

2024 BLIZZARD

Cub Scout FEB. 16 - 18
Information Packet

Wands at the Ready!



February 16-18, 2024

Black Creek Scout Reservation

Scouts—\$25 Adults— \$15



COASTAL GEORGIA COUNCIL
BOY SCOUTS OF AMERICA

Prepared. For Life.®

*Grab your Broomstick, your Wand,
and your Wits!
Test Your Knowledge and Bravery.*

Bring the Whole Family out for the weekend to campout and take part in “Wizardry” activities including:

- .Campsite Decorating Contest - Shooting Sports
- .Dutch Oven Contest - BIG Campfire
- .Themed Activities - And SO MUCH MORE

All Units are encouraged to actively participate to help earn points to win the “Spirit Stick.”

DON'T FORGET TO ORDER YOUR EVENT SHIRT WHEN REGISTERING!

Limited Supply

Only \$13

Order by January 30, 2024

Health and Safety

The following are the Health and Safety precautions that will be followed.

If you feel sick or are running a fever, DO NOT come to camp.

There is a hand wash station at the Trading Post. You will be required to wash your hands before entering.

The Dining Hall will be open only to our Staff. If you must use the restrooms, then you must wash your hands before entering.

Masks are not required, but we highly recommend that you wear them if you're uncomfortable around others.

The bathrooms and showers will be cleaned periodically throughout the weekend. **Please help maintain them!**

Please have your medical forms (put them in a folder), a first aid kit and water in a designed place in your campsite. This is for emergencies. If someone is hurt the staff or an Adult will be able to get the information and supplies needed quickly.

BSA Camp Check In Policies

- Check begins at 4:30 pm on Friday, February 16th. The gates will be locked until then.
- No early arrivals will be checked in until 4:30 pm.
- No one will be allowed to enter Camp on Friday night after 9:00 PM.
- All participants must check in at the Administration Building.
- You **MUST remain in your vehicle.**
- There will be no program on Friday night.
- **Registration fees must be paid in full! Camp staff will not be taking Registration money at check in.**
- Check-in will begin again on Saturday the 17th at 7:30 AM and end at 10:00 AM.

No one will be allowed in camp before 7:30 AM Saturday morning.

No exceptions due to safety reasons.

Parking Rules for BCSR

You will be allowed to drive to your assigned campsite. **You will then unload your gear in a timely manner (10-15 minutes).**

DO NOT setup your tent at this time. You will be holding up other families from getting their gear into the campsite.

Please do not block the roads while you are unloading your gear.

Once unloaded, drive back to the designated parking lot and park your car.

One pack trailer will be allowed to be parked near the campsite.

Driving in camp during program is NOT ALLOWED.

Your car must remain parked in the parking lot all weekend! This is a safety issue.

The Ranger will call a tow company to remove any vehicles in the campsites, at the owner's expense.

General Camp rules for you to follow

- The gates in camp will be closed while program activities are in progress.
- **Absolutely no riding in the back of trucks!**
- **Use the buddy system when in camp. If you are not familiar with this, ask your Pack leader.**
- Use fire rings. Fires are not allowed outside of the fire rings.
- **No open-toed shoes allowed.**
- No use of alcohol, illegal/recreational drugs or misuse of prescription drugs.
- No firearms or fireworks allowed.
- No smoking in view of Scouts.
- **No Pets are allowed in camp.**
- **Leave no Trace: If you pack it in, pack it out. Please secure trash as you pack it out, so it doesn't blow out of your vehicle.**

Awards will be given for the following at Sunday Morning Assembly

Fill out the Entry forms (In the online Information Packet)
for each Contest.

Bring them to the Saturday morning Assembly!

Spirit Stick Contest

The Spirit Stick needs a new home until the next Cub Scout Event of 2024!
The Pack showing the most Cub Scout Spirit will be awarded the Spirit Stick to decorate
and bring back to the next Council Event.

Just because your pack may be small doesn't mean you can't win the Spirit Stick!

What staff looks for is:

- Participation in the Campsite decoration by the youth
- Participation in the Scarecrow contest
- Participation in the activities
- Being present at all Assemblies
- Having a Pack/Den Cheer/Song
- Participation in campfire program (when there is a campfire)
- Practicing Leave No Trace
- Practicing Points of the Scout Law with out being told
- All-around Cub Scout Spirit!

Campsite Decoration Contest

This years Camp theme is Blizzard Wizardry.

There will be 1st, 2nd and 3rd place awards.

Turn in Entry Forms Saturday morning after assembly
on the table outside the Trading Post.

You will have until lunch time Saturday to finish decorating your campsite.
Be sure to have your Pack number displayed.

Dutch Oven Cook Off

Turn in Entry Forms Saturday morning after assembly
on the table outside the Trading Post.

Be sure to pick up a sample cup with lid.

Fill out the form completely.

Bring the Entry Form and your entry to the Dining Hall
at 6:30pm Saturday Night.

There are 2 groups:

Adult and Scout

Please prepare a soup or dessert.

