

Tidewater Council Princess Anne District



2016 Webelosree Leader's Guide

📍 INTRODUCTION

The Webelosree is a fun overnight campout for Webelos Scouts only and is designed to give them a chance to work with Boy Scouts and each other throughout the event. The Webelos will participate in fun activities, gain new skills, and learn about Boy Scouts all while completing adventure requirements. Each Scout will receive a special patch that signifies their participation in this year's Webelosree and will participate in multiple competitions with other dens throughout the district. Come and help us bridge the gap between Webelos and Boy Scouts and create memories that will last a lifetime.

📍 WEBELOSREE STAFF

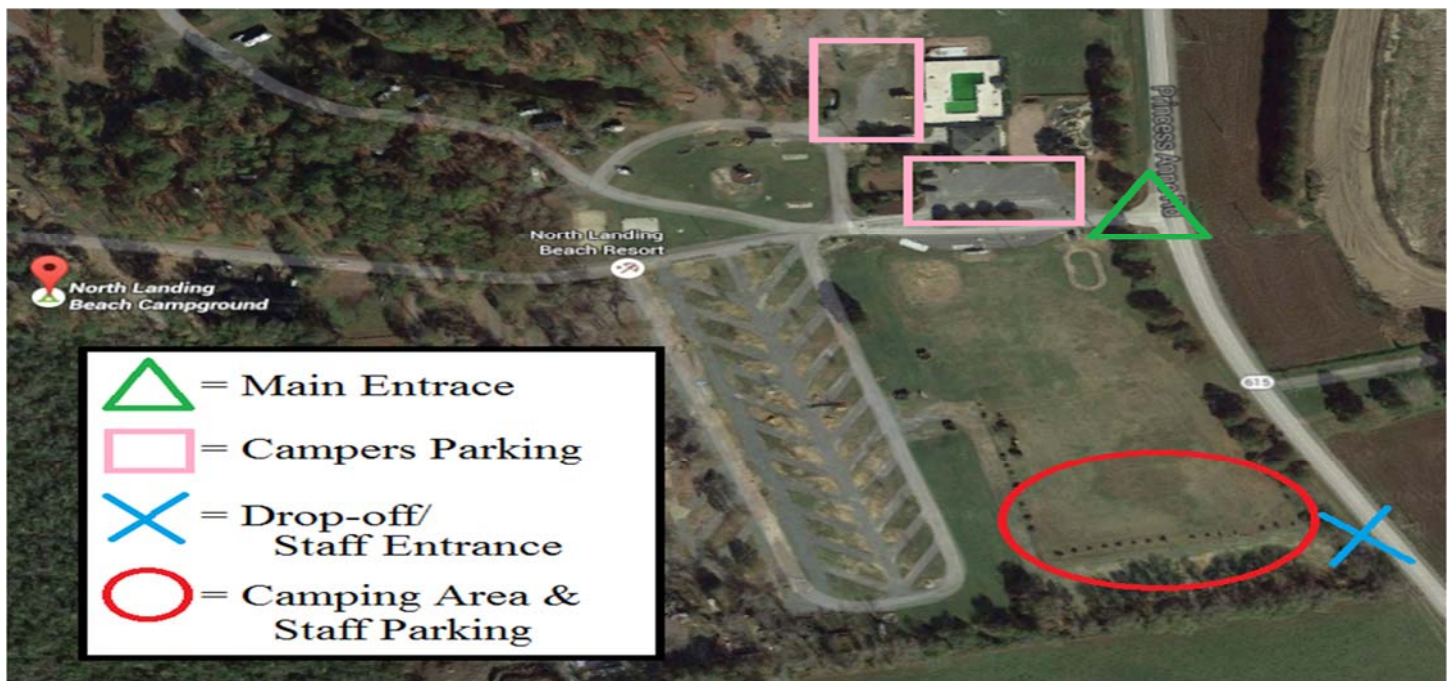
The staff of the Webelosree is led by the Camp Director, David Likens. Most of the staff will consist of Boy Scouts who will teach the young Webelos Scouts various classes such as first-aid, team/individual sports, and how to build a light circuit. There will be some adult staff available to provide guidance to the instructors, but every attempt to keep the "Boy lead" method of Boy Scouts will be made.

