

**Leader's Guide for
The 2025 Aquia Fall**



STAFFORD CIVIL WAR PARK

400 Mt Hope Church Rd, Stafford, VA 22554

Oct 17-19, 2025

***We will be sharing the camp with other Troops and Packs from the district over the weekend. Please remain flexible.**

Table of Contents

Registration

Volunteering

Flyer

Rules and Regulations

BSA Tenting Regulations

Campsite Inspection Sheet

General Schedule

Schedule of Activities

Event Descriptions

Additional Programming Webelos

Cooking Contest Health and

Medical Requirements Map

Registration

For the Webeloree found at the following link: <https://scoutingevent.com/082-95648>.

The cost is \$25 for Cubs and \$15 per adult. Due to limited space 1 adult parent/guardian per Each Webelo/AOL participant.

If you have any questions, please contact Mackerrlly Laya at mlaya001@gmail.com

Volunteering

Cubs will need to be walked between events by registered staff or parents. We will also need volunteers to help the stations programmed. Youth from Troops, Ships, Crews, and Posts are encouraged to participate. Please contact Mackerrlly Laya (Macky) if your youth is interested in volunteering.

Rules and Regulations

All attendees must abide by the rules and policies set forth in the Guide to Safe Scouting and the Scouter Code of Conduct and follow the Sweet 16 of Scouting America Safety. All attendees are expected to utilize Leave No Trace principles. Registered adult leaders are expected to do their part to inform their unit of these rules and enforce them.

Arrival and Departure

1. After unloading, all vehicles must be moved to the parking lot. This will ensure the safety of all campers and reduce the chance of damage to your vehicle. Due to limited Parking space and the large number of units participating, carpooling is strongly recommended.
2. Each unit is responsible for providing its own food for the weekend. **Unit leaders should plan accordingly and bring the necessary gear to support their Scouts without overpacking or overhauling.** To maintain efficiency and campsite safety, we strongly encourage one shared meal prep station per unit, rather than individual setups for each family. This helps streamline cooking, conserve space, and foster teamwork.
3. All garbage removal is the responsibility of each unit. Please place garbage bags in the dumpsters at camp.

Leave No Trace

4. Ground fires are allowed in portable fire only. Firefighting equipment consisting of one (1) water bucket, one (1) sand bucket, and a dedicated shovel should be maintained by each unit lighting a fire.

5. The cutting of live trees is not permitted. Use fallen, dead wood for fire only. Units are expected to haul in their own firewood.
6. Wastewater should not be disposed of within 50 feet of a campsite.
7. Be respectful of all nature and wildlife in the camp. Do not feed, collect, injure, or disturb nature or wildlife. This camp is their home, and we are just visiting.

Health and Safety

8. Cub Scouts and other youth are not permitted within 5 feet of a campfire unless they are cooking in the fire. Webelos, and AOL are permitted to cook outdoors under supervision.
9. The only fuels allowed at camp are propane and butane. Fuels cannot be stored in or near tents. Gas generators are not permitted.
10. Each campsite will have designated areas for tents and cooking. Cooking areas must be roped off. Individual families cannot set up cook stations next to their tents.

11. Closed-toed shoes must be always worn about the camp. This applies to all attendees. Flip-flops, sandals, and Crocs are inappropriate footwear.
12. Quiet hours are between 10 pm and 7 am. Scouts must remain in the campsites during these hours unless accompanied by a parent or guardian.
13. The registered unit leaders are responsible for their unit at all times. Each pack must have two-deep leadership and follow Safeguarding Youth Policies. Follow tenting policies as detailed in Scouting's Barrier to Abuse found in the Guide to Safe Scouting.
14. The buddy system is to be always used. Scouts are not allowed to roam freely through the camp at any time. Refer to the Sweet Sixteen of Scouting America Safety.
15. No one is allowed to take shortcuts through the campsites of other units for both privacy and security.
16. Units and parents will be responsible for any medications for Scouts. Each unit should be equipped with an adequate first aid kit and must have current Annual Health and Medical Reports with them for every participant including adults and siblings.

Prohibited Items

17.No fires, grills, fueled lanterns, open flames, or tent heaters of any type are allowed in or near tents.

18.No pets are allowed at camp at any time. Service animals are permitted. Please notify the camp director if you have a service animal.

