



**WEBELOS OUTDOOR TRAINING
&
INTRODUCTION TO OUTDOOR
LEADER SKILLS
November 12-14, 2010
Belk Scout Camp**



Starting on Friday evening, November 12, 2010, and continuing until Sunday afternoon, November 14, 2010, Webelos Outdoor Training and Boy Scout Introduction to Outdoor Leader Skills will be offered at Belk Scout Camp. Also offered this time is a non-Sunday alternative on the following Saturday, November 20, to the portion of these courses that will be presented on Sunday, November 14. Participants who chose this option will be required to stay until after the Cracker Barrel - the final activity on Saturday night, November 13th - which activity should end at approximately 10:00 P.M.

Webelos Outdoors is an opportunity to take part in an enjoyable outdoor learning experience and discover what the outing in Webelos Scouting is all about! This course is for all adults connected with the Cub Scout program: Webelos leaders, assistant Webelos leaders, future Webelos leaders, parents of a Cub or Webelos Scout, Cubmasters, committee members, den leaders. It is required for Webelos leaders to attend Wood Badge.

Introduction to Outdoor Leader Skills is required for Scoutmasters and Assistant Scoutmasters to receive the *Trained Patch* and is required for Boy Scout leaders to attend Wood Badge.

Please register on-line by **Monday, November 8, 2010** and pay your participation fee of \$50. Included with this flyer is a map to the location, gear list, and any other information you will need to join us — and please "pass the word" to other Scout leaders.

REGISTRATION WILL CLOSE AT 5:00 PM ON MONDAY, November 8, 2010. The Training Committee reserves the right to cancel the Course if an insufficient number of Scouters register.

For additional information, contact Craig Orr at Corr19@carolina.rr.com or 704-453-9527.

SCHEDULE			
	DATE	TIME	ACTIVITY
• Friday	November 12	6:00 pm - 7:00 pm 7:00 pm	Check-in Staff Introductions and the Course begins Camp overnight
• Saturday	November 13	7:00 am	Breakfast at campsites and the Course continues Camp overnight
• Sunday	November 14	7:00 am - approx. 2:30 pm	Breakfast at campsites and the Course continues Course conclusion
• Saturday	November 20	8:00 am - approx. 2:00 pm	Non-Sunday portion (make-up for those who leave Saturday night, Nov.13th)

Register online at mcctraining.org. You will be required to provide the following information to register:

Name; Phone #; Address; District; Unit #; Scouting Position; e-mail address;
Scout Number; SEX: M/F; Eagle Scout (Y/N) & Year if yes.

The participation fee is \$50. This includes food. If anyone has special dietary needs for medical or religious purposes, please let us know and we will accommodate you as best we can.

WEBELOS OUTDOOR TRAINING

Webelos Leader Outdoor Training presents "how to" in planning and conducting successful Webelos Den parent and son overnight campouts and other Webelos outdoor activities. It reinforces — but does not duplicate — what you learned at Cub Scout Leader Specific Training. This course provides "hands-on" learning experience in camping and outdoor skills as done by Webelos Dens.

This is the three-day version of the course, portions of which will be taught in conjunction with, and as part of, Introduction to Outdoor Leader Skills. To be fully prepared as a Webelos Den Leader or Assistant Webelos Den Leader, you should attend both Webelos Leader Outdoor Training and Webelos Leader Specific Training, but Leader Specific Training is not a prerequisite for this course.

Subjects to be covered include the following: <ul style="list-style-type: none">• Bedding and Weather;• Tents and Site Selection;• Fire Building;• Campfire planning and Program;• Cooking and Sanitation;• Woods Tools;	<ul style="list-style-type: none">• First Aid;• Knots and Ropes;• Naturalist Activity Pin• Geologist Activity Pin• Forester Activity Pin• Outdoorsman Activity Pin• Planning the Webelos Overnight.
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INTRODUCTION TO OUTDOOR LEADER SKILLS

This is a fun-filled program of hands-on skills training in the outdoors, designed to help Scoutmasters and Assistant Scoutmasters to master and teach the basic camping skills required for Tenderfoot to First Class. This Course is required for Scoutmasters and Assistant Scoutmasters to receive the *Trained Patch*. Instructors will help you learn how to set up camp, cook, work with woods tools, learn about ropes, first aid, planning campfire programs, map reading and compass skills, hiking, and packing techniques, nature identification, and Leave No Trace.

