

National Capital Area Council

WASHINGTON DC DISTRICT'S

Emergency Preparedness

SPRING CAMPOREE

April 8-10, 2011



www.dccamporee.info

**St. Elizabeths West Campus
Gate 1
2701 Martin Luther King Jr. Ave, S.E.
Washington, DC 20032**

EVENT GUIDE

Contents

CAMPOREE STAFF.....	3
INTRODUCTION.....	4
PARTICIPATION REQUIREMENTS.....	4
REGISTRATION.....	6
GROUND RULES.....	6
FACILITES.....	9
CAMPOREE MAPS.....	10
CAMPOREE ACTIVITIES.....	11
Boy Scouts (and Ventures/Explorers).....	11
2 nd Year Webelos.....	14
1 st Year Webelos.....	14
Cub Scouts (Tiger, Wolf, & Bear Cubs Program).....	15
Free Events for the Non-Scout Public.....	16
BSA Adult Leader Training.....	17
TRAVEL & PARKING DIRECTIONS.....	18
Heading North on 295.....	18
Heading South on 295.....	18
Parking.....	19
CAMPOREE EVENT SCHEDULE.....	21
Schedule for Scouts and Scout Adults.....	21
Schedule for Visiting Public (does not pertain to Scouts or Scout Adults).....	22
CAMPOREE CAMPSITE INSPECTION FORM.....	23
ANNUAL HEALTH AND MEDICAL RECORD.....	24
TOUR PERMIT APPLICATION.....	28
OVERNIGHT CAMPER ATTENDANCE FORM.....	30
CUB DAY ATTENDANCE FORM.....	32

CAMPOREE STAFF

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INTRODUCTION

The Washington DC District Spring Camporee is being held at St. Elizabeths Hospital West Campus, Washington, DC, April 8 - 10, 2011.

The mission of the Camporee program is to better prepare all DC Scouts to respond to emergencies in their communities using the skills they learn in Scouting. This program will not have a competition model, instead it will have a "learning" and "experiencing awesome stuff" focus.

Boy Scouts will have an opportunity to earn most, if not all, of the requirements needed for the Emergency Preparedness Merit Badge. They will be able to learn about emergency preparedness careers and see professional responders in action.

2nd Year Webelos can camp overnight and will join Boy Scout Patrols as they compete in a series of emergency situations with Scouts from throughout the District.

1st Year Webelos can camp overnight and will earn many of the requirements for Readyman Activity Badge.

Tiger, Wolf, and Bear Cub Scouts will watch emergency responders in action, perform emergency treatments, and participate in variety of other fun activities in a round robin sequence of stations. Stations are designed to promote the teamwork necessary for real emergency preparedness situations.

Updates and last minute information may be obtained from the Washington DC District Camporee website, www.DCCamporee.info.

PARTICIPATION REQUIREMENTS

The Boy Scout of America has established guidelines for its members' participation in camping activities.

*NOTE: ALL BOY SCOUT TROOPS AND WEBELOS DENS MUST PROVIDE THEIR OWN TENTS.
Please bring your own linens and sleeping bags!*

Boy Scouts – At least one adult must be present for every eight youth members, but no fewer than two adults. At least one adult must be a registered Scouter, 21 years of age or older. Each troop will be responsible for their own breakfast, lunch and dinner. Due to the proximity of camping and the historical nature of the West Campus, we require that all cooking be done using a camp stove. NO OPEN FIRES or CAMPFIRES will be permitted.

Webelos Scouts – 2nd year Webelos Scout will be assigned to a specific Scout patrol for the Saturday program and Webelos Dens may participate in overnight Scout camping. A 1st year Webelos Scout may participate in overnight den camping when supervised by his mother or father. If a parent cannot attend, arrangements must be made by the boys's family for another youth's parent, adult relative or family friend to be a substitute (not the Webelos leader) at the campout.

To adhere to BSA policy, a notarized note from the youth's parent or legal guardian stating that the "friend" is allowed to accompany the Webelos on the campout and they will NOT be allowed to camp with the child. The child would have to bunk with another Webelos if the parent cannot attend.

Cub Scouts - Cub Scouts (Tiger, Wolf, and Bear) will participate in a separate Day Program from 8:30 a.m. – 5:00 p.m. on Saturday, April 10, 2011. Family Camping is not available.