The entries must be prepared and cooked in camp by the
person entering the cook off.

Good luck!!!!

The Camp theme for this weekend is “**BLIZZARD WIZARDRY**”. We
encourage everyone to dress up and have fun with the theme.

Trading Post will be open. Mrs. Grace would love to see you!

Hours for Trading Post: Friday Night 6 PM – 10:30 PM.

Saturday 8:30 AM – 7:00 PM

Camp Schedule

This camp schedule is not, set in stone. **It could change and may change.** Please be at the Assemblies so that Camp Staff can pass along any updates.

Friday – Program Schedule

4:30 – 9:00 PM	Camp opens. Check-in at the Administration Building for campsite assignment
9:30 PM	Staff meeting in Dining Hall. Only 2 representatives per Unit please.
10:30 PM	Quiet hours begin – Lights Out

Saturday -- Program Schedule

7:00 AM	Rise and Shine / Breakfast in campsites
7:30 AM	Staff Breakfast in Dining Hall & Staff Meeting Check-in opens at Administration Building.
9:30 AM	Opening Ceremonies at the flagpole in front of Dining Hall
10:00 – 12:00 AM	Day Time Activities Begin. Please move as a pack or den
12:15 – 1:30 PM	Lunch in campsites
12:30 PM	Staff Lunch in Dining Hall and Staff Meeting
2:00 PM – 5:00 PM	Day Time Activities Continue
5:15 PM	Flags retired, return to Campsites for Dinner. Practice your skit/songs for Big Campfire
5:30 PM	Staff Supper in Dining Hall & Staff Meeting
6:30 PM	Dutch Oven Cook Off Judging Starts in Dining Hall
7:45 PM	BIG Campfire at Council Campfire Ring.
10:30 PM	Quiet hours begin – Lights Out

Sunday -- Program

8:00 AM	Rise and Shine / Breakfast in campsites
8:00 AM	Staff Breakfast in Dining Hall & Staff Meeting
9:30 AM	Flag Raising / Morning Tid-Bits
9:45 AM	Chapel Service at the Flagpole / Awards
10:15 AM	Break camp and depart

Suggested Packing List for Youth and Unit

This is for both Camps in the Council

- Tent & tent pegs/stakes
- Tarp for under Tent
- Sleeping Bags
- Air mattress, Cot, or Sleeping pad
- Extra Blankets
- Pillows
- Ear Plugs
- Bug Repellant
- Sunscreen
- Lantern
- Flashlight & Batteries
- Table & Chairs
- Camp Chairs
- Stove and fuel or metal grate to put over campfire
- Firewood for campfire
- Matches/Lighter
- Canteen or water bottle, fill it before you arrive
- Cord, rope, clothes pins
- Long fork or hangers for roasting marshmallows
- Small tools, hammer, wrench, mallet
- Bucket – for water to put out fire
- Shovel, to put out campfire
- First Aid Kit
- Fishing gear
- Fan, battery operated/extra batteries
- Pack and Den Flags
- Food, Snacks, Beverages, Coffee
- Ice Chest / Cooler w/ice
- Salt, pepper, condiments
- Cookware & cooking utensils
- Hot Pads or gloves, Plastic / Paper cups, plates, utensils, bowls
- Coffee Mugs**
- Paper towels, napkins
- Soap
- Dish rags & Dish soap, Brillo Pad
- Can opener
- Garbage bags
- Sturdy walking shoes or boots
- Extra change of clothes
- Dry sleep clothes-you will stay warmer
- Extra socks, shoes, underwear
- Rain gear – poncho recommended
- Sweatshirt and/or Jacket
- Hat
- Towels and washcloth
- Personal items & toiletries(Baby wipes come in handy!)
- Personal medication
- Place clothing in Ziploc bags to keep dry
- Cub Scout Handbooks
- Good Attitude :)**
- Hand Sanitizer and wipes
- Face Mask

Pocketknife – Only Cub scouts who have earned their Whittling Chip and are supervised by a parent are allowed to have knives. Whittling Chip must be on you

NOTE: Leave Your Pets At Home!



Campsite Decoration Contest Entry Form

This year's camp theme is **BLIZZARD WIZARDRY**

Make sure your Pack Number is displayed on or near the campsite decorations.

Judging will begin after lunch on Saturday.

Pack Number: _____

Name: _____



Dutch Oven Cook Off Rules and Entry Forms

If you do not have an entry form, you may pick up a form after the Saturday morning assembly at the table down by the Trading Post.

Be sure to pick up a sample cup with lid.

The entries must be prepared and cooked in camp by the person entering the dish.

Good luck!!!!

There are 2 groups to be judged: Cub Scout and Adult

Judging will begin at 6:30 PM on Saturday in the Dining Hall.

Bring your sample dish in a one of the containers that is provided.

Write your name, pack number, and Entry Group on the bottom of the container.

Fill out the Entry form completely and bring with your entry.

