

# Seven Bridges Spring Camporee

Hack-A-Thon

April 17-19, 2026  
Camp Karoondinha

**SEVEN BRIDGES DISTRICT**  
**SPRING CAMPOREE**  
**HACK-A-THON**  
Tech Challenges & Competitions:  
**APRIL 17-19, 2026**  
**CAMP KAROONDINHA**

**Bloomsburg Children's Museum**

- Artificial Intelligence
- Cybersecurity
- Drone challenges
- LEGO Engineering Kits
- Coding & rapid puzzle solving
- And More!

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### Overview:

**Event:** Seven Bridges District Spring Camporee

**Dates:** Friday, April 17 – Sunday, April 19, 2026

**Location:** Camp Karoondinha

The Spring Camporee is a district-wide outdoor weekend for Scouts BSA Troops and Venturing Crews featuring fellowship, skill challenges, and hands-on activities centered around this year's theme:

### Hack-A-Thon

Scouts will explore activities connected to:

- Artificial Intelligence
- Cybersecurity
- Drone challenges
- LEGO Engineering Kits
- TinkerCAD / rapid-build design
- Coding-inspired puzzle solving
- And more!

### 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: April 12, 2026**
- 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 must be paid in full by the deadline of April 12th. Registration will be \$15 for youth and \$7 for adult leaders and event staff for the early bird registration through March 29, 2026. Registration will increase to \$20 for youth and \$12 for adult leaders and event staff

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on March 30 through April 12, 2026. **Registration is the same cost for those attending the entire weekend or just the day events on Saturday. ALL PARTICIPANTS INCLUDING EVENT STAFF MUST REGISTER ONLINE.**

- **We will no longer be preordering patches for events. If you want more than the patch you get with your registration, please order it when you register. There is a separate tab for patches. Patches are \$5.00 each.**
- Each unit should be prepared with their own two deep leadership. If your unit cannot provide their own two deep leadership, you must notify the district executive, reuben.stugart@scouting.org (570) 932-1819 by the registration deadline.
- If your unit must camp with another unit, you will need to notify the district executive, reuben.stugart@scouting.org (570) 932-1819.
- Arrow of Light Scouts should have crossed over to the troop by now. If your AOLs did not cross over and wish to attend, please reach out to your DE, Reuben Stugart.

### Adult Leaders:

- 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.**
- ALL adults and leaders in attendance at this event must be fully registered with Scouting America prior to the event.

### General Information:

- All meals are the responsibility of the unit. Lunch will be an hour long. Leaders may return to the unit's campsite prior to lunch to prepare for the meal if needed.
- 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.
- Scouts should dress appropriately and be prepared for all weather.

### Arrival & Check-in:

- Check-in will be at Campmaster Building and welcome pavilion.

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- Units should not plan to arrive at the Camporee before 5:00pm but make sure you arrive before 8:00pm on Friday for the safety of the scouts, to have their campsites set up and to send the SPL and Unit Leader to Cracker barrel.
- Please make sure that everyone stops at check-in to receive their wristband, especially if they are not arriving at the same time.
- Please have the following information available at check-in:
  - A unit roster of scouts and adults attending 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 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.
- The check in station will provide each unit with a schedule, emergency contact sheet, and a rotation schedule. You'll also be given event surveys for both adults and Youth. Please fill out the surveys and return them no later than checkout.
- 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.
- **\*\*\*Parking:** One car or the Troop Trailer may be left at the campsite. All other vehicles should be parked in the parking lot.
  - Exception – if there's a medical reason
- **\*\*\* Transportation of gear:** Vehicles may go to the campsite to unload; however, they must be parked in the parking lot.

## Camping & Campsites:

- Campsites will be assigned prior to check-in and shared at check-in.
- Female and male units must be distinguished from one another. Family units should make every effort to separate male and female tents. No unit should have their tents intermingled with other units.
- No green (live) wood (for camp craft or other projects) may be cut from the Camp. All firewood should be collected from the woods in the campsite areas.
- Please notify us at registration if electricity is needed for medical needs.

