



**WEBELOS  
WOODS  
2015**

# **HALF-WAY TO HALLOWEEN**



# **WEBELOS Woods**

## **Leader's Guide 2015**

**May 15-17, 2015**

### **Schiff Scout Reservation**

**1606 Wading River Manor Road**  
**Wading River, NY 11792-0029**

Come and spend the weekend with more than 1,000 other Cub Scouts and Scouters from all over the Theodore Roosevelt Council. The next Webelos Woods adventure will begin at **5:00 PM, Friday, May 15, 2015 at Schiff Scout Reservation** in Wading River, Long Island. We will have tons of fun: the joys of camping, cooking, campfire, religious services, camp-wide activities, hikes and exploration of the great outdoors!

The cost is **\$22.00 per person** and registration forms and fees need to be submitted via the online portal on the Theodore Roosevelt Council website – **www.trcbsa.org no later than May 11, 2015**. A health history form is required for each Scout and accompanying adult (enclosed in the guide). This will be checked during registration and then maintained by the Pack Leader.

All participants will need to bring their own pack supplied tents and folding tables. Tent sites will be assigned by the Webelos Woods Staff. Reservations must be accompanied by a registration form and full payment. Online registration is available via **www.trcbsa.org**.

### **The Concept and Purpose**

Webelos Woods is an outdoor program activity designed to aid in the Webelos to Scout transition plan. The purpose is to help form a desire to know more about Boy Scouting and give WEBELOS a preview of the thrills of Boy Scouting.

Webelos Woods gives Scouts an opportunity to take a step up from Cub Scouting by camping as a Boy Scout Troop does. The weekend is designed as a Patrol activity, much like a Boy Scout Camporee. The boys and adults will be participating in archery, first aid training, knot tying and games, religious services, campfire program and more.

**Although the structure is different from Cub-parent weekend campouts, BSA policy still requires an adult to accompany each Bear and/or Webelos Scout.**

## The Schedule

Bear/Webelos Scouts will begin site preparation Friday night to be ready for Saturday's program. Pack sign-in and set-up is scheduled for Friday, between 5:00PM and 9:00PM. The flag ceremony will open the events on Saturday morning at 8:45 AM at the flagpole near the new Dining Hall. Bear/Webelos Scouts will rotate to Scout skills hands-on activities between 9:00AM and 4:00PM. After dinner, religious services begin at 7:00 PM. Please remember a Scout is reverent and attend your service. The camp-wide campfires will start on Saturday night at dusk, approximately 8:00 PM with Pack and Den skits. Scouts (and adults) will want to get a good night's sleep because Webelos Dens will start preparing breakfast at 7:00 AM Sunday. Closing ceremonies will begin at 9:15 AM.

## Leadership

Bear/Webelos Scouts must be under adult supervision at all times. The welfare of the individual Scout is the direct responsibility of the adult leaders. It is the leader's responsibility to control the actions of their Pack, and organize free time activities for the boys. All Scouts and adult leaders must be registered with the Theodore Roosevelt Council. Be friendly, courteous, patient, helpful, and considerate to the boys, parents, and staff members. The area you occupy is your "Camp Home" for the weekend. Pack *Leaders should participate with their boys in all camp activities, such as opening, closing, and religious ceremonies; campfire, and other special events.*

## Logistics

- Each Pack will furnish their own food, as well as equipment for preparing their meals.
- Dishes and other washing **must** be done in the campsite. **Lyons Bathroom sinks are for hand washing only.** Dishes and other pack gear must NOT be washed at water spigots – this violates leave no trace and may contaminate the ground around the water source.
- Stoves and lanterns using propane fuel may be used with adult supervision. **Only propane or self-starting charcoal may be used.** The use of Coleman fuel, white gas, gasoline, or charcoal lighter fluid is **prohibited for this event.**
- Each Pack is to perform a Cub Scout BSA approved skit at the campfire.
- Please note that you may be sharing accommodations (tent sites) with other units so that we can serve more Scouts. For more information call the council service center at 516-797-7600.

## Fires

Do **NOT** leave fires unattended; when extinguished, it must be cold to the touch.

Campsites are assigned to assure complete use of campsite space. Fire rings are shared, which can be a fun way to meet people. Fires can only be built in the established fire rings, no ground fires outside the fire rings. **Do NOT move the fire rings. Do NOT build new fire rings. Do NOT dig holes for fires or grease pits. Each Pack provides its own fire protection.**

## What to Bring?

Bear/Webelos Scouts and their parent are advised to bring their Scouting Spirit!, as well as tents, sleeping bags/bedding supplies, a towel, basic toiletry articles, water in a jug or thermos, a warm jacket and gloves, insect repellent, a flashlight, rain gear, as well as comfortable clothes, a hat, sturdy shoes and socks. The Class "A" Bear/Webelos uniform is to be worn at all opening and closing ceremonies and religious services.