Dutch Oven Cook Off Entry Form

Adult Entry Name: _____

Pack Number: _____ Campsite Name: _____

Name of Dish: _____

Dutch Oven Cook Off Entry Form

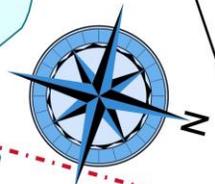
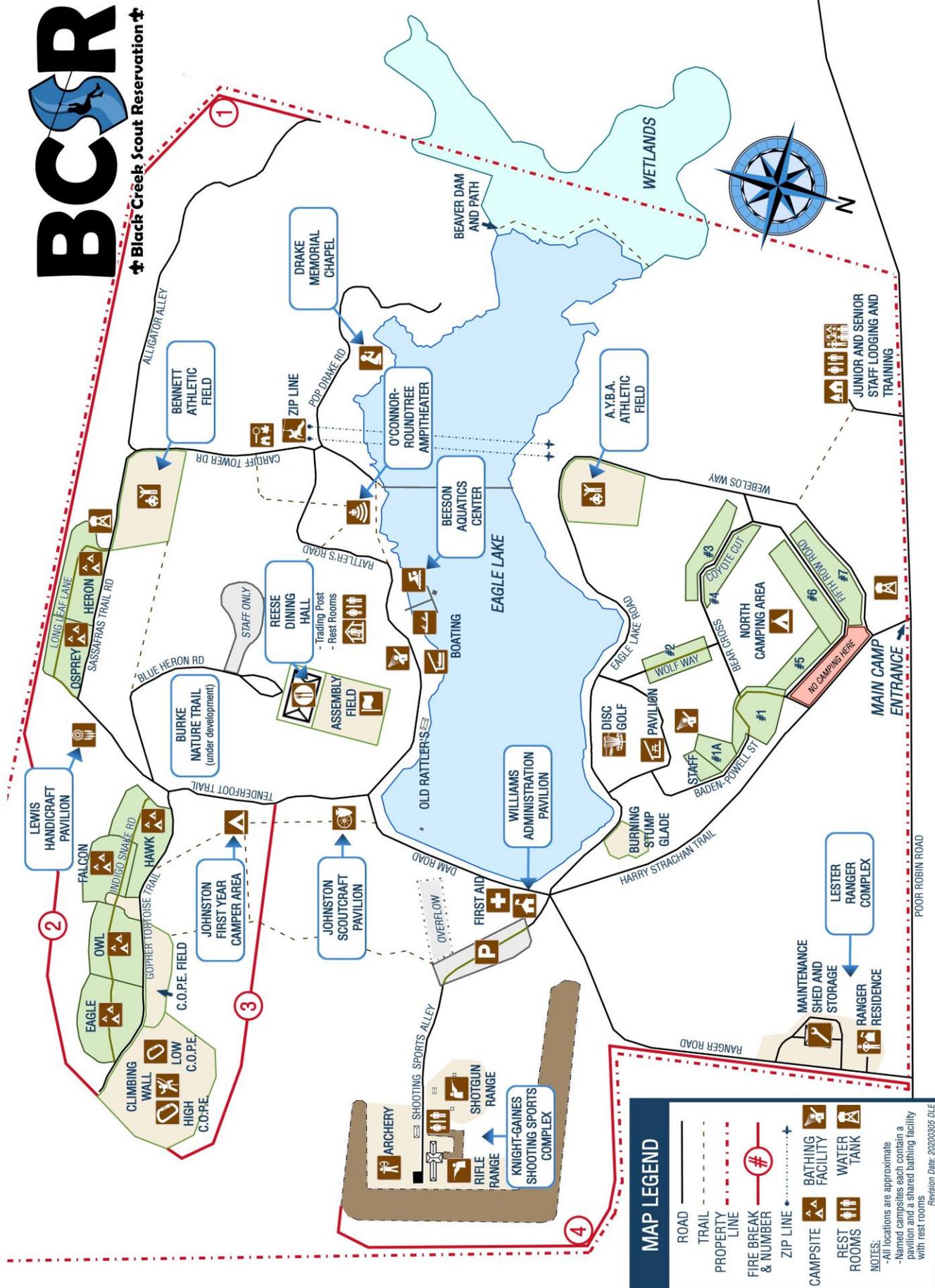
Cub Scout Entry Name: _____

Pack Number: _____ Campsite Name: _____

Name of Dish: _____

BCSR

Black Creek Scout Reservation



MAP LEGEND

- ROAD
- TRAIL
- PROPERTY LINE
- FIRE BREAK & NUMBER
- ZIP LINE
- CAMPSITE
- REST ROOMS
- BATHING FACILITY
- WATER TANK
- LESTER RANGER COMPLEX
- MAINTENANCE SHED AND STORAGE
- RANGER RESIDENCE

NOTES:
 -All locations are approximate
 -Numbered campsites each contain a pavilion and a shared bathing facility with rest rooms
 Revision Date: 2/20/2025 DLE

Part A: Informed Consent, Release Agreement, and Authorization

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. 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.

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: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



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
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<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/mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		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: _____