📍 EVENT DETAILS

a) **Date:** September 30th - October 2nd

b) **Check-in:** Friday, September 30th from 5pm to 7pm (campers)
Saturday, October 1st from 6am to 7am (non-campers)

c) **Location:** North Landing Beach Campground 161 Princess Anne Road, Virginia Beach, VA 23457. Please see below for the campground layout.



d) **Cost:** \$25 per Scout (campers)
\$15 per Scout (non-campers)
\$20 per adult (campers)
\$5 per adult (non-campers)

Deadline to register is September 16, 2016 (\$5 late fee applied if paid after this date)

e) **Eligibility:** This event is open to any registered Webelos Scout in the Princess Anne District. Other district's Webelos Scouts may be allowed to attend, if space permits. If you are outside of Princess Anne Districts and are interested in attending, please email the Camp Director, David Likens at pawebelosree@gmail.com.

CAMPSITE DETAILS

a) **Check-in:** For those who are camping, check-in will be Friday between 5pm - 7pm. Check-in will be at the tent located in the Drop-off/Staff Parking area. This location is to pull in and unload your gear only. Once you have checked in, you must move your car to the designated parking areas. If you and your Scout are not camping, check-in will be Saturday morning from 6am - 7am at the same location.

b) **Site Assignments:** Assignments will be based on the total number of Scouts in your Pack registration as well as the total number of Scouts signed up for the event. Please understand that your Dens will be grouped with other Dens to form one of four Troops for the event and will be camping near them.

NOTE: Due to space limitations, please make every attempt to bring the smallest tent possible. We understand that not everyone has multiple tents, but a large tent will make it more difficult to ensure everyone is provided with enough room to fit comfortably in the camping areas.

c) **Leadership:** In keeping with BSA guidelines, “Two deep leadership” must be adhered to at all times. Any Scout who does not have a parent present, must have a letter written by the parent naming the adult responsible, who is not the Den Leader, for that Scout during the event. It is highly recommended that one of the adult leaders has completed the Outdoor Webelos Leader Skills (OWLS) training, but is not required.

d) **First Aid:** The event will have on staff one (1) Medic Leader with the possibility of multiple volunteer medical staff to assist. We ask that each Den prepare a First Aid kit and bring it to the event, basic medical supplies will be limited from the event staff. More information will be provided as to the location of the medical staff and what to do in case of emergencies upon arrival to the event.

NOTE: One of the planned stations will review what is necessary in a First Aid kit and how to build one to take on outings. Please ensure your name or the Pack number is on the First Aid kit, so it is not confused with someone else’s kit.

e) **Trash and Garbage:** Scouts are required to bring trash bags and remove their trash from their sites. The dumpster is located on the other side of the field. Remember the guidelines of Leave No Trace.

f) **Meals:** To keep the costs down for this event, food will not be provided. It is recommended that Den leaders plan ahead and utilize the requirements in Cast Iron Chef to prepare the meals for the event. There will be a small concession selling drinks and small snacks, but no other food will be provided.

g) **Parking and Carpooling:** Parking is limited and only permitted in the designated parking areas. Each Pack is strongly encouraged to carpool. No vehicles are allowed to be parked at the campsite area. Drop-off of equipment is allowed. However, for safety reason, all gear must be carried back to your vehicle after the weekend is over.

h) **Visitors:** The Webelosree event is designed for Webelos Scouts and their leaders only. Due to parking restrictions, other Scouts, siblings, or visitors are not allowed. If any equipment needs to be dropped off, the individual dropping off the gear must enter through the main entrance and wait at the campground office.

i) **Leaving Early:** If you and your Scout must leave early, you must check out with the Camp Director before leaving. This is to ensure all Scouts are kept accounted for throughout the entire event.

j) **Additional Information:** During the events, no Scouts are allowed to be in the camp site area. It is the responsibility of the Scouts and their leaders to ensure all necessary items are taken from the camping area prior to leaving. The only exception to this is if a Scout need medical attention and is being attended to within the camping area.

