

BSA Pack 564 Fall Family Camping Information Packet

Location

Bert Adams Scout Camp 218 Scout Road,
Covington, GA 30016

www.BertAdams.org

October 21st - 23rd

Campsite: **JONES**

Parking Lot: **Orange**

(parking pass attached)



**You must bring a completed copy of your BSA Medical form, Parts A and B,
for each participant (adults, Cub Scouts, and siblings).
A copy of this form is attached to this packet.**

PLEASE NOTE:

Do not drive on the grass when unloading.

Please unload your car and immediately head to the parking lot.

DO NOT SET UP YOUR SITE UNTIL YOUR CAR IS IN A PARKING SPACE.

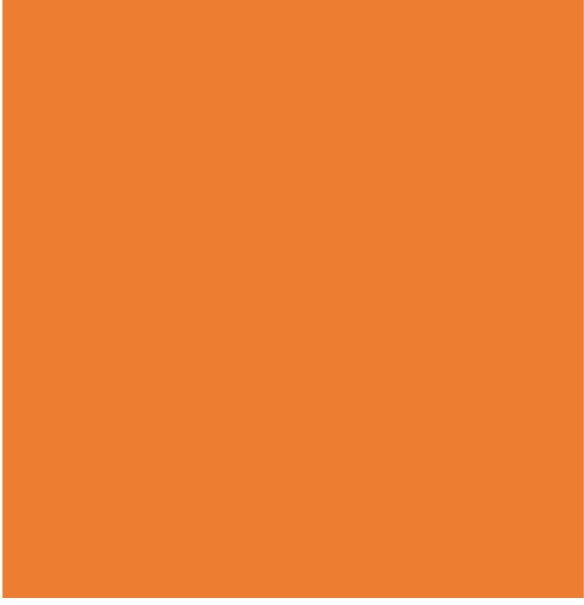
All roads in camp will be closed from 7:00am-5:30pm on Saturday. Any families that arrive on Saturday must park in the RED lot. You may either hike gear into the camp, or wait until 5:30pm to drive your vehicle to our campsite to unload. park in your designated lot.

Pack 564 Weekend Contacts

Michael Rennick (Friday check-in) (678) 777-1995

Matt Sones (Friday check-in) (770) 403-1342

Andy Mercer (770) 842-0001



Jones

You may unload your vehicle in your campsite when you arrive—15 minutes to unload and do not turn off your vehicle.

Immediately after unloading you must park in the



ORANGE LOT

Pack 564 Schedule

* Activities that should be attended by the all of Pack 564
(see attached Spooky-ree schedule for list of specific activities and times)

Friday		
5:00-10:00pm	Check-in with Pack 564	"JONES" Campsite
6:30pm - 7:00pm	Dinner (must have prepaid during registration)	Love Dining Hall
* 10:00pm	Pack 564 Parents Meeting	"JONES" Campsite
Saturday		
7:15am -7:45am	Breakfast (must have prepaid during registration)	Love Dining Hall
* 8:00am	Opening Ceremonies (Look for Pack 564 sign)	Love Dining Hall Assembly Field
8:30-9:30am	Saturday arrivals - Check-in with Pack 564	"JONES" Campsite
8:30am - 5:00pm	<ul style="list-style-type: none"> • Daytime Spooky-ree Activities - on your own • Den activities (arranged by Den Leader) 	
12:00pm - 12:30pm	Lunch (must have prepaid during registration)	Love Dining Hall
5:45pm-6:15pm	Dinner (must have prepaid during registration)	Love Dining Hall
* 7:00pm	Closing Ceremonies (Look for Pack 564 sign)	Love Dining Hall Assembly Field
* 7:15pm	Campfire- Wear Your Costumes! (Look for Pack 564 sign)	Amphitheatre
Sunday		
7:15am -7:45am	Breakfast (must have prepaid during registration)	Love Dining Hall
8:00am	Interfaith Chapel Service	Tom's Diner
9:00am	Departure	