Cub parents/Leaders are responsible for providing lunches on Saturday.

Leaders, Senior Patrol Leaders and Staff are invited to Cracker Barrel on Friday and Saturday nights at the main pavilion.

General Public (not affiliated with Boy Scouts of America) - The general public are those individuals who are unaffiliated with Boy Scouts of America and are not volunteers or parents of Scouts involved with the Camporee. Individuals from the general public have free admission to a variety of fun emergency preparedness demonstrations, access to information about emergency preparation and the various organizations who comprise the Nation's and District's emergency preparation teams.

Families with youth can also learn about the unique and rewarding opportunities provided by Boy Scouts of America.

REGISTRATION

Advanced ON-LINE registration is a **MUST**. This event requires an accurate count of participants in order to ensure adequate program material is available for all programs. Registration for over night camping participants will be \$12.00 per attendee (Venture/Boy Scouts, Boy Scout Adult Leader/Parent, Webelos I and II, and Webelos Leader/Parent are all eligible for camping). Registration for Saturday Cub Day Program participants will be \$5.00 per attendee (Cub Scout, Cub Leaders and parents visiting for the day). Payment in full is due by April 1. Visit the Washington DC District website www.DCCamporee.info for registration for the *Emergency Preparedness Camporee*.

Limited registration provided on-site during check-in (see Camporee schedule for times).

Contact Richard Lambert with registration questions at 202.553.7010 or by email at lambertra@gmail.com.

FEES – Fees required for each adult and youth attending the camporee is outlined on the Registration form and due by April 1st. Fees cover required insurance, program material, patches and incidental costs. Online registration is preferred. Fees can be paid using a credit card, checks, or money orders. Checks or Money Orders should be made out to BSA-NCAC and include the Washington DC 2010 Fall Camporee in the memo and mailed along with your online registration to:

NCAC, BSA
9190 Rockville Pike
Bethesda, MD 20814-3897

GROUND RULES

ARRIVAL – Arrival/Check-In begins at 6:00 p.m. Friday night for campers. Units will be directed to a designated area for unloading and parking. Please follow directions. Directions and Parking instructions are provided in this Camporee Guide. Unit trailers/vehicles will not be permitted to park directly onto camping area; gear will need to be unloaded at the campsite and then moved to the designated parking area. Transport both gear and people in as few vehicles as possible is suggested. A unit leader should report to the Check-In area with a completed Unit Attendance forms and Medical Information forms. At this time, you will be presented with event related information.

Arrival/Check-In begins at 6:30 a.m. Saturday morning for Webelos and Cub Day participants. Drivers will be directed to the designated area for parking. Cub leaders should go to the Check-On. Please have medical forms for everyone attending in your group.

LOCAL TOUR PERMITS – Units within NCAC do not have to submit a Local Tour Permit. Units outside of NCAC should follow rules specific to your Council.

TRANSPORTATION – It is the responsibility of each unit to ensure that transportation requirements are met. Each vehicle transporting youth must be driven by a properly licensed adult, 18 years of age or older. Vehicles must be insured to at least the minimum level listed on a tour permit and each person must have a seat belt securely fastened. Unless being transported by a parent or guardian, the youth protection “rule of three” should be observed. There should never be a one-on-one situation. A minimum of two adults and one youth, or two youth and one adult is the rule.

MEDICAL INFORMATION FORMS – Each adult and youth member attending the Spring Camporee must provide a properly filled out Medical Information form (334605) at check-in on the day of the camporee. A copy of the BSA Annual Health and Medical Record form is included in this guide. You may also obtain a copy of this form by accessing www.Scouting.org. Upon the request of the participant, the medical forms will be returned to the participant at the end of the camporee. Otherwise, the health forms will be destroyed after the camporee.

NOTE: At registration, please notify the health staff of any participant with special health issues, required medication or special equipment.

PROHIBITED – The Boys Scouts of America and the Washington DC District Camporee Committee strictly prohibited the following items and activity. Violation may cause ejection from the camporee.