GENERAL RULES, INFORMATION, AND REGULATIONS

- a) Please stress to the Scouts that they need to be prepared for all types of weather this time of the year. This event will occur rain or shine and will only be cancelled if severe weather is imminent (i.e. hurricane). All guidelines put forth in the Guide to Safe Scouting and the Weather Hazards training will be adhered to.
- b) If you have not done so already, work with your Scouts to decide on a Patrol name, yell, and flag (if you have time). This is not a requirement for Webelos, but is part of a requirement to earn the Arrow of Light.
- c) If you do not use the Denner program, please vote within your den on which Scout will be the Denner for the duration of the Webelosree event. If you already use the Denner program, please ensure your Denner brings their Denner cord to the Webelosree event. That Scout will assist you during the event. The Denner cord is not required, but will help identify the youth leader to the Camp Director during the event.
- d) The leaders present are responsible for their Scouts at all time. If for any reason you must leave your Scouts, inform the adult staff member at your station and request that another Den Leader watch your Scouts until you return.
- e) If you are a parent, who has been given written consent by another parent to care for another's Scout, you are responsible for that Scout and your Scout at all times. If for any reason you must leave the Scouts in your care, inform the adult staff member at your station and request that another leader watch the Scouts until you return.
- f) While at the event all Scouts are required to follow the Scout Oath. Any Scout found breaking any portion of the Scout Oath that causes harm to any other Scout will be asked to leave and no refund will be given. There will be no form of harassment, hazing, or bullying allowed. Any Scout or adult found doing such will be asked to leave and no refund will be given.
- g) Any Scout who has earned their Whittling Chip can bring their pocket knife, as long as it meets BSA guidelines, their parent or guardian allows it, and they are carrying their Whittling Chip Card on them. Any Scout found with an unauthorized knife or without their card will have their knife confiscated and will have it returned to them upon conclusion of the event. Any Scout found not following the guidelines of knife safety will have a corner of their chit torn off and their leader notified.
- h) In accordance with BSA regulation, there will be no smoking within view of any Scout. The smoking area will be back behind the designated parking lot. Please ensure to leave no trace after smoking.
- i) In keeping with the Leave No Trace principles and Outdoor Ethics code, cutting or damaging or live trees is not permitted.
- j) In accordance with BSA regulation, there will be absolutely no:
- Fireworks
 - Firearms
 - Televisions or Tablets
 - Video Games
 - CD Players
 - MP3 type players (i.e. iPod)
 - Electronic game players
 - Illegal drugs
 - Alcohol
- k) Scouts will remain in their den area between lights out and wake-up, unless leaving to use the restroom.
- l) The buddy system will be strictly enforced. No Scout should be found without their buddy at any time throughout the event.

- m) Defacing, destroying, or “trashing” of property of others, BSA, or the campgrounds is strictly forbidden. Any Scout or adult found doing so will be asked to leave and will not be given a refund.
- n) Rough housing and horseplay is not allowed. Any Scout or adult found wrestling or fighting will be asked to leave and will not be given a refund.
- o) Everyone will keep the campground clean and better than it was found.
- p) Everyone is expected to conduct themselves in a manner that will bring credit to their unit and Boy Scouts of America.
- q) There will be a campfire program on Saturday night that all the Scouts will be participating in. The Scouts will plan their portion of the campfire as part of the events, so no pre-planning is necessary. The performance should be in keeping with Scouting values and not single out unsuspecting individuals as “victims” (such as when someone is soaked with water or made to appear foolish). This will be restated to the Scouts during the campfire planning portion.
- r) Medical forms must be completed and brought to the event (provided at end of this guide).