Important information

- **You must bring a completed copy of your BSA Medical form (Parts A and B) for each participant (adults, Cub Scouts, and siblings). A copy of this form is attached to this packet.**
- Take some time this weekend to check out your gear and practice putting up your tent. Make sure your equipment is in good repair and you have everything you need.
- Check-in is Friday from 5 pm to 10 pm. Campsite assignments will be provided soon and you should proceed directly to the campsite.
- We have been assigned the ORANGE parking lot. Parking pass is attached to this document. You need to print this out and bring it with you. On arrival, you will need to unload your vehicle, and then park it in the assigned parking lot for the weekend. Families who arrive on Saturday will need to park in the RED lot and hike their gear into camp or wait until after 5:30 p.m. to drive in.
- Multiple families will be assigned to each campsite, and based on our registration numbers, our area could be crowded. You will need to share a fire ring with other families.
- The Bert Adams Trading Post does not carry camping supplies, so please make sure you have what you need when you arrive.
- At least one representative from each family **MUST** attend a pack meeting on Friday night to distribute meal tickets, t-shirts and patches and to pass along important information. This document will be updated online with details.
- The pack will have no scheduled activities during the campout, but plan to attend the Opening Ceremony, Closing Ceremony and Saturday night campfire as a pack. Look for the Pack 564 yard signs at those events. Dens may choose to conduct separate activities, so check with your den leader.
- Remember costumes for your kids! Scouts and siblings can go trick-or-treating Saturday night. There also will be a costume contest for kids (as well as adults).
- Scouts and older siblings get a pumpkin, but siblings under the age of 5 do not, so bring an extra one if you need to. You need to bring your own plastic pumpkin-carving equipment and/or decorating supplies.
- Campers who go on one of the nature hikes during the event will receive credit for the October hiking club hike. To receive credit, you must complete the form found on our website at: <https://www.bsapack564.org/spooky-hike/> Please contact Hiking Club Chair Dave Wickert for details at hiking@bsapack564.org

Activities (from Spooky-Ree website)

- Fall Festival- The Fall Festival is new and improved with more games and activities. This year it's so big we had to move it to the largest field in camp! We are even showcasing 2 inflatable activities: a giant 16 foot slide and a 54 foot long Swamper Stomper Obstacle Course!
- BB Shooting- Take aim at our shooting range
- Bows & Arrows- Can you hit the bull's eye?
- Slingshots- Grab a "wrist rocket" and see if you can hit the target!
- Pumpkins- Every Scout and sibling gets a pumpkin! 2nd graders and youngers decorate their pumpkins and 3rd graders and older can carve with adult supervision.
- Letters to the Troops- Write a letter to a US service man or woman who is deployed so that they can receive it on Thanksgiving.
- Creepy Crawly Nature Show- Learn about the things that go bump in the night (aka. spiders, snakes).
- Guided Nature Hike- Camp staff will guide you on a trail to see wildlife, plant life, and explore our ecosystem.
- Field Sports- Learn the rules and play a sport!
- Fall Festival- Play carnival games, explore the inflatables, and much more!
- Scavenger Hunt- Explore our camp and see how many items you can find.
- Council Fire- Make s'mores and learn about Cub Scout summer camps!
- Campfire- Experience a real Scout campfire program in the huge amphitheatre.
- Trick-or-Treat Trail- Put on your costume and Trick-or-Treat on our slightly spooky trail.
- Haunted Trail- For the older Scouts and siblings (recommend 3rd grade or older), a haunted trail that is complete with a ghost pirate ship, cemetery, and zombies!
- Cub Mobiles Racing and Maintenance- Sponsored by NAPA Auto Care. Feel the thrill and excitement of racing our Cub Mobiles! Also learn about basic automotive basics.

Menu (if you purchased meal plan)

Friday Dinner – Choice of pizza, hot dog, or hamburger with chips, cookie, and bug juice

Saturday Breakfast – Scrambled eggs, bacon, biscuit, hash browns, cereal, fresh fruit, coffee, tea, orange juice, and milk

Saturday Lunch – Chicken tenders, French fries, corn, fruit, salad bar, cookie, coffee, tea, water

Saturday Dinner – Lasagna(meat and vegetable option), garlic bread, green beans, brownie, coffee, tea, water

Sunday Breakfast – French toast, sausage links, fresh fruit, grits, oatmeal, cereal, coffee, tea, orange juice, milk, hot chocolate

Packing List

Don't overdo it! If you don't have something you think you need, ask around to see if you can borrow it. Many pack families have extra camping gear they can lend. Ask on the Facebook group! This list isn't comprehensive ... think about any special items your family might need.

Camp

- Tent. Don't forget a ground cloth for under the tent, tent stakes to hold the tent down and a mallet to drive and remove stakes
- Hammocks (can't guarantee a place to put them)
- Rake to clear area under tent (optional but handy)
- Broom and dustpan to sweep out interior of tent
- Air mattress (don't forget the pump and batteries!), cot or sleeping pad
- Sleeping bags or blankets
- Pillows
- Ear plugs
- Camp chairs
- Tables (if needed)
- Lantern, flashlights and/or headlamps (super handy for setting up camp after dark, etc).

