

2026 Aquehonga .District Klondike Derby Snowbound

Information Guide

January 31, 2025 (1Day Klondike Event

January 30-Feb 1 If you make your own SEPARATE camping Reservation on the GNYC Reservation
Siteat Staten Island Council Pouch Camp

Klondike Derby Chair

Robert Ciraola

Mobile/Text 917-805-7621

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Theme SNOWBOUND

Welcome

Dear Scouts and Scout Leaders,

Staten Island Council challenges your unit to compete in this year's Klondike Derby. The program is designed to give Scout Patrols the chance to compete and work together as a team to solve problems. Patrols will be challenged with leadership, teamwork, and scout skills for points in the event competition. We have an exciting array of events for this year and, as in the past, we need your support.

First, please take time to read this information guide and become familiar with it's content.

If Patrols follow the guidelines that are contained in this booklet, they will have a great experience at this event.

Second, as Scoutmaster, be aware of the limited role that you and the other adults have once the Klondike begins. This is a Scout ONLY event that is conducted using the patrol method.

We need to keep it this way. Any assistance from adults or leaders will result in point penalization of the Patrol.

Finally, don't be afraid to ask questions prior to the event. The main purpose of this event is to have fun and test the scouts on their knowledge of Scout Skills.

Patrol leaders will receive a map of Camp Pouch, and their starting point at check-in/registration.

The station requirements are included in this information guide so that Scouts can work on their skills in advance. All stations will make use of either skills found in the Handbook or the sled team functioning together as a unit. All skills tests will be age appropriate no matter what the Scout's rank.

ANY SCOUT UNSURE OF ANY SKILL AT A STATION WILL BE ABLE TO USE THEIR SCOUTBOOK FOR GUIDANCE!

Yours in Scouting,

Robert Ciraola (2026 Klondike Derby Chair)

THE EVENT:

The Klondike Derby will now be a one-day event. Troops will still be able to tent camp, Lean to or Cabin Camp Friday and Saturday night for with a GNYC Reservation if you wish, but all events will happen on Saturday only.

Scouting Units need to Register By January 17, 2026 by using this GNYC Link

<https://scoutingevent.com/640-aqklondike>

If Troops wish to rent a cabin, Lean-to or Tent Site they must do so online at:

<https://nycscouting.org/camping/>

All Reservations are on A First Come serve basis, and regular rates will apply.

Troops camping Friday night should check-in with the Campmaster. Event check-in will be Saturday

From 8:am to 8:30 AM am Camp O Ree Pavilion

Check Out will Be at the Warming Station/Pin Oak after Patrols Have been at **All Stations.**

We will not Collect however, Leaders Should have with the Unit Medical Forms A and B

(No Dr Signature Required.)

Appropriate Clothing, Hats Gloves Hiking Boots (No Sneakers)

10 Essentials (Part of Scoring)

Warming Cabin Pin Oak

Pin Oak will Be the Headquarters, there will be Hot Chocolate and Soup Will be Provided and Available All Day

Scouts and Leaders are responsible for their own Lunch PACK IT IN AND PACKIT OUT

KLONDIKE SUPPLIES

Equipment: SLED and up to 8 Team members

3 - 5 to 6 foot poles/hiking staves

1 - 6x8 or 8x10 tarp

1 - gallon water

1 - Scouts BSA Handbook

1 - compass

1 - first aid kit

1 - 50 foot length of rope (1\4" or 1\2")

8 - 6 foot lengths of rope (any diameter)

1 - blanket

1 - patrol flag on a pole (Optional) (Extra Points

Up to 3 matches and/or flint and steel

Wood for firebuilding station or use what is available at camp

Hatchet, knives, and/or mallet (including sheaths)