Remember, that May weather can be unpredictable and you should prepare your Pack for a rainy weather camping experience.

**Do NOT bring alcoholic beverages, archery equipment, axes and/or hatchets, firearms, fireworks, glass containers, sheathed knives or pets.**

**Lost and Found** Please bring found items to the Hayden Dining Hall. Pick up lost items at the dining hall. Any items left behind will be brought to the council service center in Massapequa.

## ***JOIN US OUTDOORS FOR THIS YEAR'S ADVENTURE***

- ❖ Spirit Award – All Bear/Webelos and adults should wear costumes to fit the "Half-Way to Halloween" theme to be in the costume contest
- ❖ Don't forget about the scavenger hunt contest
- ❖ Saturday night's campfire program – each Pack should be ready with a Cub Scout BSA approved skit which will be reviewed during visits to the model campsite(s) and given to the Senior Patrol Leader at the Model Campsite.
- ❖ Complete some of the requirements for the Readyman, Archery and BB Gun Belt Loop.
- ❖ The boys will earn parts of the outdoorsman activity pin.
- ❖ COOKING CONTEST – food must be made during Webelos Woods. Bear/Webelos Scouts must be able to explain recipe to the judges. Bear/Webelos must taste the food prior to the judges tasting it. The top three (3) recipes will be printed in the council's newsletter *E-Charger*! All winning recipes must be submitted in writing in order to be eligible for submission.
- ❖ There will be a participation award (patch) for Bear/Webelos Scouts and adults who attend the weekend.
- ❖ Remember to bring your Class A&B medical form for the weekend. You can call the council service center for one or download from [www.trcbsa.org](http://www.trcbsa.org); it is also included in this packet.

If you have any questions please call the council service center at:

# Camp Rules

1. **There is NO PARKING or STANDING on Wading River Road. Local police WILL TICKET if you are in violation of this.**
2. **The SPEED LIMIT within Schiff Scout Reservation is 10 MPH and will be observed. Violators will be unable to participate in gear drop by car.**
3. **ALL units MUST CHECK-IN with the registrar upon arrival where you will receive information concerning areas available for camping.**
4. **No personal vehicles in Camp.**
5. **ALL vehicles must be parked in parking space for safe emergency evacuation and must remain in DESIGNATED parking areas during the weekend program. Roads must be kept clear for emergency vehicles.**
6. **If you need to leave the campgrounds for any reason you must notify the registrar first.**
7. **This is a tent camping weekend. No RV's, campers, or tent trailers.**
8. **No younger siblings are allowed in camp for program participation or the overnight stay.**
9. **No electronics such as video games, CD, mp3, or tape players, laser pointers, radios [non-communications], etc. Enjoy nature and let others enjoy it too.**
10. **ALL fires will be in established fire circles only and must be attended and thoroughly extinguished before leaving camp.**
11. **No brush gathering or timber cutting will be allowed.**
12. **All units MUST have their campsites inspected prior to check out by the Staff before leaving.**
13. **Deposit all camp garbage in the dumpsters located by the camp office in regular garbage bags and tie off the openings.**

14. No dishwashing in outdoor pumps, bathrooms or spigots. Gray water, food or garbage, may not be disposed in spigot drains.
15. All off-limit areas will be designated with yellow caution tape or indicated in some other matter either physically or verbally.
16. NO ONE is allowed in or near Deep Pond. Fishing is allowed during free time with adult supervision only. Poles, hooks, and bait must be provided by participants. ANYONE in the lake will be escorted from camp and will not be allowed to return. NO REFUNDS!
17. **ALL ACCIDENTS AND INJURIES MUST BE REPORTED TO THE FIRST AID STATION/MEDIC STAFF IMMEDIATELY!**
18. ALL spare propane tanks must be stored and locked in your vehicles. National Policy on the use of fuels must be followed.
19. Scouting is a smoke-free environment. Youth may not use tobacco in any form. No Smoking in the vicinity of any youth or inside of any structure is allowed; adult smoking must be done away from all participants. All evidence must be removed by the adult and kept off of camp grounds.
20. NO FIREARMS [including personal pellet, bb and paintball guns] or FIREWORKS of any type are allowed in camp.
21. **ABSOLUTELY NO ALCOHOLIC BEVERAGES ARE ALLOWED AT BSA EVENTS!**
22. NO PETS ARE ALLOWED!
23. Please Be Courteous. Don't cut through other people's campsites and stay on designated trails. NO SHORTCUTS!
24. "Do A Good Turn" by doing a service for the camp. For example, pick up garbage that you may see.
25. Scouts must use the buddy system while in camp when not accompanied by the guardian.