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### Departure & Check-out:

- Units must police their area and have all trash picked up prior to checking out. Scouts should make every effort to leave the area better than they found it. Please remember to take all of your trash with you to check out.
- Fire ash or unburnt fuel wood should be drowned in water. **DO NOT DUMP ASH ON THE GROUND or in the woods. (LEAVE NO TRACE).**
- Time for check-out will be from 10:00 – 11:00am on Sunday. Camporee staff will be going around the camping area to ensure unit sites are clean before units depart. The staff member will then allow the unit leader to retrieve the units medical forms from the Campmaster area, and check-out the unit.
- Each Scout and Scouter will need to check out at the designated location on Sunday after Church services. One leader from each unit will need to make sure that they collect the medical forms for their unit and turn in their surveys when they check out.
- Reminder, patches will not be handed out at the camporee. A new procedure is in place at council; patches will no longer be ordered before the event. After registration is closed and numbers are confirmed then patches will be ordered. This helps to eliminate excess patches being ordered. If you would like extra patches, you can order them on black pug when you register. There is a separate tab for this. Patch cost is \$5.00

### Restrooms:

- Restrooms are available in the Trading Post and Dining area.
- Shower houses will NOT be open.

### Water:

- Water at the campsites will be dependent upon the weather and whether they are turned on.
- There may be a spigot available at the main shower house and the dining hall.
- Stay tuned as we get closer as for more information

### Trash:

- Please pick up any trash that you see.
- All Trash will be taken by the units to the dumpster during check-out.

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### Fires / Campground Safety:

- 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.
- **Firewood should be collected from the woods around the campsites.**
- Fire ash or unburnt fuel wood should be drowned in water and then left in the firepit. **DO NOT DUMP ASH ON THE GROUND or in the woods. (LEAVE NO TRACE)**

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

### Buddy System:

The buddy system entails that scout's group together in groups of 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 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 and should be a single gender. There are no boy – girl buddy pairs in any programs, including Venturing and Sea Scouts. 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 be the buddy of a 19-year-old Venturing participant.
- A buddy team may consist of three scouts, when necessary.

### 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 Staff at Campmaster to the first-aid officer or the DE in a timely manner. Should professional medical assistance be needed, report to the Campmaster Building for the medic on site.

**OUR FIRST AID OFFICER FOR THE CAMPOREE WILL BE HOLLIE VANKIRK AND SHE WILL BE LOCATED AT THE CAMP HQ OR AVAILABLE BY RADIO.**

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### Alcohol & Tobacco:

- It is the policy of Scouting America that the use of alcoholic beverages and controlled substances is not permitted at encampments or 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 for this camporee located at the parking lot.
- If you must use the smoking area please take all your trash with you, don't 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 troops' 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.

### Contacts:

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

- Event Coordinator Julie Moore at [moore991@ptd.net](mailto:moore991@ptd.net) or (570) 204 – 7252.
- District Executive Reuben Stugart at [reuben.stugart@scouting.org](mailto:reuben.stugart@scouting.org) or 570-932-1819.

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### Equipment:

#### UNIT GEAR

- **MEDICAL FORMS FOR ALL SCOUTS AND ADULTS**
- Unit Roster
- Unit Flags (Troop and Patrol) An American flag can be flown at each unit campsite if so desired.
- Shelters (Canopies and tents)
- First-Aid Kit
- Water Jugs
- Any necessary cooking equipment. For this camporee think personal/backpacking stoves
- And any other items that your troop would bring while camping

#### SCOUT GEAR

- Class A uniform (worn for opening and closing ceremonies and Scouts Own service)
- Class B Uniform and clothes appropriate for the weather
- Toiletry Articles (Toothbrush, Toothpaste, etc.) Showers may not be available for this Camporee
- Tent
- Mess Kit
- Sleeping Gear (appropriate for the weather)
- Poncho/Rain gear
- Water Bottle (**STAY HYDRATED**)
- Watch
- Pen/Pencil/Paper
- And any other items that you would bring and **need** while camping
- Small backpack to carry water bottles, and whatever else they need to carry to stations
- Camping Chair