- Alcohol
- Illegal Drugs
- Firearms
- Laser Pointers
- Liquid Fire Starter
- Sheath Knives
- Fireworks
- Double Bladed Axes
- Cutting or breaking live trees
- Entering another campsite without permission
- Vandalism
- Pets (Service animals excluded)

REQUIRED EQUIPMENT – The following equipment is required for each Cub Pack, Webelos Den, Venture Crew, and Troop/Patrol to participate in the Spring Camporee:

- Boy Scout Handbook
- Den/Patrol Flag
- Tents (for those camping)
- Sleeping Bag (for those camping)
- Toiletries
- Extra clothing

Equipment that will be required to be carried by each Patrol during the event will be distributed at the last Roundtable (or shortly thereafter) before the Camporee.

ADULT LEADERS ARE TO ENSURE YOUTH MEMBERS ARE PROPERLY SUPERVISED AT ALL TIMES!

CONDUCT – All Scouts and Scouters are expected to adhere to the principles of the Scout Oath, Scout Law and the Outdoor Code. Youth Protection should be in effect and adhered to at all times. Boy Scouts should operate under the patrol method with the Patrol Leader or designated alternate in charge. The Senior Patrol Leader (SPL) is in charge of the Troop.

UNIFORM - Scout uniforms are an important part of the Boy Scouts of America program and one of the methods of scouting. Scouts will wear Class A uniforms from the Opening Ceremony at 8:30am through the closing ceremony at 5:15pm (neckerchiefs are optional). The lack of a uniform will not preclude a Scout from participating; however, if a scout has access to a uniform, it is expected that it will be worn.

CRACKER BARREL – There will be an Adult leader, Senior Patrol and Staff Cracker Barrel on Friday and Saturday nights. **At least one adult leader from each unit should be present to obtain pertinent camporee information.**

OPEN FIRES – Open fires are **NOT** permitted, unless within a programmatic exercise facilitated by the Camporee Staff.

WATER – Units are to provide unbreakable containers to transport water from water source to their campsite. The water source is not to be used for any other purposes such as washing up, brushing teeth, playing and washing dishes. **Adult and boy leaders are responsible for maintaining discipline at the water source!**

LOST AND FOUND – Items found should be returned to the camporee Registration area.

CHURCH SERVICES - Scouts own services will be conducted on Sunday morning at 9:00 a.m. The location for the service will be announced at the Friday night Cracker Barrel. Scouts should honor the twelfth Scout Law, “*A Scout is Reverent*”, by attending church services or conducting a “Scouts’ Own” at their site during that time. All are welcomed.

SANITATION – Since both adults and youth will be using the provided facilities, the cleanliness of the facilities is the responsibility of everyone who use them. Instruct youth members of proper conduct when using the facilities. The facilities will be monitored frequently for cleanliness and, if necessary, units will be assigned to clean them. Disrespect and damage will not be tolerated. Anybody observed abusing the facilities will be immediately brought to the attention of their unit leader and that unit will be required to clean the facilities and/or pay for any damage.

TRASH – All trash must be placed in appropriate containers and removed from the campsites at the conclusion of the camporee. Cooking grease must be placed in a covered container and discarded with the trash. Waste water used for clean-up is to be scattered well away from any inhabited campsite, preferably along a tree line. Solid waste should be screened out before scattering waste water. Cooking grease and waste water should never be discarded in the latrines. **Please carry your trash to the dumpster!** The location of the dumpsters will be announced on Friday night at the camporee.

FIRST AID – A First Aid station will be staffed at all times during the camporee. Braun Cameron and his health and safety staff responsible for all medical issues during the camporee. All injuries should be brought to the attention of the First Aid staff in order to evaluate, treat and log the incident. If a victim cannot be moved, two (2) runners should be dispatched to the first Aid station to summon assistance.

INSPECTIONS – Unit campsite will be inspected during the camporee. Unit should adhere to established Scout practice regarding health and safety, patrol organization and site appearance. A copy of the inspection form is enclosed. A final site inspection will be conducted prior to unit departure at 10:00 a.m. on Sunday. **Unit Leaders can pick up their patches after final inspection is completed.** Units departing prior to 10:00 a.m. Sunday morning will need to make prior arrangements for their final inspection.

ELECTRONIC EQUIPMENT – Electronic equipment used for entertainment purposes is not appropriate at Boy Scout outings. This includes radio and television receivers, tape or CD players, IPODS, IPHONES and all electronic games. Any unit electronic equipment in support of health and safety is permitted. Personal cell phones **MUST** be turned off or in silent mode during all activities.

FACILITIES

The United States General Services Administration (GSA) is allowing the limited use of the historic West Campus of St. Elizabeths by the Washington DC District Boy Scouts of America.