Leaders are strongly encouraged to discuss these regulations with their Scouts and their parent/guardian prior to attending the Webelosree.

PROGRAM INFORMATION

The Dens will be grouped together into one of four Troops and will rotate with your Troop to each station. Three of the four stations are elective based and will allow the Scouts a chance to see different parts of the Boy Scout adventures. Both Webelos and those working towards their Arrow of Light can use these electives towards their rank/award. The final station is broken up into three sections; parts of a Webelos rank requirement, parts of two requirements for the Arrow of Light award, and working on the campfire program.

a) Adventures in Science [3.c, 3.d, 3.e, 3.h]

Scouts will build a model solar system with their bodies then discuss the value of making a model in science, build rockets out of water bottles and launch them then determining if the size/weight of the rocket affects the force or motion of the rocket, learn how to create a series and parallel circuit out of a battery and three light bulbs, and figure out if the size of a person affects how fast they slide or swing.

NOTE: Parts 1 and 2 must be completed separately to obtain full credit for this elective.

b) Castaway Adventure [1.a, 2.a, 2.f, 2.g]

Scouts will learn how to light a fire without using matches, learn what items should be in an outdoor survival kit, learn two different ways to treat drinking water to remove impurities, and discuss what to do if they became lost in the woods.

NOTE: Parts 1.b or 1.c, 2.b, 2.c, 2.d, 2.e, and 2.h must be completed separately to obtain full credit for this elective.

c) Sportsman Adventure [Complete adventure]

Scouts will learn and show various hand signals used by officials for football (it will be football season after all), participate in two individual sports and two team sports with the Scouts in their troop, and discuss the importance of sportsmanship and examples of good/bad sportsmanship.

d) First Responder Adventure [1, 2, 3, 4, 5, 6] / Camper [5.a] & Scouting [5]

Scouts will be broken up by rank and the Scouts working on their Webelos rank will learn about what first-aid is, what to do after an accident, what to do for serious medical emergencies, how to help a choking victim, how to treat for shock, how to treat various basic medical issues (i.e. cuts, burns, and bites), and learn what is included in a first aid kit.

NOTE: Parts 7 and 8 must be completed separately to obtain full credit for the First Responder Adventure.

Scouts working on their Arrow of Light award will learn how to tie a bowline, a square knot, two half hitches, and a taut-line hitch. Then they will learn how the proper care of a rope by learning how to whip and fuse the ends of rope. Finally they will then discuss when to use each of them.

NOTE: Parts 1, 2, 3, 5.b, 6, and 7 of the Camper Adventure must be completed separately to obtain full credit. Additionally, parts 1, 2, 3, 4 and 6 of the Scouting Adventure must be complete completed separately to obtain full credit.

e) Campfire Program (Camper Adventure requirement 4 for the Arrow of Light Award)

Regardless of the Scouts rank, they will work together with their troops to create 10 minutes of a campfire program and then perform their section of the campfire.

f) Duty to God and You Adventure for Webelos Rank [2.a]

Regardless of the Scouts rank, they will all participate in the Scout Service on Sunday morning.

NOTE: Two of the parts 2.b, 2.c, or 2.d must be completed to obtain full credit for this adventure.

*****SPECIAL NOTE*****

If any of your Scouts complete the other parts of the adventure requirements prior to attending the Webelosree and complete the entire adventure while at the Webelosree, please let the Camp Director know so that the Scout(s) can be verbally recognized during the campfire program.

 **AWARDS INFORMATION**

During the stations, there will be competitions between the dens in the troop that will be judged by the staff present. During the entire event, the staff will be judging different aspects of the Scouts and making special note of items of interest. All of this information will be given to the Camp Director and special awards will be given to the Scouts and Dens on Sunday after the Scout Service.