1 Backpack with Weekend Clothing

1 Tent 3-4 man, with poles

Event Stations

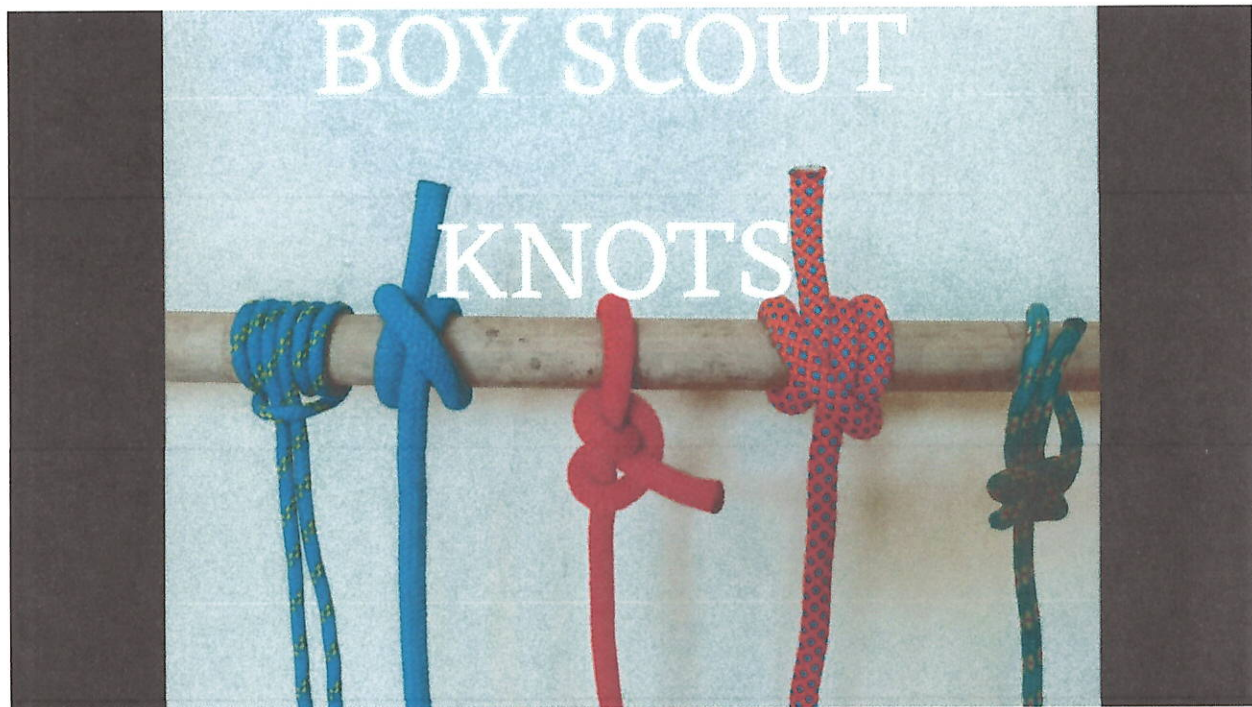
Running of the Dogs



First Aid



Knots



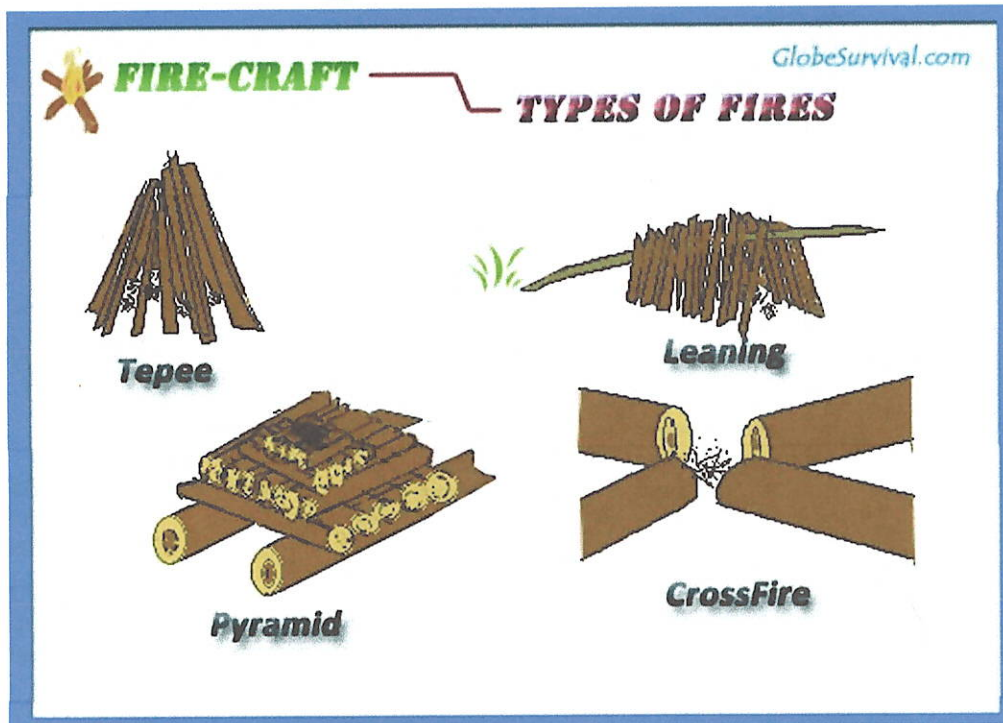
Balance Beam



Shelter Build



Fire building



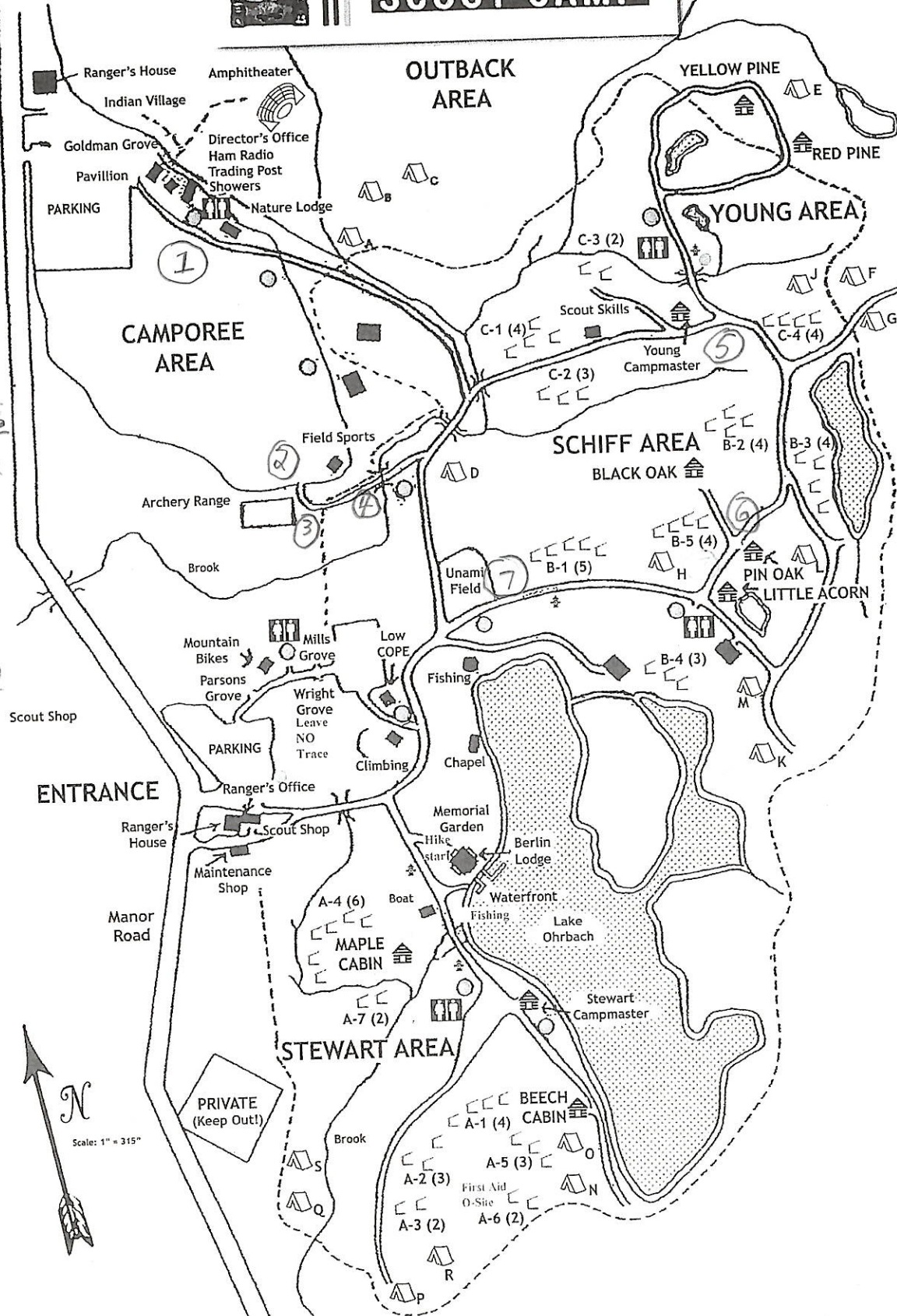
Snow Blind





WILLIAM H. POUCH SCOUT CAMP

- 1- Running of Dogs
- 2- First Aid
- 3- Knots
- 4- sled Balance
- 5- shelter Build
- 6- Fire Build
- 7- Snow Blind



Family Adventure Day
Leave No Trace - Picnic Grove
First Aid - O - Site
Interactive Digital Hike- Berlin

LEGEND

- Latrine
- Leanto
- Cabin
- Water
- Fire Hydrant
- Tent Site
- Hiking Trail

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: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

Phone: _____



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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 (anginal)/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	



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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 ☐ YES ☐ NO

AUTOINJECTOR? Exp. date (if yes) _____

DO YOU USE AN ASTHMA RESCUE ☐ YES ☐ NO