# Pack and Den Camping Checklist

- |   |  |
|---|--|
| ___ Pack and Den Roster(s)                        | ___ Clean-Up Equipment (sanitizer and rubber gloves)                   |
| ___ Lantern(s) for Campsite                       | ___ Toilet Paper and Paper Towels                                      |
| ___ Dining Fly and/or Rain Tarp                   | ___ Bow Saw  |
| ___ Pack, Den, U.S. Flags                         | ___ Rope or Line   |
| ___ Folding Table(s)                              | ___ Garbage Bags   |
| ___ Stoves (PROPANE ONLY) or Charcoal for Cooking | ___ Food (for patrol cooking) and coolers with ice for storage of food |
| ___ Cooking Kit (pot, griddle, utensils)          | ___ First Aid Kit  |
| ___ Grill   | ___ <i>Boy Scout Handbook</i> – 1 per Pack                             |
| ___ Water Containers (collapsible)                | ___ "Cub Scout" BSA approved skit<br>(note 1 skit per Pack)            |
| ___ Firewood                                      |  |

Please refer to the *Boy Scout Handbook* for further suggestions

**Pack leadership must insure that trash and garbage be brought to the dumpsters located near the camp office.**



# Personal Camping Checklist

The following is a list of equipment that would be useful on the campout. Check off each item in pencil as you lay out your equipment pack:

## Camping Equipment

- ☐ Tent or tarp, poles, and stakes
- ☐ Waterproof ground cloth or plastic sheet
- ☐ Sleeping bag, pillow, air mattress or pad
- ☐ Cup, bowl, plate, knife, fork, spoon, mesh bag
- ☐ Clothesline

## Clothes Bag

- ☐ Webelos Scout uniform
- ☐ Poncho or raincoat
- ☐ Warm jacket or coat
- ☐ Pajamas or sweatshirt, sweatpants
- ☐ Underwear
- ☐ Durable shoes, shoe laces
- ☐ Hat or cap
- ☐ Gloves
- ☐ Extra socks, shoes, other extra clothing

## Toilet Kit

- ☐ Toothpaste, toothbrush, comb
- ☐ Washcloth, towel
- ☐ Soap in container
- ☐ Toilet paper
- ☐ Extra plastic bag or container

## First Aid

- ☐ First aid kit
- ☐ Water bottle
- ☐ Flashlight, bulb, batteries
- ☐ Sunscreen
- ☐ Insect repellent
- ☐ Whistle
- ☐ *Webelos Scout Book*
- ☐ Safety pins

## Extras

- ☐ Camera
- ☐ Binoculars
- ☐ Sunglasses
- ☐ Notebook and pencil
- ☐ Nature books

## Program Options

- ☐ Swimsuit, towel
- ☐ Fishing gear
- ☐ Work gloves

Please refer to the *Boy Scout Handbook* for further suggestions



# Forms



## IMPORTANT:

**You must register by pack**

**No individual registrations will be accepted**

**(Unless you are the only one from your pack attending)**

**Remember: all forms must be filled out for you and your Scouts to attend Webelos Woods**

**Please be sure to list ANY medical/special needs on your registration (CPAP, etc.) – there is limited availability to fill such request.**

**Be Sure to bring the Leaders Guide to Camp**

THEODORE ROOSEVELT COUNCIL BSA

544 Broadway • Massapequa, NY 11758 • (516) 797-7600 • FAX (516) 797-9765 • WEB SITE [www.trcbsa.org](http://www.trcbsa.org) • E-MAIL: [inquiry@trcbsa.org](mailto:inquiry@trcbsa.org)

