack leaves.
- ❖ Dishwater is to be broadcast in the woods away from the campsite area.
- ❖ Personal grooming areas are to be staged away from the food prep and dining areas.

Restroom Facilities

- ❖ **Youth Protection guidelines require adults and youth members not to share restroom facilities.**
- ❖ Youth/Scouts and adults will use the Porta Potties provided in the campsite areas.
NOTE: Porta Potty locks allow/provide for single user only.
- ❖ **NO EXCEPTIONS TO THE YOUTH PROTECTION GUIDELINES WILL BE ALLOWED.**

Campfire Program

- ❖ There will be a Campfire Saturday Night for the whole camp.
- ❖ It will start at approximately 7:45 pm.
- ❖ The Packs are required to provide a skit or song for our program.
- ❖ The Packs will be given time to prepare and practice their skit or song for the Campfire. (PLAN NOW! Themed skits are encouraged.)
- ❖ The skits or songs should not be longer than 3 minutes.
- ❖ **Skits and songs will be turned into the Cub-O-Ree Coordinator by 3:00 pm on Saturday** for review to ensure they are appropriate, comply with Scout policy, and do not duplicate other skits.
- ❖ Packs are strongly encouraged to have more than one skit or song available in the event of duplication.
- ❖ The Cub-O-Ree Coordinators will coordinate skit and song assignments after check-in.

Manners

- ❖ Any Scout who inflicts **intentional** personal harm to another Scout(s), Youth(s) or Adult(s) **will be sent home immediately.**
- ❖ Youth staff shall be offered the same respect as adult staff. Adult staff members stand behind and support the youth staff at all times.
- ❖ Disruptive/destructive behavior will not be tolerated. Any Scout(s) who does/do will be removed from the activity and turned over to their adult leadership.
- ❖ This means keeping off of trees and not blazing new trails into the woods. Leave No Trace must be practiced at all times in this camp.
- ❖ Any Scout who intentionally damages equipment or facilities belonging to another Pack or Mattanock Town, including the long houses and Porta Potties will be sent home immediately. The Scout's Pack and/or parents **WILL** be held financially responsible for the Scout's actions.

Attitudes

- ❖ Remember to have at least two back-up plans just in case. For first-time campers, this will be either the greatest time they have ever had or the worst. How well you are prepared and your attitudes will directly affect that.
- ❖ Leaders and Parents get plenty of rest prior to the campout; add a few more feet to your fuse. Breathe all the fresh air you want and relax...
- ❖ Remember, counting to ten can make *ALL* the difference.
- ❖ The camp staff is here for you... lean on us for help and guidance any time!

Recommended Equipment

Essential:

- ✓ **BSA Medical Form Parts A&B; fill out from the pages in this guide (last 3 pages) for each participant or use the online PDF and keep a file you can print multiple times!**
- ✓ Mattanock Town Waiver Form
- ✓ Clothing—coat, sweatshirt, pants, socks, briefs, T-shirt, Scout uniform (shirt and hat—no neckerchief and slide) and activity shirt. (*TIP: Put clothes in plastic zip bags*)
- ✓ Pack / Den flag
- ✓ Pack first aid kit (Mandatory)
- ✓ Flashlights and extra batteries
- ✓ Insect Repellent
- ✓ Pack Meals
- ✓ Medication
- ✓ Mess kit w/utensils
- ✓ Personal Hygiene products (toothbrush, toothpaste, etc)
- ✓ Rain Gear
- ✓ Shoes (bring an extra pair)
- ✓ Sleeping bag (rated for +30 degrees)
- ✓ Stoves and lanterns (No liquid fuels)
- ✓ Coolers & Ice for your chilled foods
- ✓ Tent, ground cloths, and stakes
- ✓ Pop-Ups for shade areas in camp
- ✓ Trash bags
- ✓ Water bottles
- ✓ Water containers for drinking and washing. (Water is available at the Lodge)
- ✓ Sun Screen
- ✓ Aluminum foil (thick for Saturday lunch)
- ✓ Scout Spirit!

