



SOUTHERN SIERRA COUNCIL BSA PRESENTS:

WEBELOS WOODS 2015

"A NEW ADVENTURE"

Registration to be completed by Tuesday Sept 8th.

Online Resources & Registration:

<http://www.sscbsa.org/Events/WebelosWoods>

All WEBELOS, WEBELOS II and Arrow of Light Cub Scouts are invited to attend this Council-wide camping/activity trip. Here the boys will set up camp, work on activity pins (in both the old and new program) as well as participating in camp-wide games and campfire programs.

WHEN: Check-In - Friday, September 11th 2015 – Begins at 5PM (Dining Hall)
Check-Out – Sunday, September 13th 2015 – 9AM (Dining Hall)

WHERE: Camp Tecuya (accompanying map)

Please carpool with other Den members. Parking is limited. All vehicles must back-in to available spaces.

COST: \$30 per person (covers activities, meals and patch) Sat: Breakfast, Lunch & Dinner. Sun: Breakfast

WHAT TO BRING: Dinner on Friday evening is to be provided by you. Please eat before camp or bring a sack dinner. There are no personal campfires or cooking areas allowed in camp. Also bring any/all camping gear: Tent, Sleeping Bag, Sleeping Pad, etc.

IMPORTANT: Each Pack is required to bring paper plates, cups and utensils for the 4 provided meals. This is to keep the cost down as well as save water that would be used for dishes in the kitchen.

Additionally, please have a skit or song you would like to perform as a Den/Pack for the Saturday evening campfire.

QUESTIONS: Please contact Camp Director David Kampa: 661-703-2161 or david.kampa1@gmail.com

ACTIVITIES TO INCLUDE: Archery, Scouting Adventure, Camper*, Castaway, Fix-It/Handyman, WEBELOS Walkabout, First Responder/Readyman, Into the Woods/Forester/Naturalist, Camp-Wide Games and Campfires!

*** Accompanying leader will need to take Hazardous Weather training online and explain basic campsite set-up procedures to Scouts.**

To register, please complete the below application to send in with payment to:

Southern Sierra Council 2417 M Street Bakersfield CA 93301

Scout Name: _____ **Pack #:** _____

Parent Name: _____ **Contact Phone:** _____

Activity Consent Form: Y / N **Medical Form Part A & B:** Y / N

Total Attendees _____ **@ \$30.00** **Total Payment Amount:** \$ _____

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) Fecha de nacimiento (mes/día/año)	/	Age during activity Edad al momento de realizar la actividad

Address Domicilio		
City Ciudad	State Estado	Zip Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)	From De	9/11/15 (Date) (fecha)	to a	9/13/15 (Date) (fecha)
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INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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 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.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTE: 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. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

List participant restrictions, if any: _____
 None

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha
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Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
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Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