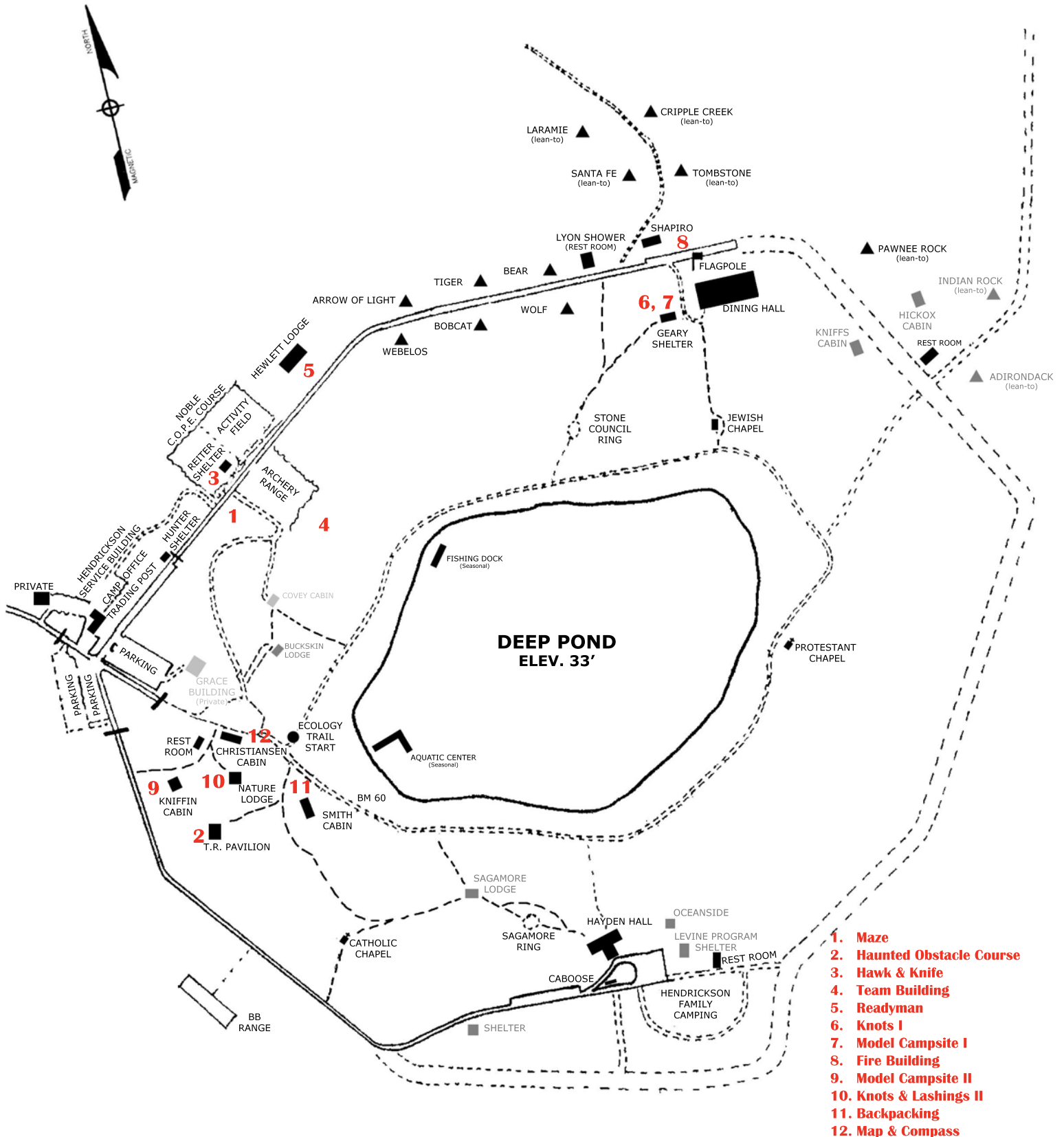
# SCHIFF SCOUT RESERVATION

"CAMP WAUWEPEX"

THEODORE ROOSEVELT COUNCIL

**HALF-WAY TO HALLOWEEN**

BOY SCOUTS OF AMERICA



LOCATED IN THE TOWN OF RIVERHEAD, COUNTY OF SUFFOLK, NY  
(LONG ISLAND PINE BARRENS CORE) COMPILED FROM  
U.S. GEOLOGICAL SURVEY 7.5 MINUTES SERIES (TOPOGRAPHIC)

ELEVATION IN FEET ABOVE SEA LEVEL  
TRAIL ALIGNMENT IS APPROXIMATE

TOPOGRAPHIC MAP SYMBOLS APPLY

**2015**

SCALE:  
**1" = 500'**

# Part A: Informed Consent, Release Agreement, and Authorization

# A

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

# B

**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
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



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## Part B: General Information/Health History

# B

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
		Medication				Plants	
		Food				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"/>	Tetanus	
		<input type="checkbox"/>	Pertussis	
		<input type="checkbox"/>	Diphtheria	
		<input type="checkbox"/>	Measles/mumps/rubella	
		<input type="checkbox"/>	Polio	
		<input type="checkbox"/>	Chicken Pox	
		<input type="checkbox"/>	Hepatitis A	
		<input type="checkbox"/>	Hepatitis B	
		<input type="checkbox"/>	Meningitis	
		<input type="checkbox"/>	Influenza	
		<input type="checkbox"/>	Other (i.e., HIB)	
		<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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