INHALER? Exp. date (if yes) _____

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: _____



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Klondike Derby Patrol Roster

Troop/Pack _____
Circle one

Patrol _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____



Weekend Camping Unit Roster

Note: All units must fill-out this Weekend Camping Unit Roster for day and overnight events and leave it with the camp ranger when checking in.

Camp: (please ✓ one) ☐ Alpine ☐ Pouch ☐ Ten Mile River **Weekend dates:** _____ **Site:** _____

Unit Type _____ **Unit #** _____ **Council** _____ **District** _____

Cub Scout packs must have at least one BALOO-trained leader at camp; please check the appropriate box(es) below

Camp Leader Information

Full Name _____ **E-mail** _____

Address _____ **Apt.** _____ **City** _____ **State** _____ **ZIP** _____

Cell Phone _____ ☐ BALOO trained

Assistant Camp Leader Information

Full Name _____ **E-mail** _____

Address _____ **Apt.** _____ **City** _____ **State** _____ **ZIP** _____

Cell Phone _____ ☐ BALOO trained

No.	<u>Step 1</u>	<u>Step 2</u>	<u>Step 3</u>	<u>Step 4</u>
	Participant's Full Name	Indicate Adult, Youth or Sibling	Registered Scout or Adult? (Y or N)	Adult Scout Position or Youth School Grade
1.				
2.				
3.				
4.				
5.				

This roster **must** be completed at check-in or before entering camp. Please list any additional adults or Scouts on the back of this page or on an additional sheet.

Swimming and Boating Policy: All swimming and boating areas are closed. Scouts must be supervised by an adult leader when fishing, or in any activities involving any waterfront. Waterfront areas (swimming and boating) will only be open for approved Council-run activities, under the supervision of approved Council staff.

All adults listed on this roster will be in attendance all weekend unless otherwise noted. I have been given a copy of the camp rules and regulations and I will inform all Scouts and adults of these rules and enforce them while in camp.

No.	<u>Step 1</u> Participant's Full Name	<u>Step 2</u> Indicate Adult, Youth or Sibling	<u>Step 3</u> Registered Scout or Adult? (Y or N)	<u>Step 4</u> Adult Scout Position or Youth School Grade
6.				
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