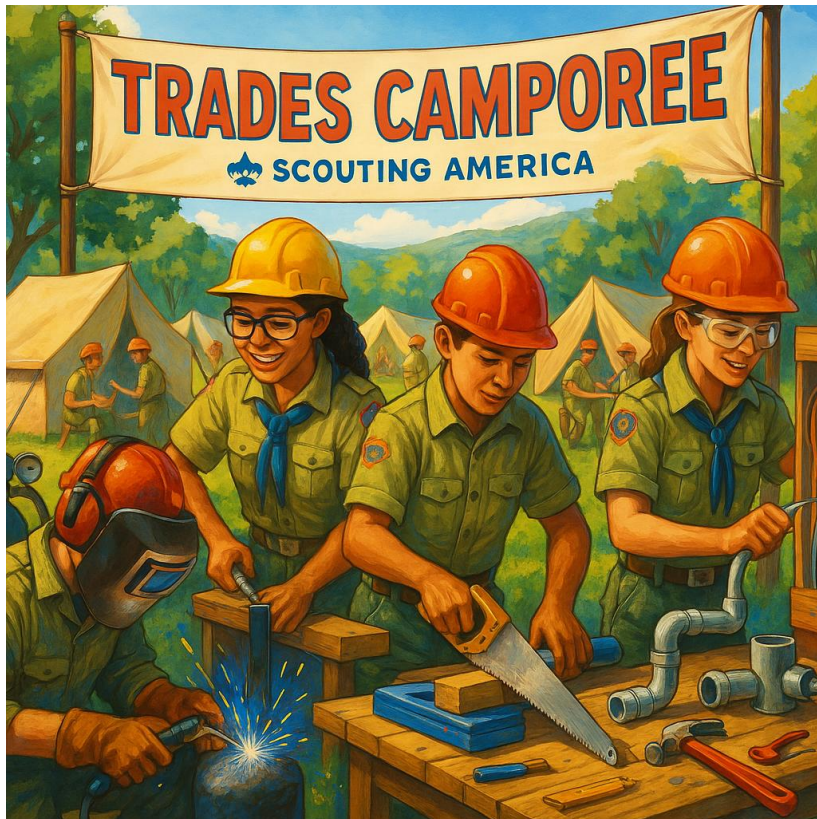


**2025 SUSQUEHANNA COUNCIL**  
**TRADES FALL CAMPOREE**  
**LEADERS GUIDE**  
**CAMP KAROONDINHA**  
**SEPTEMBER 26-28, 2025**



## Overview

The Susquehanna Council is excited to run a Trades camporee where scouts will have the opportunity to learn about different Trades and get hands-on, career focused knowledge. The event will be held at the Camp Karoondinha at 225 Thomas Dam Road, Millmont, PA 17845 from Friday September 26<sup>th</sup> to Sunday September 28<sup>th</sup>. Scouts will get the opportunity to choose up to six different careers to learn about and will learn from local professionals.

## General Rules and Information

These rules are the general framework around which this Camporee will be operated. The Scout Oath, Law, and Outdoor Code are the guides for **ALL** behavior at this Camporee. *Troops or individuals who do not conform to this spirit will be asked to leave the Camporee.*

### Registration

- **REGISTRATION DEADLINE: SEPTEMBER 19, 2025**
- The camporee will be held 9/26/25 through 9/28/25. A registration fee will be charged to cover the cost of Camporee including patches, program supplies and other necessary items for the Camporee. All fees due must be paid in full by the deadline of September 19, 2025. Youth registration will be \$30. Adult Leaders and event staff will be \$15. **ALL EVENT STAFF MUST REGISTER ONLINE**, excluding outside organization volunteers.
- Each unit should be prepared with their own two deep leadership. If your unit is not able to provide their own two deep leadership, you must notify [Ashley.sparrow@scouting.org](mailto:Ashley.sparrow@scouting.org), by the registration deadline.
- If your unit **MUST** camp with another unit, you will need to notify [Ashley.sparrow@scouting.org](mailto:Ashley.sparrow@scouting.org), prior **to the event**.
- If you are a Scout who would like to attend without your unit, please notify [Ashley.Sparrow@scouting.org](mailto:Ashley.Sparrow@scouting.org)