PHYSICAL ARRANGEMENTS - BSA has designated camping, program, and public areas to ensure we facilitate proper stewardship of the West Campus grounds during the Camporee. Please respect the boundaries and act responsibly near the various historic properties and construction areas found throughout the campus.

BATHROOMS – Portable toilets are stationed within the camping and program areas. Please bring sanitary clothes for your personal use.

SHOWERS – Showers are not available at this camporee. Please bring the proper toiletries to maintain adequate hygienic.

WATER – A centralized water station will be available. Bring the proper unbreakable containers for transporting and dispensing water for food preparation, hydration, and hygienic use.

CAMPOREE MAPS

Coming Soon.

Maps will be accessible online and distributed at Check-In. Registrants may also request digital maps.

CAMPOREE ACTIVITIES

Boy Scouts (and Ventures/Explorers)

The Boy Scout program is going to be accessible and fun for all Boy Scouts. Although this is NOT designed to be a merit badge university, Scouts will be able to complete most (but not all) of the requirements for Emergency Preparedness Merit Badge. This program will be for ALL Boy Scouts (and 2nd Year Webelos), those who have the badge and those who don't.

The mission of this program is to better prepare all DC Scouts to respond to emergencies in their communities using the skills they learn in Scouting. This program will not have a competition model, instead it will have a "learning" and "experiencing awesome stuff" focus. (Scouts who demonstrate exemplary Scout skills while participating in the camporee will be recognized).

If you would like to volunteer as a station monitor or have specific questions concerning the program, please call either of the Boy Scout Program Co-chairs.

Bill Pzedpleski

Chander Jayaraman

Cell: 603.801.4889

Cell: 202.489.8951

Overall Summary of Saturday Program:

- This is a Patrol based event, so organize your Troop into Patrol(s) if you have not already done so.
- E-Prep situation stations will run on a fixed schedule starting at 9am and ending at 5pm.
- Prepare a bag lunch. Scouts will eat lunch on the trail.
- Scouts will rotate stations at set time intervals in a round-robin schedule.
- 2nd year Webelos will be paired with Patrols and are encouraged to participate in all events to the best of their ability.
- *Important Note: First Aid Merit Badge is not a prerequisite to begin the Emergency Preparedness Merit Badge; however, it is required to complete and obtain the Emergency Preparedness Merit Badge.*
- **REVIEW FIRST AID BEFORE THE CAMPOREE.** The more time we spend on reviewing first aid, the less time we have for Emergency Preparedness.

The Camporee Program will address the following requirements for the E-Prep Merit Badge:

2. Do the following:

- a. Discuss with your counselor the aspects of emergency preparedness:
 1. Prepare for emergency situations
 2. Respond to emergency situations

3. Recover from emergency situations
4. Mitigate and prevent emergency situations

Include in your discussion the kinds of questions that are important to ask yourself as you consider each of these.

- b. Make a chart that demonstrates your understanding of each of the aspects of emergency preparedness in requirement 2a (prepare, respond, recover, mitigate) with regard to 10 of the situations listed below. You must use situations 1, 2, 3, 4, and 5* below in boldface but you may choose any other five listed here for a total of 10 situations. Discuss this chart with your counselor.

1. Home kitchen fire*
2. Home basement/storage room/garage fire*
3. Explosion in the home*
4. Automobile accident*
5. Food-borne disease (food poisoning)*
6. Fire or explosion in a public place
7. Vehicle stalled in the desert
8. Vehicle trapped in a blizzard
9. Flash flooding in town or the country
10. Mountain/backcountry accident
11. Boating accident
12. Gas leak in a home or a building
13. Tornado or hurricane
14. Major flood
15. Nuclear power plant emergency
16. Avalanche (snowslide or rockslide)
17. Violence in a public place

3. Show how you could safely save a person from the following:

- a. Touching a live household electric wire.
- b. A room filled with carbon monoxide
- c. Clothes on fire.
- d. Drowning using nonswimming rescues (including accidents on ice).

4. Show three ways of attracting and communicating with rescue planes/aircraft.

5. With another person, show a good way to transport an injured person out of a remote and/or rugged area, conserving the energy of rescuers while ensuring the well-being and protection of the injured person.