Fire kit

- Firewood
- Matches or lighter
- Bucket for water to put fire out (every fire ring must have)
- Shovel to stir ashes

Food and drink

- Snacks, Beverages, etc.
- Cooler
- Water bottles (you'll be outside in the sun ... it's important to keep hydrated!)
- Cooking items (if you are purchasing meals, you may not need these items):
 - Food
 - Cookware & cooking utensils (if needed)
 - Hot Pads or gloves
 - Cleaning supplies ... tubs, camp soap, scrubbies, etc
 - Can opener
 - Dinnerware: Mess kits, plastic or paper cups, plates, utensils, bowls, coffee mugs
- Paper towels, napkins

- Marshmallow roasting forks
- Trash bags

Clothing

- Scout's Class A and Class B uniforms
 - Uniform of the day for Saturday is Class B
 - Class A will only be necessary if attending the chapel service Sunday
- Warm weather clothing
- Cool weather clothing (Sweatshirt and/or Jacket, long pants)
- Extra clothes
- Dry clothes for sleeping (you will stay warmer)
- Rain gear – poncho recommended!

Personal Care

- Bug repellent
- Sunscreen
- Toilet paper
- Hand sanitizer
- Wet Ones or baby wipes
- Shower supplies: Soap, shampoo, shower shoes, towels etc.
- Toothbrush and toothpaste
- Medicines
- Ear plugs

Miscellaneous

- Completed BSA medical form (Parts A and B) for every participant
- Cord, rope, clothes pins (to dry clothes, etc)
- Garbage bags
- Small toolkit or multitool
- First Aid Kit
- Pocketknife – Only adults and Cub Scouts who have earned their Whittling Chip are allowed to have knives. Scouts must have adult supervision while using knives
- Fishing gear (optional)
- Camera
- Cash for snacks and drinks, etc.



2016 Spooky-Ree

Schedule & Program Information



FRIDAY		
5:00 – 8:00 pm	Check-In	Camp Staff Headquarters
8:00 pm	Movie Begins	Love Dining Hall
8:15 pm	Leaders' Q & A with Program Director Late Registration	Bill Loebler Room under Love Dining Hall
SATURDAY		
8:00 am	Opening Ceremonies	Love Dining Hall Assembly Field
DAYTIME ACTIVITIES – ENDING AT 5 PM		
7:00 pm	Closing Ceremonies	Love Dining Hall Assembly Field
7:15 pm	Campfire- Wear Your Costumes!	Amphitheatre
8:00-10:00 pm	Trick-or-Treating and Haunted Trail	Fort Brumley and Cub BB Range
11:00 pm	Lights Out	Campsite
SUNDAY		
8:00 am	Interfaith Chapel Service	Tom's Diner
9:00 am	Departure	

These activities are first-come / first-served 8:15-11:45am & 2:00-5:00pm.

BB Shooting- Cub Scout Shooting Range	Archery- Boy Scout (Gorman) Archery Range
Fall Festival- Gorman Field	Slingshots- Bottom of Grant Field
Chess- Fort Brumley	Sports & Games - Henderson Pavilion
The Big Thank You- Fort Brumley	Water Bottle Rockets- Grant Field
Arts & Crafts- Fort Brumley	Pumpkin Decorating- Fort Brumley
Scavenger Hunt- Pick up form at Camp Office	Gaga Ball- Gaga Ball pits
Cub Mobiles Racing and Maintenance Sponsored by NAPA Auto Care- Adventure Camp Field	

Other activities include but are not limited to:

Creepy Crawly Nature Show- Nature Lodge- 8:30am, 9:30am, 10:30am, 11:30am, 2pm, 3pm, 4pm
Nature Hikes and Nature Activities- Nature Lodge- 8:30am, 9:30am, 10:30am, 11:30am, 2pm, 3pm, 4pm
Council Fire & S'mores- Tom's Diner from 2-5pm
Tiger Growl (only for Tiger Scouts) – AC Tipis – Start times 9am, 10am, 11am
Pumpkin Carving- Get pumpkin at Ft. Brumley and carve in your Campsite
Set up for Trick-or-Treating Stations- 5pm at Ft. Brumley/Tipis area