19.No personal transportation vehicles are permitted. Leave bicycles, skateboards, skates, scooters, ATVs, and golf carts at home.

20. No firearms, fireworks, or explosives are allowed in camp. Only law enforcement officers operating within their jurisdiction may carry firearms onto the camp property. No exceptions.

21. Sheath (fixed-blade) knives are not permitted. Only Cub Scouts who have earned their respective knife-safety adventure may carry a pocketknife. All other cutting tools (hatchets, axes, hand saws, etc.) are to be used by adults only and securely stored when not in use. Chain/power saws are not permitted.

22. No alcoholic beverages or illegal narcotics (including cannabis) are permitted at this event or any Scouting event.

23. Adult leaders must support the attitude that we are better off without tobacco. Use of any tobacco products, including electronic cigarettes and chewing tobacco, may only be used in the designated tobacco use area, and never within the view of any Scouts or other youth. The designated tobacco use area will be outside of the view of camp.

24. Any attendee violating these Rules and Regulations or acting in a manner inconsistent with the Policies and Principles of Scouting America is subject to dismissal from the event with no additional notice and no refund of any fees.

Scouting America Tenting Regulations – Tenting in the activity field.

- From Scouting's Barriers to Abuse (Guide to Safe Scouting) Separate tenting arrangements must be provided for unmarried male and female adults as well as for male and female youth (non-siblings).
- Youth sharing tents must be no more than two years apart in age unless they are siblings.
- In Cub Scouting, parents and guardians may share a tent with their family.

Horn Blasts

- Three (3) horn blasts will signal hazardous weather or other emergencies.

Off Limit Areas

Any area outside of the Civil War Park and areas marked off as no trespassing signs.

CAMP INSPECTION SHEET**PACK** _____**Flags (25 points)**

US Flag (10)	Pack Flag (10)	Properly displayed (5)	_____/25 points
--------------	----------------	------------------------	-----------------

Fire (35 points)

Fire watch on duty/Fire out (10)	Above ground or existing pit (5)	One fire pit per pack (5)	_____/35 points
Ground clear around the fire pit (5)	Bucket of water and bucket of sand (5)	Chairs than 5 feet away (5)	

First Aid (35 points)

One adult CPR/First Aid Trained, the certificate in First Aid box (10)	Stocked and organized pack-size first aid kit (5)	Scouts know the location of the first aid kit (5)	_____/35 points
Location of first aid kit is highly visible (5)	Medical forms are readily available (5)	First aid log (5)	

Kitchen (75 points)

The pack has only one kitchen (15)	Kitchen is at least 10 feet away from tents (10)	Menus are posted (5)	_____/75 points
Menus are nutritionally sound (5)	Food is properly stored (5)	Kitchen is roped off (5)	
Sanitary kitchen area (5)	Fireextinguisher/ buckets of water and sand (5)	Handwashing station (5)	
Dishwashing station (5)	Garbage bag (5)	Pack uses mess kits (5)	

Campsite (30 points)

Campsite divided into tent area, kitchen area, and activity area (10)	The campsite is neat and clean (10)	Pack has 2 or more BALOO-trained leaders (10)	_____/30 points
---	-------------------------------------	---	-----------------

Bonus Points

Pack gateway with pack number (5)	Themed gateway with pack number (10)
-----------------------------------	--------------------------------------

Inspector Chief's Signature _____

Total Points _____/200

General Schedule

Friday, October 17, 2025

5:00 p.m. Unit Check-In Begins

8:00 p.m. Cracker Barrel with your units (optional)

9:00 p.m. Meeting at Homebase

10:00 p.m. Quiet Time

10:30 p.m. Lights Out

Saturday, October 19, 2025

7:00 a.m. Reveille

7:00 -8:30 a.m. Breakfast and Clean up

8:45 a.m. Flag Ceremony (Assembly at the flag pole)

9:00 a.m.-12:00 p.m. Morning Program

12:00 p.m.-2:00 p.m. Lunch and Clean up

2:00 p.m.-5:00 p.m. Afternoon Events

5:00 p.m.- 7:00 p.m. Dinner and Clean up

6:00 p.m. Webelos/AOL Cooking Contest entries due to judges.