6. Do the following:

- a. Tell the things a group of Scouts should be prepared to do, the training they need, and the safety precautions they should take for the following emergency services:
 1. Crowd and traffic control
 2. Messenger service and communication.
 3. Collection and distribution services.
 4. Group feeding, shelter, and sanitation.

- b. Identify the government or community agencies that normally handle and prepare for the emergency services listed under 6a, and explain to your counselor how a group of Scouts could volunteer to help in the event of these types of emergencies.
 - c. Find out who is your community's emergency management director and learn what this person does to prepare, respond to, recover from, and mitigate and prevent emergency situations in your community. Discuss this information with your counselor and apply what you discover to the chart you created for requirement 2b
8. Do the following:
- a. Prepare a written plan for mobilizing your troop when needed to do emergency service. If there is already a plan, explain it. Tell your part in making it work.

CANNOT COMPLETE AT CAMPOREE (addressed, but must be done before or after)

1. Earn the First Aid Merit Badge

2c. Meet with and teach your family how to get or build a kit, make a plan, and be informed for the situations on the chart you created for requirement 2b. Complete a family plan. Then meet with your counselor and report on your family meeting, discuss their responses, and share your family plan.

7. Take part in an emergency service project, either a real one or a practice drill, with a Scouting unit or a community agency.

8. Do the Following:

- b. Take part in at least one troop mobilization. Before the exercise, describe your part to your counselor. Afterward, conduct an "after-action" lesson, discussing what you learned during the exercise that required changes or adjustments to the plan.
- c. Prepare a [personal emergency service pack](#) for a mobilization call. Prepare a [family kit](#) (suitcase or waterproof box) for use by your family in case an emergency evacuation is needed. Explain the needs and uses of the contents.

9. Do ONE of the following:

- a. Using a safety checklist approved by your counselor, inspect your home for potential hazards. Explain the hazards you find and how they can be corrected.
- b. Review or develop a plan of escape for your family in case of fire in your home.
- c. Develop an accident prevention program for five family activities outside the home (such as taking a picnic or seeing a movie) that includes an analysis of possible hazards, a proposed plan to correct those hazards, and the reasons for the corrections you propose

2nd Year Webelos

- Pairs of 2nd year Webelos will be integrated into the Boy Scout and will spend the day with Patrols going through emergency preparedness challenges and fun.
- Ensure the 2nd year Webelos are aware of the basic first aid skills. Camporee Staff does not expect proficiency of Scouting Skills by 2nd year Webelos at this Camporee.

1st Year Webelos

1st Year Webelos will work on requirements for the Readyman Activity Badge during the Saturday program. *A bag lunch is required for Saturday.*

The **Webelos Readyman Activity Badge** is one of 20 different Activity Badges that can be earned in the Webelos Scout Program. This badge helps prepare Webelos Scouts for the Boy Scout First Aid and Emergency Preparedness merit badge(s). Read the Camporee schedule.

Webelos 1s will fulfill the following requirements for the Readyman Activity Badge:

4. ___ Demonstrate the Heimlich maneuver and tell when it is used.

5. ___ Show what to do for these "hurry cases":

- Serious bleeding
- Stopped breathing
- Internal poisoning
- Heart attack

6. ___ Show how to treat shock.

7. ___ Show first aid for the following:

- Cuts and scratches
- Burns and
- Choking
- Blisters on the hand and foot
- Tick bites
- Bites and stings of insects other than ticks
- Poisonous snakebite
- Nosebleed
- Frostbite

- Sunburn

All skills listed will be learned through instruction and fun activities at the Camporee; however, Webelos Dens should review the skills above before the Camporee.

All materials for the Readyman Activity Badge requirements listed above will be furnished by the Camporee Staff.

Cub Scouts (Tiger, Wolf, & Bear Cubs Program)

Tiger, Wolf, and Bear Cubs, leaders, and parents will engage in a fun day of first aid/emergency skill development and activities along with other fun age appropriate games. Cubs will also have fun watching awesome demonstrations by emergency responders and sitting in a variety of emergency vehicles (like fire trucks, motorcycles, and ambulances).

Important Notes:

- No Family or Den camping is provided at this Camporee.
- Cub Dens are responsible for providing all meals. You can take the opportunity to eat with Troops for breakfast or dinner if organized prior to the Camporee.
- Dens should Check-in between 6am and 8:15am Saturday morning (April 9th). The Cub program ends after the 5pm flag ceremony Saturday evening.
- Cubs and Cub adults have the option of staying for the 7pm - 8pm Campfire; however no official Cub program will occur after the evening flag ceremony.