PRINCESS ANNE DISTRICT
WEBELOSREE SCHEDULE
September 30 - October 2

FRIDAY, September 30, 2016

5:00pm to 7:00pm	Campers Check-in w/Camp Staff	
7:00pm to 8:00pm	Participants Gathering	Pack/BSA Activity Shirt
	Rules/Information Handout	
8:00pm to 10:00pm	Free-time in camping area	
10:00pm	Lights/Fires Out	

SATURDAY, October 1, 2016

6:00am to 7:00am	Non-campers Check-in w/Camp Staff	Pack/BSA Activity Shirt
7:00am	Wake-up Call	
8:00am to 8:30am	Opening Ceremonies	Pack/BSA Activity Shirt
	Events Explanation	
	Event Schedule Handout	
8:30am to 9:30am	Station #1	Pack/BSA Activity Shirt
9:30am to 10:30am		
10:30am to 10:45am	Wrap-up/Rotate Stations	
10:45am to 11:45am	Station #2	Pack/BSA Activity Shirt
11:45am to 12:45am		
12:45pm to 2:00pm	Lunch	
2:00pm to 3:00pm	Station #3	Pack/BSA Activity Shirt
3:00pm to 4:00pm		
4:00pm to 4:15pm	Wrap-up/Rotate Stations	
4:15pm to 5:15pm	Station #4	Pack/BSA Activity Shirt
5:15pm to 6:15pm		
6:15pm to 8:00pm	Dinner	
8:00pm to 9:00pm	Campfire Program	Class "A" Uniform
9:00pm to 10:00pm	Free-time in camping area	
10:00pm	Lights/Fires Out	

SUNDAY, October 2, 2016

7:00am	Wake-up Call	
8:00am to 9:00am	Scout Service	Class "A" Uniform
9:00am to 9:30am	Awards Presentation	
10:00am to 11:00am	Camp Area Clean-up	
11:00am	Check-out w/Camp Staff	

NOTE: Schedule is subject to change

PRINCESS ANNE DISTRICT
 WEBELOSREE SUGGESTED GEAR LIST
 September 30 - October 2

Camping Equipment	First Aid
<input type="checkbox"/> Tent	<input type="checkbox"/> First Aid kit
<input type="checkbox"/> Waterproof ground cloth	<input type="checkbox"/> Reusable water bottle
<input type="checkbox"/> Sleeping bag, pillow, pad	<input type="checkbox"/> Flashlight (extra batteries)
<input type="checkbox"/> Camping chair	<input type="checkbox"/> Sunscreen
<input type="checkbox"/> Cooking equipment	<input type="checkbox"/> Insect repellent
<input type="checkbox"/> Camp stove	<input type="checkbox"/> MEDICAL FORMS
<input type="checkbox"/> Bags for trash	Toilet Kit
<input type="checkbox"/> Food (2 dinner, 2 breakfast, 1 lunch)	<input type="checkbox"/> Toothpaste and toothbrush
Clothes Bag	<input type="checkbox"/> Washcloth and towel
<input type="checkbox"/> Proper Class "A" Scout Uniform	<input type="checkbox"/> Soap in container
<input type="checkbox"/> BSA or Pack Activity shirt	<input type="checkbox"/> Bags for trash
<input type="checkbox"/> Poncho or raincoat	Optional Items
<input type="checkbox"/> Light jacket	<input type="checkbox"/> Camera
<input type="checkbox"/> Night clothes	<input type="checkbox"/> Sunglasses
<input type="checkbox"/> Day clothes	<input type="checkbox"/> Notebook and pencil
<input type="checkbox"/> Underwear & socks	<input type="checkbox"/> Whittling knife and Whittling Chip
<input type="checkbox"/> Durable shoes (no open-toe shoes)	<input type="checkbox"/> Free-time items (no electronics)
<input type="checkbox"/> Hat/Baseball cap	<input type="checkbox"/> Money

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: _____



Part B: General Information/Health History

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

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	



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
		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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____