### Adult Leaders

- Unit leaders are always responsible for the supervision of their units. **ACTIVE** two deep leadership is always required. Please enforce safety and discipline.
- Every unit must provide at least **ONE ADULT LEADER FOR EVERY EIGHT YOUTH** in attendance at the event with a **MINIMUM OF TWO ADULT LEADERS** per unit.
- **ALL** adults and leaders in attendance at this event must be fully registered prior to the event. This means that all adult registration applications, clearances, and Youth Protection Training must be submitted to the Registrar at the Susquehanna Council Service Center two weeks prior to the start of the camporee to allow proper time to submit and process these applications. The adult leader will get an email notice informing them that their registration is being processed, and they are not to assume any leadership roles until the completion of the CBC. The unit key 3 will also get an email. Once the CBC comes back and there is no follow-up needed, the system will finish registering the person. An

email will then be sent to the unit key 3 and the individual letting them know that they are registered as an active leader. This active leader status must be attained prior to the start of the camporee.

### **General:**

- Scouts should dress appropriately and be prepared for all weather.
- Taps will be at 11:00 p.m. each evening. Reveille will be at 7:00 a.m. Quiet hours and dim lights are between those hours.
- Units should plan to arrive at the Camporee between 6-9PM to have their campsites set up and to send the SPL to Cracker barrel.
- Everyone in attendance at the camporee will be given a color-coded wrist band meant to signify the registration status. All are required to wear this wristband from the time of registration on Friday to check-out on Sunday. Outside organization volunteers will be given a different color wristband for the time that they are at the Camporee.
- We will not be having a standard campfire with skits. Instead, Saturday evening, there will be a movie and games night in the dining hall.
- Safety and fire prevention are the responsibility of everyone at the Camporee. Be very careful with fires. Have all necessary fire buckets and firefighting tools available. All fires should have a 5-foot radius safety zone cleared around the fire. Cut firewood will not be provided but there is plenty of deadfall that can be used throughout camp. Do NOT cut any live wood to be used as campfire wood.
- Unit leaders are always responsible for the supervision of their units. Remember **ACTIVE** two deep leadership is always required and please enforce safety and discipline. **EVERY UNIT MUST PROVIDE ONE ADULT LEADER FOR EVERY EIGHT YOUTH IN ATTENDANCE AT THE EVENT WITH A MINIMUM OF TWO ADULT LEADERS PER UNIT.**
- Any unsafe or improper use of knives, axes, or other tools will result in the removal from the camporee. Sheath knives and fixed scabbard knives are always prohibited.
- Misuse of latrine facilities that can be linked to a particular unit will result in repercussions to the unit.
- All meals are the responsibility of the unit. Please keep in mind for planning purposes that Saturday lunch will be served at the unit campsite and will be an hour long. Leaders may return to the unit's campsite prior to lunch to prepare for the meal.
- Units are allowed to have one vehicle and/or trailer parked within the camping area. There is a 10 MPH speed limit when moving within the camping area. All extra vehicles will need to be parked in the parking lot.

### **Arrival and Check-in:**

Units should not plan to arrive at the Camporee site before 6:00 p.m. on Friday. Units will be asked to sign up for a cleaning duty to be performed on Sunday prior to check-out. Please make sure that everyone stops at check-in to receive their wristband, especially if they are not arriving at the unit.

Please bring the following information to check in:

- A unit roster of scouts and adults in attendance at the event. A list of attendees will need to be presented on the form that is provided with this packet.
- **MEDICAL FORMS PARTS A & B for EVERYONE**, both youth and adults. Please make sure that the A&B forms are filled out properly including the insurance policy number, any medication that is being taken, and any and all medical conditions and allergies. This helps our health officer and staff be fully prepared for any issues that may arise.