** Be sure to designate a family rest time! And feel free to fish, hike, and explore!**

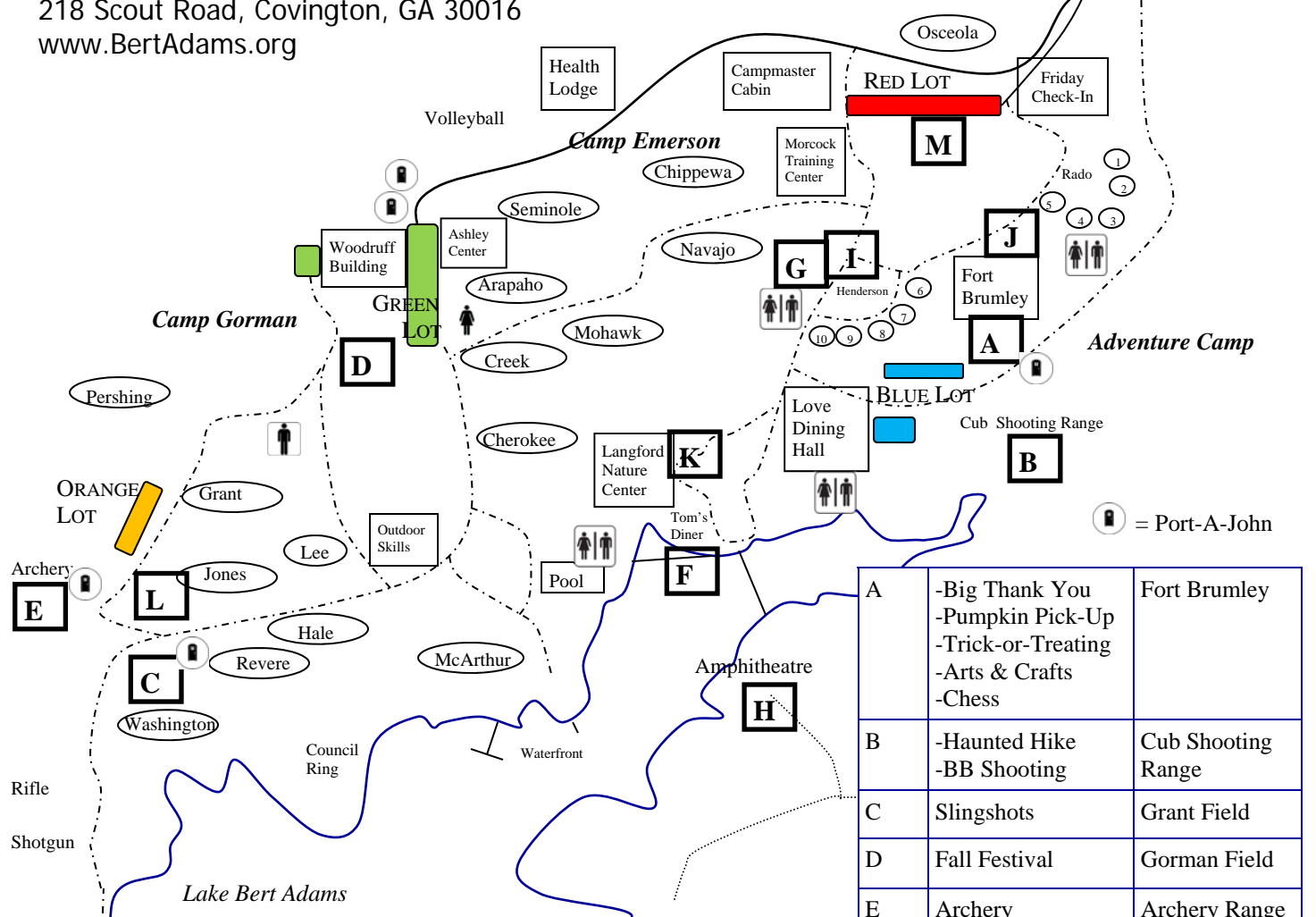
Dining Hall Meal Times (for pre-ordered meals):
Friday Supper 6:30-7:00pm
Saturday and Sunday Breakfast- 7:15-7:45am
Saturday Lunch- 12:00-12:30pm
Saturday Supper- 5:45-6:15pm

**For Event Registration and Updates,
please visit:**

www.atlantabsa.org/spookyree

2016 Spooky-Ree Map

Bert Adams Scout Camp
218 Scout Road, Covington, GA 30016
www.BertAdams.org



Camp Jamison not
being used for
Spooky-Ree

A	-Big Thank You -Pumpkin Pick-Up -Trick-or-Treating -Arts & Crafts -Chess	Fort Brumley
B	-Haunted Hike -BB Shooting	Cub Shooting Range
C	Slingshots	Grant Field
D	Fall Festival	Gorman Field
E	Archery	Archery Range
F	-Council Fire & S'Mores -Interfaith Service	Tom's Diner
G	Gaga Ball	Gaga pits
H	Campfire	Ellis Amphitheater
I	Sports & Games	Henderson Pavilion
J	Tiger Growl	AC Tipis
K	-Nature Hike -Nature Activity -Nature Show	Langford Nature Center
L	Water Bottle Rockets	Grant Field
M	Cub Mobiles- NAPA Auto Care	AC Field

*Camp Office and Trading Post are located in the basement of the Love Dining Hall

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____
DOB: _____

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.



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, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

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:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/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	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		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	



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

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 INDICATE 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 by the BSA. 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: _____



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