7:15 p.m. Flag Ceremony (Assembly at the flag pole)

7:30 p.m. Webelos and AOLs will join OA Campfire Program
with the Troops

10:00 p.m. Quiet Hours

Sun, Oct 5th

7:00 a.m. Reveille

7:00 a.m. -8:15 a.m. Breakfast and Clean up

8:30 a.m.-8:45 a.m. Closing Assembly at the Flag Pole/
Interfaith Service with the Troops

9:00 a.m. -11:00 a.m. Check out

General Schedule

The following events will be completed in a round robin method. Units will be assigned a starting event, and after one hour, all units will rotate. An event schedule will be provided at check-in.

Campbusters Activity Lineup **"Who ya gonna call? Your Pack!"**

- 1. JOTA – “Ghost Signal Relay”**
Use radios to connect with global scout units and unlock haunted clues.
- 2. Slingshots – “Slime Shot Showdown”**
Safely shoot slime ammo at balloon targets to earn ecto-points.
- 3. Group Games – “Specter Showdown Arena”**
Team games like Ghost Tag and Haunted Relay to trap mischievous spirits.
- 4. Handi-Craft – “Ecto-Gear Workshop”**
Create slime jars, and glow-in-the-dark patches.
- 5. Hike/Scavenger Hunt – “Phantom Footsteps Trek”**
Follow clues to uncover relics and solve a ghostly mystery.
- 6. Unit-Led Scout Skills – “Campbusters Survival Academy”**
Learn camping skills with a spooky twist—fire, knots, and shelters reimagined.

Additional Programming

If your scouts choose to fish, or gaga ball, that is perfectly fine, so long as there is adult supervision and the buddy system being used.

Attire

Attendees may wear activity t-shirts during Saturday activities. All attendees must wear close-toed shoes at all times, preferably sneakers or hiking shoes. Flip-flops, sandals, and Crocs are not appropriate footwear.

Campfire Program

There may be time/space for a campfire program. Please come prepared with a skit or two.

Webelos/AOL Cooking Competition: Foil Dinners

Introduction: This is an opportunity for Webelos/AOL Scouts to show off some of the cooking skills they have learned.

Rules:

1. All cooking will be done at the campsite. All prep work must be done after arrival at camp.
2. This is a foil dinner cooking competition.
3. All gear must be provided by the pack. This includes charcoal.

4. Use proper food sanitation practices. Sanitize utensils before and after use. Food dropped on the ground must be discarded. Wash your hands often.
5. All fish, poultry, and meat must be store-bought.
6. One foil packet must be submitted for each entry.
7. Foil packs must be labeled with the pack number and Scout's name.
8. An entry form must be submitted with each entry. Only one foil dinner is required per entrant.

WEBELOS SCOUTS FOIL DINNER COOKING COMPETITION **ENTRY FORM**

Pack # _____
 Scout's Name (first and last): _____
 Adult supervisor(s): _____
 Name of recipe: _____
 Description: _____

Do not write below this line. To be completed by the judges.

Three samples provided (10 points, minus 5 points per missing sample) _____/10
 Samples are labeled 0 or 10
 Entry form submitted with entry 0 or 5

	Judge #1	Judge #2	Judge #3
Difficulty (1-5)			
Properly cooked (1-5)			
Creative (1-5)			
Nutritious (1-5)			
Taste (1-5)			
SUBTOTAL			

Total Score _____/100



Health and Safety

All units must have a first aid kit at camp that is capable of treating multiple injuries. All individual scouts must have an individual first aid kit as part of their six essentials.

Emergencies and Medical care

Units should be prepared to handle non-emergency medical needs within their camp using your first aid kit. We will have a health officer on site for emergency needs. Injuries of any kind must be reported to the onsite health officer. The Medical tent will be centrally located by Headquarter.

Water

Units are encouraged to bring an initial supply of water.

Restrooms

There will be portable toilets located throughout camp. Please observe and respect the signs posted.

Check Out

Units must be sure to leave your site in a better condition than when you arrived, by following Outdoor Ethics and LNT guidelines. The unit leader needs to check out with the admin prior to unit departure from camp.

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

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. sec. 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.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a)) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

Phone: _____



Prepared. For Life.®

680-001
2019 Printing

1/3

B1

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		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/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		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	



Prepared. For Life.®

680-001
2019 Printing

B2

Part B2: General Information/Health History

Full name: _____
Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE
INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

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 list 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. 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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



Prepared. For Life.®

680-001
2019 Printing