Nice to Have:

- ✓ Blankets
- ✓ Board games (in case of rain)
- ✓ Bucket
- ✓ Camp chair
- ✓ Charcoal
- ✓ Chuck box (cooking utensils, pots, pans, plates, cups, plastic ware)
- ✓ Dining tarp or fly
- ✓ Dishwashing basins (3) w/dish soap, dishrags, and towels
- ✓ Dry goods box or locker
- ✓ Fire making supplies. (Wood, leather gloves, matches, lighters, tinder)
- ✓ Fire Pit (above ground)
- ✓ Folding tables
- ✓ Glo-stick (night light)
- ✓ Hand Sanitizer liquid or wipes
- ✓ Ice coolers
- ✓ Paper products
- ✓ Playing Cards
- ✓ Rope (Various lengths, and sizes)
- ✓ Shovel
- ✓ Toilet Paper, Paper Towels, napkins

CUB-O-REE WEEKEND SCHEDULE

(Schedule subject to change without notice; Volunteer to help keep the schedule solid!)

FRIDAY April 15		
3:00 pm -	7:00 pm	Pack Registration and Camp Set-Up
5:00 pm -	7:00 pm	Flag Assembly & Decoration – Scouts/Packs participate (supplies provided by the camp)
7:00 pm -	9:00 pm	Free Time (assorted games, crafts)
8:00 pm -	9:00 pm	Leader's Meeting & Cracker Barrel
10:00 pm-		Lights out for all Scouts
SATURDAY April 16		
7:00 am -	8:15 am	Breakfast (Pack provided) and clean-up
7:30 am -	8:15 am	Late Pack/Scout Registration
8:15 am -	8:30 am	Opening Flag Ceremony and Announcements
8:30 am -	9:00 am	Set-Up
9:00 am -	9:50 am	Activity 1
10:00 am -	10:50 am	Activity 2
11:00 am -	11:50 am	Activity 3
12:00 pm -	1:30 am	Lunch (Pack/Dens provide) Start Skit/Song ideas to Cub-O-Ree Coordinator (deadline 3 pm).
1:40 pm -	2:30 pm	Activity 4
2:40 pm -	3:30 pm	Activity 5
3:40 pm -	4:30 pm	Activity 6
4:40 pm -	5:30 pm	Decathlon
5:30 pm -	7:00 pm	Dinner (Pack/Dens provide) and Clean-Up
7:00 pm -	7:35 pm	Packs provide time for skit practice/craft/etc.
7:45 pm -	9:00 pm	Campfire Program
9:00 pm -	10:00 pm	Pack Campfires (all Scouts remain in Pack campsite); Scouts should start to quiet/wind down at 9:30.
10:00 pm		Lights out; All Scouts in their tents.

SUNDAY April 17		
7:00 am -	8:00 am	Breakfast (Packs provide)
8:15 am -	8:25 am	Morning Flag Ceremony
8:25 am -	9:10 am	Awards and Closing
9:10 am -	9:30 am	Scouts Own Worship Service
9:30 am -	12:00 pm	Breakdown of Campsites, Campsite Inspections
12:00 pm		End of Cub-O-Ree

CAMPFIRE PROGRAM REGISTRATION FORM

JOIN THE FUN!

Each Pack is required to submit a song or skit for the campfire program. Turn in this form by 3:00 PM Saturday.

Pack #

Packs will provide the following:

	NAME	TITLE	Circle One
1.	_____	_____	Song /Skit
2.	_____	_____	Song /Skit
3.	_____	_____	Song /Skit
4.	_____	_____	Song /Skit
5.	_____	_____	Song /Skit

Registration Form for Colonial Trail District Cub-O-Ree 2016

When: April 15-17, 2016

Where: Mattanock Town, Suffolk

	Name of Scouts(s) or Participating Sibling	Rank/Grade
1		
2		
3		
4		
5		
6		

Name of parent/Guardian/Responsible Adult: _____

Contact Phone Number: _____

Pack Number: _____ District (if other than Colonial Trail): _____

Point of Contact Name for your Pack: _____

POC Phone: _____ POC Email: _____

Cub Scout(s)	\$15.00	x	=
Participating Sibling(s)	\$15.00	x	=
Adult/Boy Scout/Non-Participating Sibling(s)	\$8.00	x	=
Tot-Lot Participants (ages 3-5)	\$8.00	x	=
Cub-O-Ree T-Shirt (specify size below)*	\$10.00	x	=
Additional Patches	\$3.00	x	=
Late Registration Fee (after 4/8/16)	\$10.00	x	=
Total Due: \$			

*As of 3/16/16, T-Shirts orders are tentative; updates will be provided as information changes.

YOUTH _____ SM _____ MD _____ LG _____ XL
 ADULT _____ SM _____ MD _____ LG _____ XL _____ XXL _____ XXXL
 STAFF _____ SM _____ MD _____ LG _____ XL _____ XXL _____ XXXL

**** No T-Shirt orders are accepted after April 8th ****

I agree to abide by all the Cub-O-Ree policies as outlined in the Leaders and parents Guide.