Scouts will go from station to station performing emergency treatment. At each station scouts must have their camporee card signed off by an authorized adult, before proceeding to the next stations.

ROUND ROBIN STATIONS are setup to promote teamwork, as in real emergency preparedness situations

CUTS & WOUNDS	Scouts will treat basic first aid small wound emergencies such as small cuts and lacerations, nosebleeds, dog bites, bee stings
BREAKS & FRACTURES	Scouts will treat possible breaks and fractures with the Ice method – arm, leg or ankle fractures are treated
BLEEDING EMERGENCIES	Scouts will work in teams to provide 2 person compression only CPR, while others talk to emergency dispatchers and or retrieve AED.

FUN STATIONS – INTERSPERCED BETWEEN THE MORE SERIOUS STATIONS BUT STILL CONNECTED TO EMERGENCY PREPAREDNESS

Obstacle Course Scouts having to run the obstacle course, which simulates the inside of a house while carrying the family pet to safety

Marshmallow shooters Scouts are shooting at a target that simulates a kitchen stove fire trying to put out the fire

Ringtoss Scouts are tossing rings on bottles, the bottle are set up with one a little further away from the last.

Each bottle has a picture of one of the emergency situations the scouts have worked on and the bottles are spaced according to task difficulty of each station (ex. cuts and wounds), then breaks, then bleeding, then CPR Scouts gain points for their pack for each ring they toss successfully.

At the end of the day, the team with the most points gets an additional to their Flag pole- 1st,2nd, 3rd place

Free Events for the Non-Scout Public

It is exciting that Boy Scouts of America and the US General Services Administration have made some of the Camporee events accessible to the public.

Note: Go to www.DCCAMPOREE.info for updated information.

The Boy Scouts of America invite DC residents who are not affiliated with BSA to participate in our Emergency Preparedness Day. The event is free to the public. Events for the general public start at 8:30am and will last to approximately 1pm. Registration for the public begins at 7:30am. See the [event schedule](#) on-line. The schedule is also located in a later section in the Camporee Guide.

Although registration starts at 7:30 am, the public can enter the event up until 1pm.

The public will have access to the following:

- Emergency preparedness demonstrations,
- Historic tours (*not confirmed*),
- Representatives from General Services Administration, Boy Scouts of America, and DC Dept of Health,
- Opportunities for you and your children to talk with Scouts and Scout leaders.

The Emergency Preparedness demonstrations will consist of see and touch access to various emergency vehicles, discussions with emergency responders, and opportunity to view live staged demonstrations by various emergency personnel. The specific demonstration times will be posted on line at a time close to the event.

The following emergency responder organizations are scheduled to participate:

- Homeland Security Emergency Management Agency

- District of Columbia Fire Department
- Federal Protective Services, GSA
- DC Department of Human Services, Office of Emergency Management

The public will also have opportunity to learn about Scouting and register children and adult volunteers.

Public participants will not have access to the Boy Scout, Webelos, or Cub Scout program areas. To gain access to the program areas, you must be registered with Boy Scouts of America and registered with this Camporee.

Public Camping

The public will not camp. Only registered scouts are allowed to camp.

BSA Adult Leader Training

Training has not been finalized. Visit the website at www.dccamporee.info for updates.

TRAVEL & PARKING DIRECTIONS

Destination
2701 Martin Luther King Jr. Ave, S.E.
Washington, DC 20032
Gate 1

Heading North on 295

1. Take exit 2, Malcolm X Avenue - toward Boling AFB
2. Turn left at Malcolm X Avenue and proceed to the light at the top of the hill
3. This intersection is MLK Avenue, turn left
4. After turning left you will pass a small shopping area, after the shopping area you will see a stone wall on your left. This is the southeast corner of the property.
5. The first entrance you come to is Gate 2.
6. Do not enter Gate 2. Proceed to Gate 1.
7. Enter at Gate 1 by proceeding north on MLK Ave past Gate 2 and you will see Gate 1 on your left.
8. Parking is **DIRECTLY** across the street from Gate 1. Do **NOT** park on the West Campus/Program area.
 - i. If you need to off-load equipment: (1) drive through Gate 1 (2) check-in (3) off-load equipment at your campsite (4) return all vehicles to parking area across the street from the West Campus.
 - ii. If you do not have equipment: (1) Park your vehicles in parking area across the street from the West Campus (2) walk to Gate 1 (3) check-in (4) continue to camping, program, or public areas.