### Camping & Campsites:

- Campsites will not be assigned prior to check-in.
- Each Troop will be assigned a campsite during the check-in process. These campsites will be predetermined prior to the check-in process. Each unit should be prepared with their own two deep leadership. If your unit is not able to provide their own two deep leadership, you must notify Ashley.Sparrow@scouting.org BY THE REGISTRATION DEADLINE.
- Each unit is permitted to have one trailer OR one vehicle in their campsite to store equipment and food. All other vehicles will need to be parked in the camp parking lot.
- All trash should be placed in the trash can with a trash liner in it that will be placed throughout camp. There should be no trash left at the campsite. Do not use the trash cans that are stored in the outhouses at the campsites.
- No green (live) wood (for camp craft or other projects) may be cut from the Camporee facility.

### Departure and Check-Out:

- There will be no closing ceremony for this camporee. Each Scout and Scouter will need to check out at the designated location on Sunday after their last session is over. One leader from each unit will need to make sure that they collect the medical forms for their unit when they check out. Patches will be given to each individual as they check out once they turn in their event survey.
- Units are responsible for making sure that their campsite is clear before they check out.
- Make sure the entire area has been policed and all trash has been picked up. Scouts should make every effort to leave an area better than they found it. Please bring all trash to trash cans at the check out station.
- Latrine areas should be checked and cleaned up by everyone throughout the weekend.
- Fire ash or unburnt fuel wood should be drowned in water and then disposed of in the trash. **DO NOT DUMP ASH ON THE GROUND OR IN THE GRAVEL PARKING AREA USED FOR CAMPING. (LEAVE NO TRACE)**
- Units will also be responsible for helping to clean the restroom facilities before check-out.

### Arrow of Light Scouts:

- Due to the format of this camporee, Webelos and Arrow of Light scouts will not be invited. Troops will split up and attend different stations which is not conducive to Arrow of Light Scouts learning about the respective Troop.

## **Buddy System:**

The Buddy System entails that scouts group together in groups of at least two. These scouts then always stay together when they're not at the campsite or alongside the rest of their unit. The Buddy System is one of the ways to ensure that all Scouts are accounted for and is a very important barrier to abuse. The Buddy System guidelines are as follows:

- The buddy system should be used at all times. Aquatics, horseback riding, cycling, canvassing the neighborhood during a fundraiser...you name it, you need a buddy.
- It's recommended that buddies know and be comfortable with each other. No youth should be forced into or made to feel uncomfortable by a buddy assignment.
- It is strongly encouraged to pair scouts of similar abilities, ages and maturity. **Buddy pairs should be no more than two years apart in age. Buddy pairs of 2 cannot be mixed gender. However, a third youth/participant may be added to allow for a mixed gender buddy group of 3. Adults (anyone over the age of 18) may not be a youth members buddy.** This means that a Venturing crew cannot have a 17-year-old youth be the buddy of a 19-year-old Venturing participant.
- A buddy team may consist of three scouts, when necessary (this is known as a Truddy).

## **First Aid:**

First Aid should be administered at the Troop level. Units should have adequate first-aid supplies as part of their unit's equipment. All injuries, even if treated at the unit level, are to be reported to the Campmaster Building in a timely manner. Should professional medical assistance be needed, report to the Campmaster Building for the medic on site.

## **Alcohol & Tobacco:**

It is the policy of Scouting America that the use of alcoholic beverages and controlled substances is not permitted at encampments or at any activity involving participation of youth members. Adult leaders should support the attitude that they, as well as youths, are better off without tobacco in any form and may not allow the use of tobacco products at any Scouting America activity involving youth participants. All Scouting functions, meetings, and activities should be conducted on a smoke-free basis, with smoking areas located away from all participants. Smoking areas for this camporee will be in the parking lot. If you must use the smoking area, please take all of your trash with you, do not leave it on the ground.