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### Schedule:

#### Friday

- 5:00–8:00 PM: Check-in and campsite setup
- 9:00 PM: Cracker Barrel / Leader Social
- 10:30 PM: Lights Out

#### Saturday

##### Morning

- 7:00 AM: Reveille
- 7:30–8:30 AM: Breakfast (units)
- 8:30–8:45 AM: Flag Ceremony
- 9:00 AM– 10:00 AM: Skill Stations (Round 1)
- 10:00 – 11:00 AM: Skill Stations (Round 2)
- 11:00 – 12:00 PM: Skill Stations (Round 3)

##### Stations will include:

- Drone Obstacle Course
- AI Puzzle Solving
- Coding Relay
- LEGO Rapid Build Engineering
- TinkerCAD Design Trial
- Cybersecurity
- Geocaching

##### Afternoon

- 12:00–1:00 PM: Lunch (unit)
- 1:00–2:00 PM: Skill Stations (Round 4)

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- 2:00-3:00 PM: Skill Stations (Round 5)
- 3:00-4:00 PM: Skill Stations (Round 6)
- 4:00-5:00 PM: Skill Stations (Round 7)

### Evening

- 5:30-6:45 PM: Dinner (unit)
  - Scoutmaster cooking competition. Recipes must be looked up using AI and include marshmallows. Must be cooked in camp using a campfire.
- 7:00 Flag Ceremony
- 7:15 PM: Camporee Main Event (campfire/skits)
  - Each unit should be prepared with 2 of the following:
    - skit, cheer, or a song.
- 10:00 PM: Quiet hours
- 11:00 PM: Lights out

### Sunday

- 7:00 AM: Reveille
- 7:30-8:30 AM: Breakfast
- 8:30-9:30 AM: Campsite Cleanup & Final Inspection
- 9:30 - 10:00 AM: Scouts Own Service
- 10:00 - 11:00 AM: Check-out
  - Check out at registration
  - Remember to take your Med Forms

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## Event Notes:

### Leaders Meeting / Cracker Barrel:

There will be a short meeting for all unit leaders, staff and senior patrol leaders on Friday at 9:00pm at the Camporee HQ. We ask for leaders to bring a pen and paper to write down notes. Refreshments and snacks will be provided following the meeting.

### Flag Raising:

All scouts must wear their class A uniforms to flag raising and lowering. Troop flags are to be carried to flag raising and lowering. During the leaders' meeting we will be asking for any units to volunteer scouts to help with honor guard duties and chaplain aides to help with the Scout's Own Service.

### Campfire Program

Camporee Main Event (campfire/skits)

- Each unit should be prepared with 2 of the following:
  - skit, cheer, or a song.
- Campfire is tentatively planned to be at Thunderbird (This will be dependent upon water availability)

### Cooking Competition:

- Scoutmaster cooking competition. Recipes must be looked up using AI and include marshmallows. Must be cooked in camp using a campfire.

### Chapel Service:

Sunday morning, there will be a non – denominational chapel service. Chaplain aids from each unit will be asked to participate in this service.

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Roster:

**Scouting America, Susquehanna Council**

**Unit Roster Form**

**Unit:** \_\_\_\_\_

<b>Name</b>	<b>Scout's Age</b>	<b>Emergency Phone Number</b>	<b>Medical Form Turned In</b>

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### Medical Forms A & B:

# A

#### 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 these 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. etc., 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 BSA 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(b)) 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 Palomont Scout Ranch, Palomont 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: \_\_\_\_\_



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# Seven Bridges Spring Camporee

## Hack-A-Thon

# 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 (original) 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	
		COPO	
		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	CRAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



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# 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 No-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_  
Parent/guardian signature MOJO, MP, 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., HB)	
			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: \_\_\_\_\_