Heading South on 295

1. Take exit 3B proceed to traffic light and make a left on Howard Road
2. Proceed under 295 on Howard Road past Metro Station on right and at light make a right onto Martin Luther King Jr. Avenue
3. Proceed up MLK to the second traffic signal, at the top of the hill, turn right into the driveway which is Gold Raintree Drive which is Post 1. Enter at Post 1.
4. Parking is **DIRECTLY** across the street from Gate 1. Do **NOT** park on the West Campus/Program area
 - i. If you need to off-load equipment: 1) drive through Gate 1 2) check-in 3) off-load equipment at your campsite 4) return all vehicles to parking area across the street from the West Campus.
 - ii. If you do not have equipment: (1) Park your vehicles in parking area across the street from the West Campus (2) walk to Gate 1 (3) check-in (4) continue to camping, program, or public areas.

Parking

Parking for the Spring Camporee is located directly across Martin Luther King Jr. Ave, SE from the Gate 1 entrance of St. Elizabeths' West Campus. The lot is behind Washington DC's Child Development Center. See map and street view below.

Only equipment off-loading is permitted on the West Campus. All vehicles must park in the lot provided.

1. If you need to off-load equipment: (1) drive through Gate 1 (2) check-in (3) off-load equipment at your campsite (4) return all vehicles to parking area across the street from the West Campus (5) walk to Gate 1.
2. If you do not have equipment: (1) Park your vehicles in parking area across the street from the West Campus (2) walk to Gate 1 (3) check-in (4) continue to camping, program, or public areas.





CAMPOREE EVENT SCHEDULE

Schedule for Scouts and Scout Adults

Friday, April 8

- 6:00 PM Check-In Begins
- 11:00 PM Check-In Closes
- 8:30 PM Leaders and SPL Meeting
- 9:00 PM Cracker Barrel (Adults and SPLs)
- 9:45 PM Program Staff Meeting
- 10:00 PM Lights Out in Camping Areas (Quiet Period Begins)

Saturday, April 9

- 6:00 AM Quiet Period Ends
- 6:30 AM Check-In Continues & Breakfast at Campsite
- 8:00 AM Program Staff Meeting
- 8:30 AM PROGRAM BEGINS - Flag Ceremony/Opening Ceremony (Class A uniform)
- 9:00 AM Emergency Responder Demonstrations
- 10:00 AM Round Robin Events Begin (Boy Scouts, Ventures, Webelos, Cubs)
- 12:00 Noon Lunch for All Camporee Participants
- 1:00 PM All Round Robin Events Continue
- 5:00 PM Events End
- 5:15 PM Flag Lowering Ceremony (Class A uniform)
- 5:30 PM Dinner
- 7:15 PM Order of the Arrow Campfire (for all remaining Scouts and Scout Adults)
- 9:00 PM Cracker Barrel
- 11:00 PM Lights Out in Camping Areas (Quiet Period Begins)

Sunday, April 10

- 6:30 AM Quiet Period Ends
- 7:00 AM Flag Ceremony (Camp is not required to reassemble)
- 7:45 AM Breakfast
- 9:00 AM Scouts Own Service (Class A uniform)
- 9:45 AM Closing (All Camp in Attendance)
- 10:00 AM – Noon

All units must check out with a Camporee Staff member before leaving.

Units must leave St Elizabeths by noon.

*NOTE: Ceremonies and religious services are appropriate times to wear Scout Field uniforms; (Class “A”) as one way to demonstrate SCOUT SPIRIT. Time is provided in the schedule for Scouts to make uniform changes before and after events.