Parent Signature: _____

This is a public event and all photos taken may be made available for public use.

Please register at the Colonial Virginia Council Scout Store
 11834 Canon Blvd. Ste. L, Newport News, VA 23606
 or mail to P.O. Box 12144, Newport News, VA 23612

No registrations will be accepted after Tuesday, April 12, 2016 (NO Exceptions)

Event Code: 406

Pack Attendance Form for Colonial Trail District Cub-O-Ree 2016

Pack Number:			
	Name	Adult	Scout
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			

Colonial Trail Cub-O-Ree Feedback Sheet

To ensure a quality Cub Scout program, Please give us your feedback on how we did.
Complete this form and give it to one of the Cub-O-Ree Coordinators.

Rankings 5- Excellent, 4- Good, 3- Average, 2- Fair, 1- Poor, 0- Terrible

	Adults	Scouts
Was the event interesting?	{ }	{ }
Was the event organized?	{ }	{ }
Was the staff helpful and knowledgeable?	{ }	{ }
Was there enough publicity about/prior to this event?	{ }	{ }
Did you your scout(s) enjoy the activities ?	{ }	{ }

Did you and your scout(s) have enough time to enjoy the activities ?

What activity did you enjoy most?

What activity did your Scout(s) enjoy most?

Which activity did you enjoy the least and why?

Which activity did your Scout(s) enjoy the least and why?

What would you do to improve this event?

Additional Comments: _____

Would you support this event again next year? { } Yes { } No

Outdoor Cooking Recipe and Ingredients

Option A:

Pocket Pizza Recipe

Required:

aluminum foil
campfire coals
long fire tongs

Ingredients:

1 pkg pita bread
1 can spaghetti sauce
1 cup grated cheese
1 pkg sliced pepperoni
optional: sliced black olives, pineapple chunks, diced peppers, ...

Notes:

Use precooked meat since you are just heating it up.
Mark your own foil with a special fold so you know its yours.

Instructions:

1. Cut each pita in half and spoon spaghetti sauce into pocket spreading it evenly.
2. Add cheese, pepperoni, and other toppings.
3. Wrap in foil and place in coals. Cook for a couple minutes, flip, and cook another two minutes

ENJOY!

Option B: Stick Bread Recipe

Required

- Stick
- Crescent Roll Dough (Tubes)
- Campfire coals

Ingredients

Crescent roll tube (enough for each scout to have 1 or 2 rolls)

Notes:

Call the bread “Wompum” bread, makes it more fun!

Instructions:

1. Remove the rolls from the tube, spread on aluminum foil
2. Provide roll to scout, have scout roll dough over stick
3. Have scout cook bread over camp fire coals until brown

ENJOY!

Sprinkle a little cinnamon sugar on the dough before cooking for a tasty dessert!

Nansemond Indian Tribal Association

Mattanock Town Visit Registration

Release and Waiver of Liability

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT").

In consideration of participating in an event at Mattanock Town property own by the Nansemond Indian Tribal Association, I represent that I understand the nature of this event and that I and/or my minor child am qualified, in good health, and proper physical condition to participate in such an activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe I and/or my minor child will immediately discontinue participation in the Activity. I fully accept and assume all risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity. I hereby release, discharge, and covenant not to sue the Mattanock Town, own by the Nansemond Indian Tribal Association, event sponsor sites, event sponsors, respective administrations, directors, agents, officers, volunteers, employees, other participants, any advisors and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "releases" herein), from all liability, claims, demands, losses or damages on my account and/or that of my minor child caused or alleged to be caused in whole or in part by the negligence of the "releases" or otherwise, including negligent rescue operations; and I further agree that if, despite the release, waiver of liability, and assumption of risk, I, or anyone on my/and or my minor child's behalf makes a claim against any of the "Releases", I will indemnify, save and hold harmless each of the releases from any loss, liability, damage or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature, and intend it be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. Further, by signing this waiver, I am acknowledging that the Mattanock Town and the Nansemond Indian Tribal Association DOES NOT provide any medical coverage or payments for myself or my minor child in the event of injury or death. I give permission to authorized personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me / my child, and also permit such treatment procedures to be carried out at and by local hospital(s) for me / my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.

Name of Participant

Participant or Parent Signature /Date

Additional Participant

Additional Participant

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: _____



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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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