

Frequently asked questions about Webelos Camp

Activity Badges	4 th grade (Heritage) - Naturalist, Aquanaut, Outdoorsman 5 th grade (Whitewater) - Naturalist, Forester, Geologist
Check-in	12:00 NOON (please eat before arrival)
Check-out	5:00 p.m. - Family Dinner at 6:00 p.m. Expect to leave camp: 4 th grade (Heritage) approx. 7:30 p.m. 5 th grade (Whitewater) approx. 8:30 p.m.
Coolers	Yes, for water only. NOT FOOD.
Cost	4 th grade (Heritage) \$75.00 per person. 5 th grade (Whitewater) \$90.00 per person. (includes: program, tents, food, patch, mug)
Location	Stearns Scout Camp is located approximately 1 - 1½ hours west of Minneapolis near Annandale, MN. Both the 4 th grade (Heritage) and 5 th grade (Whitewater) are held at Stearns.
Medical Forms *It is a good idea to make a copy of each medical form for your pack to bring to camp.	ANYONE camping <i>less than 72 hours</i> - CLASS ONE 4 th grade (Heritage) - CLASS ONE (no matter your age) 5 th grade (Whitewater) - CLASS ONE & TWO Adults over 40 staying over 72 hours, CLASS 3
Options	4 th grade (Heritage) - 3 of the following options Water Safety, Fire Building, Camp Knots, Whittlin' Chip, Eatables/Edibles/Avoidables, First Aid, Disc Golf, Den Development Activities 5 th grade (Whitewater) - 3 of the following options: Water Safety, Fire Building, Camp Knots, Camp First Aid, Basic Compass, Camp Craft, Nature Special, Den Development Activities
Pets	No Pets Allowed. This includes the Family Dinner.
Tents	Tents are provided. You may bring your own tents; however, camp is not responsible for any damages or losses.

Key things to check for on medical forms:

EMERGENCY CONTACT INFORMATION

If person named above is not available, in the event of an emergency, notify:

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

INSURANCE INFORMATION

Name of personal physician _____ Phone _____
 Personal health/accident insurance carrier _____ Policy # _____

IMMUNIZATIONS

Immunizations: (give date of last inoculation)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

SIGNATURE (BY ADULT ATTENDING OR PARENT)

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

In case of emergency, I understand every effort will be made to contact me (if an adult my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____

BB GUN USE PERMISSION

PARENT NOTE: I authorize my child to participate in firearms safety instruction education programs. Webelos Scouts shoot BB guns only. Boy Scouts may shoot .22 caliber rifles, shot guns or black powder rifles.

Parent or Guardian Signature _____