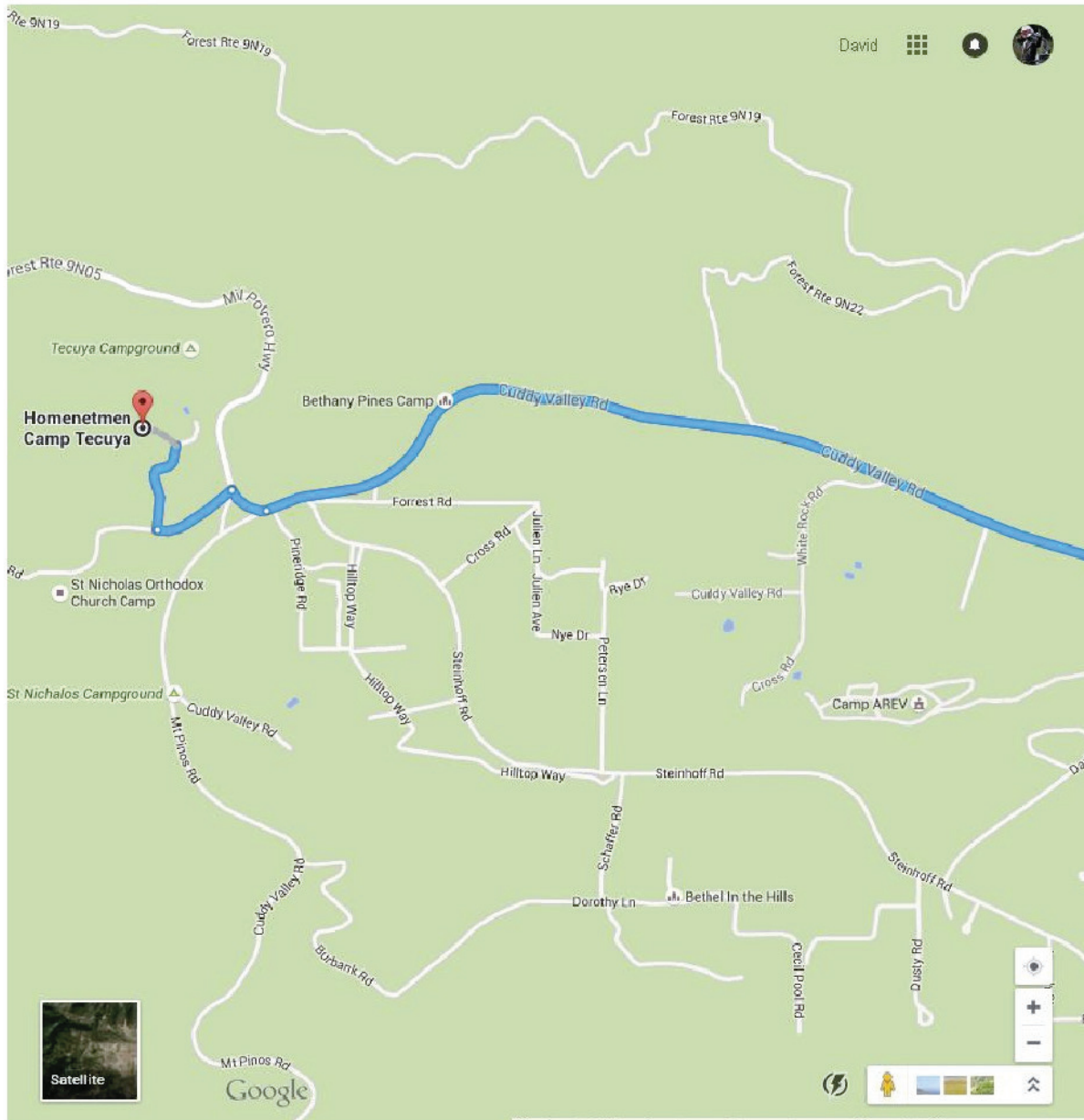
Name Nombre	Phone Teléfono	Email Correo electrónico
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BOY SCOUTS OF AMERICA®

MAP TO CAMP TECUYA

Watch for Webelos Woods signs on the RH side of the road as you get close



FROM BAKERSFIELD (55 Miles Total):

- Follow the **99 FWY SOUTH** towards Los Angeles (approx 25 miles)
- Merge on to **I-5 SOUTH** continuing towards Los Angeles (approx 15 miles)
- Take **Exit 205** for **Frazier Mountain Park Road**
- Upon exiting I-5, take a **Right** on **Frazier Mountain Park Road**
- Continue on **Frazier Mountain Park Road** (approx 7 miles)
- Stay on the road as it turns into **Cuddy Valley Rd** (approx 5 miles)
- Take a **slight Right** up **Forest Rte 9N05** (Mil Potrero Hwy - 433 FEET)
- Then take a **Left** towards **Frontier Road** (approx ¼ mile)
- Make a **Right** onto **Frontier Road** (Dirt Road - **SLOW SPEEDS** - ¼ mile)

CAR NAVIGATION: Homenetmen Camp Tecuya 11701 Frontier Rd Frazier Park 93225
GPS Coordinates: 34.840555, -119.091169