Schedule for Visiting Public **(does not pertain to Scouts or Scout Adults)**

Saturday, April 9

- 7:30 AM Registration
- 8:30 AM Flag Ceremony & Opening Ceremony
- 9:00 AM - 1 PM
- Emergency Responder Demonstrations
 - Public Meet and Greet
 - Emergency Management Agencies
 - Boy Scouts of America Cub and Boy Scout Units
 - General Services Administration
 - Historic Tours (not confirmed)
- 1:00 PM All Public Events End

CAMPOREE CAMPSITE INSPECTION FORM

Inspection is by Unit only, not by den or patrol

UNIT: _____

CAMPSITE: _____

EVENT CAMPSITE INSPECTION		
POINTS	DESCRIPTION	SCORE
GENERAL CAMPSITE		
5	UNIT SITE IDENTIFIED	
5	PATROL/DEN SITE (S) IDENTIFIED	
5	UNIT BULLETIN BOARD – General Information	
5	PATROL /DEN BULLETIN BOARD –Menu & Duty Roster	
10	CAMPCRAFT (s)	
5	CAMPSITE CLEANLINESS (No trash)	
KITCHEN & COOK AREA		
5	CLEAN DISHES	
10	CLEAN DINING AREA (No food on ground, etc.)	
10	SAFE COOKING AREA (Stoves, Fire ring, etc.)	
10	SAFE KITCHEN AREA (Food, Knives stowed, etc.)	
SAFETY		
10	UNIT FIRST AID KIT ACCESSIBLE	
10	GUY LINES AND TENT LINES MARKED (Flagged)	
10	FIRE BUCKETS IN AREA (KP buckets filled with water, etc.)	
100	TOTAL:	

JUDGE'S COMMENTS	

ANNUAL HEALTH AND MEDICAL RECORD

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.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, or when the nature of the activity is strenuous and demanding, such as a high-adventure trek. Service projects or work weekends may also fit this description. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight limits must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

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.

For frequently asked questions about this Annual Health and Medical Record, see Scouting Safely online at <http://www.scouting.org/scoutsource/HealthandSafety.aspx>. Information about the Health Insurance Portability and Accountability Act (HIPAA) may be found at <http://www.hipaa.org>.



BOY SCOUTS OF AMERICA.

Annual BSA Health and Medical Record

Part A

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 (SEE PART C). 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 _____

MEDICAL HISTORY

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

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization 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.

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.

(For more information about immunizations, as well as the immunization exemption form, see [Scouting Safely on Scouting.org](http://Scouting.org).)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ Distribution approved by: _____ Parent signature _____ / MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part B

PHYSICAL EXAMINATION

Height _____ Weight _____ % body fat _____ Meets height/weight limits Yes No
 Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or event in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the height/weight limits as documented in the table at the bottom of this page or if during a physical exam their health care provider determines that body fat percentage is outside the range of 10 to 31 percent for a woman or 2 to 25 percent for a man. Enforcing this limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			
Tuberculosis (TB) skin test (if required by your state for BSA camp staff) <input type="checkbox"/> Negative <input type="checkbox"/> Positive							

Allergies (to what agent, type of reaction, treatment): _____

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rapelling
- Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
- Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state) _____

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
 - Uncontrolled psychiatric disorders.
 - Poorly controlled diabetes.
 - Orthopedic injuries not cleared by a physician.
 - Newly diagnosed seizure events (within 6 months).
 - For scuba, use of medications to control diabetes, asthma, or seizures.

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B **Last name:** _____ **DOB:** _____

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. 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.

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.

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 to the adult in charge 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, including 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.

- Without restrictions.
- With special considerations or restrictions (list) _____

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 the event: (You must designate at least one adult. Please include a telephone number.)

- 1. _____
- 2. _____
- 3. _____

Adults NOT authorized to take youth to and from the event:

- 1. _____
- 2. _____
- 3. _____

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>

SKU 34605



34605 2009 Printing

Part C Last name: _____ DOB: _____

OVERNIGHT CAMPER ATTENDANCE FORM

Registration is by unit only. Do not submit this form by patrol or den.

(Please circle) Troop Pack Crew: _____

LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

DO NOT MAIL THIS FORM TO NCAC OFFICE

This form must be completed and presented during check-in at the fall camporee.

OVERNIGHT CAMPER ATTENDANCE FORM (continued)

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Patrol Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

CUB DAY ATTENDANCE FORM

Registration is by unit only. Do not submit this form by patrol or den.

Pack _____

LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

CUB DAY ATTENDANCE FORM (continued)

Registration is by unit only. Do not submit this form by patrol or den.

Pack _____

LIST NAMES OF ALL PARTICIPANTS (PLEASE PRINT)

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

Den Name _____

YOUTH NAME	ADULT NAME
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