November 2010

**Introduction to Outdoor Leader Skills Course
&
Webelos Outdoor Training Course**

Dear Scouter,

This letter is to provide information about the upcoming Introduction to Outdoor Leader Skills course and Webelos Outdoor Training Course. We are glad you will be joining us for a fun-filled weekend, and memorable outdoor learning experience.

Our weekend at Belk Scout Camp (formerly known as Clear Creek Scout Camp) will begin on Friday, November 12, 2010 with check-in from 6 pm until 7:00 pm. The Course will begin at 7 pm. Please plan to arrive early enough that you can put your gear in the Catawba Shelter before we start in the Dining Hall at 7 pm. The Course will end at around 2:30 p.m. on Sunday, November 14, 2010. **Please make arrangements to attend the entire course during this time frame.** The schedule is full and you won't want to miss any of the activities.

Enclosed are directions to help you find your way to Belk Scout Camp (still shown as Clear Creek on the attached map) and to the Catawba Shelter where equipment drop off and check-in will be held. Once your equipment is dropped off at the Catawba shelter, please park your vehicle at the Dining Hall parking lot and come to the Dining Hall.

At the Friday evening check-in, please turn in completed Parts A and C of the BSA Annual Health and Medical Record – Form No. 34605 (a copy of the blank form is attached and also may be downloaded from http://www.scouting.org/filestore/pdf/34605_Letter.pdf).

The “What to Bring” checklist covers the equipment you will need to bring to camp. If you do not personally own any of the items listed, you may want to contact other troop or pack leaders or friends to borrow them for the weekend. While we want you to be comfortable, we want to ensure you make the most of this training without shouldering too many expenses.

The Course Quartermaster will provide all the food, including cracker barrels, but if you want to bring your own snacks, please feel free to do so.

Please remember that the weather this time of year can be highly variable and can change quickly. Please make sure that you bring plenty of warm layers, and wet weather protection. You will be camping, and most of the course will be held outdoors, rain or shine!

If available you should wear your Class “A” uniform. To maximize your exposure to new ideas, participants from the same unit will be placed in separate patrols.

In addition, please let us know if you have any physical limitations or special dietary or medical needs so we can be prepared before the course begins. The staff looks forward to working with you and seeing you there!

WHAT TO BRING

Overnight gear, outdoor essentials and appropriate clothing are the heart of camping equipment. Bring a light load of only what you need to keep yourself safe and make a good camp; leave all unnecessary items at home. **Bring a lightweight backpacking tent for two only—no wall or large recreation types (space is limited in the area where you will be camping)** (each participant should bring their own; however, if you do not have one, the Quartermaster will have extras to check-out for your use)

Personal Gear:

- Boy Scout Handbook - for both Boy Scout and Webelos Leaders
- Webelos Book for Webelos Leaders
- Notebook or paper
- Pencil or pen

- **Scout Outdoor Essentials**
 - o Pocketknife
 - o First-aid Kit
 - o Extra Clothing
 - o Rain Gear
 - o Water bottle filled with potable water
 - o Flashlight
 - o Matches and fire starter
 - o Sun protection
 - o Compass
- **Clothing for the season** (Remember, you can always take off layers, but you can't put on layers you don't bring!).
- Backpack or (Day pack)
- Rain cover for backpack
- Sleeping bag, or two or three blankets
- Sleeping pad
- Ground cloth
- Eating Kit
 - o Spoon
 - o Plate
 - o Bowl
 - o Cup
- Cleanup Kit
 - o Soap
 - o Toothbrush
 - o Toothpaste
 - o Dental Floss
 - o Comb
 - o Wash Cloth
 - o Towel
- Personal Extras (Optional)
 - o Watch
 - o Camera and film
 - o Sunglasses
 - o Small musical instrument
 - o Gloves

PATROL OVERNIGHT CAMPING GEAR (to be supplied by Course Quartermaster)

- Dining fly
- Nylon cord, 50 feet
- Cleanup Kit
 - o Sponge or dishcloth
 - o Biodegradable soap
 - o Sanitizing rinse agent (bleach)
 - o Souring pads (no-soap type)
 - o Plastic trash bags
 - o Toilet paper in plastic bag

Repair Kit

- o Thread
- o Needles
- o Safety pins
- o DUCT TAPE
- o Camp Stove and Lantern (If you think your patrol would like an additional stove or lantern, please feel free to bring one of your own)
- o Cook Kit
- o Hot-pot tongs
- o Camp shovel
- o Water container, one 1-gallon or two ½ gallon collapsible, plastic
- o Washbasin
- o Grill
- o Pot rods
- o Sheathed ax
- o Camp saw

