

Troop 17

Flour Wars 2020, Worth Ranch

December 4-6, 2020

The Troops of St Tropez have been seen amassing planes and troops near our borders. Staff intelligence reports that war may be imminent with France. We will meet at 5:30, Dec 4th. Bring rations to eat that night.

DEPARTURE INFORMATION

Uniform: Full Class A

Location: Harry R. Male Scout Lodge

Time: 5:30 – Friday, October 4th (bus leaves as soon as we are loaded)

Dinner: Please eat prior to departure

REPATRIATION INFORMATION

Uniform: Full Class A

Location: Harry R. Male Scout Lodge

Time: 2:00 – Sunday, December 6th (Scouts will call or text with a more precise ETA)

COST

Food: \$17

Transport 3

Total Cost \$20 (cash or war bonds)

****NO CELL PHONES & ELECTRONICS****

We are enforcing a strict no cell phone/electronics policy. Devices will be taken up and returned on Sunday. Campouts should be a time for the Scouts to go outside and do outside things – to get away from the constant ding of social media notifications. Parents, please help out with this! If it has a screen, leave it at home or turn it in to the Scout Master for safekeeping when we arrive at Worth Ranch

GEAR LIST (please put your name on everything)

****PLAN FOR COLD WEATHER****

- Tent and Ground Cloth (Scouts will not share tents)
- Bedroll: standard 20-degree bag (bring extra fleece blankets if your bag is not rated for cold weather).
- Sleeping pad: makes it warmer and softer
- Raingear: always pack this and you will be prepared!
- Clothes:
 - Long pants;
 - Long sleeve shirt;
 - Shorts;
 - Socks (extra thick warm socks for sleeping plus a backup pair);
 - Underwear;
 - Troop T-shirt;
 - Jacket or fleece; and
 - CAMO CLOTHES (bring any camo you have or clothes suitable for a fight to the death)
- Hiking Boots: well broken in.
- Hat
- Towel: old and ugly
- Personal Hygiene Kit: toothpaste & brush, TP, soap, and shampoo.
- Rope: 50' of parachute cord (and a length of rope to practice knots).
- Cup, plate and utensils.
- Flashlight (headlamp preferred) with extra batteries
- First aid kit.
- Inhalers: for running around in cold weather.
- Medication: if you need it, bring it.
- A watch: how will you know when to eat?
- Pocket Knife: folding blades only
- Canteen: a Nalgene or two (full of water)
- Greencard: don't leave home without it!
- A mask.
- Pen and paper: to write home from the battlefield?

Pre-Event Medical Screening Checklist 2020

Please review this form with your scouts and parents prior to the day your unit departs. The day of your departure complete this form with all scouts and parents present. It is imperative that this form be completed the day of your departure. If a scouts or adult arrives at camp with the symptoms listed on the Questionnaire they will be sent home immediately.

Prior to attending camp, we request that each unit leader review/ask the following questions with all of your unit adults and youth. We request that you do this prior to departing your home location.

Assessing the Health Status of Your Unit/Campers: ask the following questions to every person in your unit:

- Has the participant had any of the following symptoms in the last 24 hours?
 - Fever. Feeling feverish or a measured temperature greater than or equal to 100.0 degrees Fahrenheit
 - Vomiting
 - Diarrhea

If the participant has fever, vomiting, OR diarrhea—he or she should stay home.

- Has the participant had any of the following new or worsening signs or symptoms of possible COVID-19 or other communicable disease in the last 24 hours?
 - Cough
 - Unexplained extreme fatigue or muscle aches
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Sore throat
 - Loss of taste or smell
 - Known close contact with a person who is lab confirmed to have COVID-19?
 - Have you travelled internationally or to any location within the last 14 days to any location domestically that is a confirmed COVID-19 hotspot?

If the participant has any of these symptoms—he or she should stay home.

Participants who become ill should not return to the activity until they are cleared by a health-care provider.

Please assure the health and safety of all of our campers by assuring that only Scouts and leaders who are healthy come to our camps and events.

Unit Type _____ Unit # _____

Participant Name _____

Parent/Guardian or Adult Signature

Date

Troop 17

Activities Permission Slip and Release

Activity Overnight Campout ___ Long Term Camp ___ Hike
 ___ Field Trip ___ Other: _____

Destination ___ WR ___ SR2 MC ___ MW ___ CC
 ___ Other: _____

Departure 5:30 pm 4 December **Return** 2:00 pm 6 December (Scouts will call)

All departures and arrivals will occur at the Scout lodge unless given prior permission.

Aquatics Aquatic activity ___ will / will not be involved.

Activity Fee \$ 20 Total (\$ ___ camp fee + \$ ___ equipment fee + \$ 17 food + \$ 3 transportation)

Location key : CC – Camp Constantin, Graford, TX 940-779-2131
 MC – McClure Property @WR (On WR Road, before the main gate)
 MW – Mineral Wells State Park, Mineral Wells, TX 940-328-1171 (office)
 SR2 – Sid Richardson Scout Ranch, Runaway Bay, TX 817-903-3173 (mobile)
 WR – Worth Ranch, Palo Pinto, TX 940-327-9259 (mobile)



Troop emergency contact number - 817-935-8632 - This will be forwarded to an OF member

Medical Release and Waiver of Liability

*** Return this portion to your Patrol Leader ***

Boy Scouts of America Troop 17, chartered by St. Stephen Presbyterian Church

I understand that participation in the **activity involves** a certain degree of **risk**. In consideration of the benefits derived and acknowledging the risks both known and unforeseeable, I agree to my son(s) / ward(s) _____ participation in the activity and specifically and irrevocably **waive all claims** and future claims against the leaders, officers, agents, representatives, volunteers, and committee members of Troop 17, the Longhorn Council, Boy Scouts of America, St. Stephen Presbyterian Church, and the sponsor. I further acknowledge the fact that the Boy Scouts of America is an education institution which **requires participants to abide** by applicable **rules and standards**. I have full confidence that every reasonable precaution will be taken to ensure the safety and well being of the participants. In the event of an emergency, the adult volunteer in charge of the scene has my **permission to obtain medical treatment**, including hospitalization, anesthesia, surgery, or injections of medication at the nearest hospital or doctor, at my expense. **Medical providers are authorized to disclose** to the adult in charge examination findings, test results, and treatment provided for the purpose of medical evaluation of the participant, follow-up and communication with the participant's guardian, and/or determination of the participant's ability to continue in the Troop's activity.

Parent/Guardian Signature _____ Printed Name _____ Date _____

Emergency contact numbers _____ Date of participant's last tetanus shot _____

List all participant's medications and dosing instructions: _____

List all participant's allergies, including drug allergies: _____