## **Pets:**

No pets are allowed unless they are service animals.

## **A Scout is Courteous:**

Remember this part of the Scout Law! Stay out of other troop campsites unless invited or given permission to enter. Show respect to others by being at your campsite with lights dimmed and quiet from 11:00pm to 7:00am the next morning.

# EQUIPMENT

## Unit Gear

- Flag (Troop and Patrol) An American flag can be flown at each unit campsite if so desired.
- Shelters/Tents for all attendees
- First-Aid Kit
- All units are to bring and prepare their own meals. Note that lunch is only an hour and a half long, so plan your meals accordingly. Adult leaders surpassing the unit's two deep minimums are free to return to the unit's campsite to help prepare for a meal.
- And any other items that your troop would bring while camping

## Personal (Campers)

- Class A uniform
- Class B Uniform and clothes appropriate for the weather
- Toiletry Articles (Toothbrush, Toothpaste, etc.) Showers will not be available for this Camporee
- Sleeping Gear (appropriate for the weather)
- Poncho/Rain gear
- Water Bottle (**STAY HYDRATED**)
- Watch
- And any other items that you would bring and **need** while camping

# Contacts

Any questions or concerns regarding the camporee can be sent to the following:

Ashley Sparrow at [Ashley.Sparrow@scouting.org](mailto:Ashley.Sparrow@scouting.org) or 570-660-9673

Reuben Stugart at [Reuben.Stugart@scouting.org](mailto:Reuben.Stugart@scouting.org) or 570-932-1819

## SCHEDULE

Friday, September 26, 2025	
4:00pm	Set Up
6:00pm	Scouts may start arriving for camping
9:00 PM	All units should be checked in
10:00 PM	Cracker Barrel
11:00pm	Lights Out
Saturday, September 27, 2025	
7:00 AM	Reveille-Rise and Shine!
7:00-8:00 AM	Breakfast and clean up
8:00 AM	Flag Ceremony
8:30-10:30 AM	Station 1
10:30 AM -12:30 PM	Station 2
12:30- 1:30 PM	Lunch
1:30 – 3:30 PM	Station 3
3:30- 5:30 PM	Station 4
5:30-7:30 PM	Dinner and Clean up
7:30 PM	Movie & Games in the Dining Hall
11:00 PM	Lights Out
Sunday, September 28, 2025	
7:00 AM	Reveille-Rise and Shine!
7:00-8:00 AM	Breakfast and clean up
8:00 AM	Flag Ceremony/ Scout's Own Service at the Parade Field
8:30 - 10:30 AM	Station 5
10:30 AM – 12:30 PM	Station 6
12:30 PM	Check out/Dismissal

# **Schedule Notes**

## **Leaders Meeting/Cracker Barrel**

There will be a short meeting for all unit leaders, staff and senior patrol leaders on Friday at 10:00pm in the dining hall. We ask for leaders to bring pens and paper to write down notes. Refreshments and snacks will be provided following the meeting.

## **Flag Raising**

Scouts are not required to wear Class As to flag raising. Instead, come dressed and ready to get dirty for hands-on sessions as sessions will start directly following the flag raising ceremony. For this same reason, please do not bring Troop flags in the morning either. During the leaders meeting, we will be asking for any units to volunteer scouts to help with honor guard duties throughout the weekend.

## **Campfire Program**

For this camporee, there will be no campfire program. Instead, we will be offering a movie and game night in the dining hall for scouts to interact with those from other units and just have some fun.

## **Chapel Service**

The Scout's Own service will be held during morning flags on Sunday before the sessions start. At the Leaders/SPL meeting, we will be asking for unit chaplains aids to assist with this service.



## 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
		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 (anginal)/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	



## 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: \_\_\_\_\_