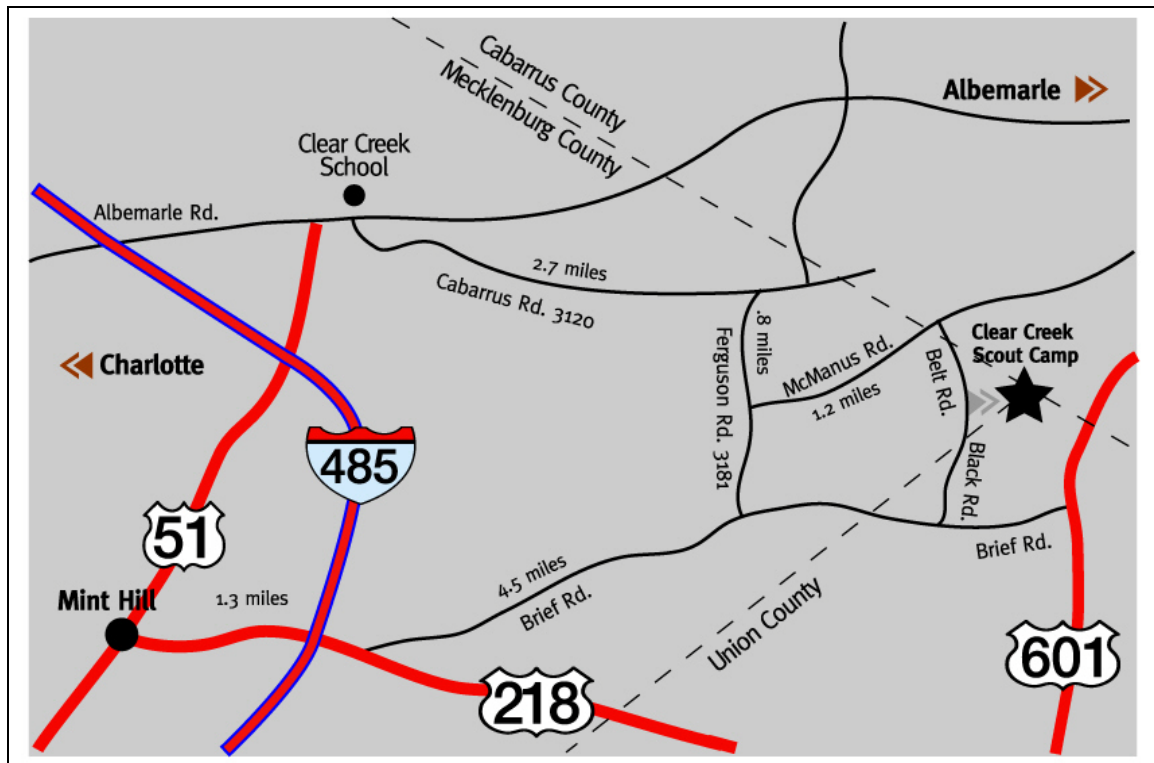
DIRECTIONS to BELK (shown on map as Clear Creek) SCOUT CAMP:

-Traveling away from Charlotte on Albemarle Road:

- Turn Right on Cabarrus Road
- Travel 2.7 miles
- Turn Right on Ferguson Road
- Travel .8 miles
- Turn Left on McManus Road
- Travel 1.2 miles
- Turn Right on Belt Road
- Look for Camp entrance on Left

- Traveling away from Matthews/Mint Hill on Hwy 51

- Turn Right on Hwy 218
- Travel 1.3 miles
- Turn Left on Brief Road
- Travel 4.5 miles
- Turn Left on Ferguson Road
- Turn Right on McManus Road
- Travel 1.2 miles
- Turn Right on Belt Road
- Look for Camp entrance on Left



- Once you enter the camp.....
- Go straight thru the main entrance (gate)
- Continue STRAIGHT past the pool on the left and climbing tower on the right.
- Continue STRAIGHT past the sign to the Dining Hall on the left (unless you are attending the 5:45 pm Friday Supper and want to stop there first)
- Continue until you get to a large open field on your right

Follow the road to the end of the field (the road circles the field) where the flag poles are located where you will see a shelter back in the trees. That is the Catawba shelter.

An untrained leader meeting with our youth is UNACCEPTABLE!

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.)

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"/>
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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/rappelling
- 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: _____