



**KLONDIKE DERBY 2022:**  
**WHERE NO SCOUT HAS GONE BEFORE**

**Troop 13 and Crew 13**

*Will be attending the*

Daniel Webster Council, Historic District

**Klondike Derby!**

February 11-13, 2022

**Greetings, Scouts BSA Patrol! You have been chosen by Space Force to visit strange new worlds, seek out new lifeforms, and boldly go where no Scouts have gone before! So say we all! May The Force be with you!**

**RAYMOND SPORTSMAN'S CLUB**



What: The Klondike Derby is an outdoor winter event filled with challenges to test your abilities. Boy Scouts and Venturers from across the region will participate in various "away missions". The specific away missions have been established and we'll receive clues as to what they entail and the equipment needed.

Details:

- The event will be held at the Raymond Sportsman's Club. The theme is Outer Space.
- It will be a 2 night event (Friday night to Sunday morning)
- We will meet at the Danville Baptist Church at 5PM on Friday, February 11<sup>th</sup>. We'll return at approximately 10AM on Sunday.
- All Scouts should eat a hearty dinner before arriving (breakfast will be our first meal)
- All participants must pre-register and pay by January 15<sup>th</sup> (see attached registration form). The registration fee is \$25 for both Scouts and Adults. All participating Scouts will receive an event patch.

Dress Code: This is an outdoor event. All Scouts must be dressed accordingly for extreme cold weather. If any Scout is not dressed properly, they will not be allowed to participate. Several layers of clothing are recommended as are handwarmers. Remember, wet wool is warm, wet cotton is cold!

The dress code includes the following (see attached gear list):

- Winter hat (wool recommended)
- Winter gloves
- Winter Jacket
- Snow Pants worn over very warm pants.
- Snow Boots (for deep snow). Absolutely no sneakers allowed. Hiking boots are not warm enough.
- Thermal Underwear & Socks (long underwear)
- Ski Mask or Balaclava recommended



The attached gear list has been designed to keep Scouts warm. Take it seriously. Scouts should dress in layers.

**All participants (Scouts and Adults) must have a Medical Form for this event.** The medical form is attached. The form does NOT require a doctor's visit. All participants (Scouts and Adults) must provide this form with your registration<sup>1</sup>.

All adults (including crew members over age 18) must have valid Youth Protection Training.

We hope you can join us! Please call Scoutmaster Barry Hantman at 382-5927 if you have questions.



<sup>1</sup> Troop/Crew 13 has medical forms on file for most Scouts and parents as well as COVID Release forms for many Scouts and parents. If you've provided a form to Troop/Crew 13 within the past year, a new form is not required for this event.

2022 Winter Camporee & Klondike Derby Registration Form  
FORM DUE January 15, 2022  
Event Date: February 11-13, 2022

I wish to register \_\_\_\_ Scouts and \_\_\_\_ adults for the 2022 Klondike Derby. I have enclosed \$25 for each person registered. All registration fees are non-refundable.

I understand that an Official BSA Medical Form will be required to be submitted to Troop 13 for each attendee prior to January 15<sup>th</sup>, 2022. I also understand that all adults must have completed Youth Protection training prior to the trip.

Names of those attending:

- |                 |          |
|-----------------|----------|
| 1) Scout: _____ | 4) _____ |
| 2) _____        | 5) _____ |
| 3) _____        | 6) _____ |



I give my permission for those listed above to participate in this event.

Parent or Guardian Signature: \_\_\_\_\_

Check appropriate box below and fill in appropriate information:

All Scouts listed above will be attending with a parent or guardian and will travel in the parent/guardian's vehicle. The vehicle owner has liability coverage on the vehicle of at least \$50,000/person, \$100,000/accident, and \$50,000 property damage.

Year, Make and Model \_\_\_\_\_

Owners Name \_\_\_\_\_

Driver's License Number \_\_\_\_\_

*If you have previously provided this information, there is no need to provide it again. Simply check this box:*

**Information on file with Troop 13**

The above information is required by the Boy Scouts in order to receive our Tour Permit

**OR**

I certify that I am the parent or legal guardian of the participant (s) listed above, and I give my consent for him/her to participate in the activity listed. This includes travel by private car driven by a licensed driver age 18 or above. I have reviewed the automobile insurance coverage maintained by the driver and am satisfied that it is at an appropriate level to permit my child (listed above) to travel in the driver's vehicle.

Parent/Guardian Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alternate Contact Name & Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_



Forms may be mailed to:

Barry Hantman

52 Justin Drive

Danville, NH 03819

Please allow enough time for the form to arrive by the due date.

## Winter Camping Checklist

*(The Scouts will CARRY all gear on their back to the campsite; hands must be free to pull the dogsled)*

Remember: Wet Wool is Warm; Wet Cotton is Cold!

1. Tent (Heaters are NOT allowed in tents). The Troop has a limited number of tents that can be borrowed if needed. Please ask the Scoutmaster if you need a tent.
2. Ground Cloth for under tent to keep moisture out (Tyvek works great but a plastic painters cloth also works)
3. Cold Weather sleeping bag (not a bag intended for indoor use). Make sure your bag is rated for the expected temperature (-20° or lower; the rating on the bag is for survival, not comfort. So, a bag rated at zero degrees will keep you alive at 0° but not comfortable at 0°. Adding a blanket adds roughly 10 degrees to the rating.).
4. Mattress pad for additional insulation.
5. Space Blanket (goes on floor of tent UNDER the sleeping bag and mattress pad)
6. Pillow (travel stores sometimes sell inflatable pillows)
7. Wool hat that covers your ears (not a baseball cap) – You'll sleep with the hat on
8. Balaclava or ski mask
9. Thermal undershirt (wear 1, pack 3) – You'll probably sleep in this as well
10. Long Sleeve wool (or heavy fleece) shirt (wear 1, pack 2)
11. Long Sleeve wicking shirt (wear 1, pack 2)
12. Sweatshirt or sweater (wool preferred)
13. Gloves/mittens (mittens are warmer) – Make sure they're warm & waterproof (not knit gloves/mittens). Check to be sure they don't leave exposed skin at the wrist.
14. Ski/snow parka (with hood)
15. Long underwear (wear 1, pack 3) – You'll probably sleep in this as well
16. Wool pants or other warm pants (wear 1, pack 1) – not sweat pants, cotton pants, or lightweight pants
17. Warm sleep shirt and sleep pants (sweat pants) (pack 2)
18. Ski/Snow pants (waterproof)
19. Wool socks (wear 1, pack 3) – You'll wear one pair each night for sleeping
20. Snow boots with wool liners (not rain boots or work/hiking boots). Make sure they're waterproof and come up high enough for hiking through deep snow.
21. Scarf (wool preferred)
22. Flashlight (check batteries!)
23. Hand/foot warmers (available at Walmart)
24. Toiletries (including toilet paper) – Soap, toothpaste, toothbrush, deodorant, etc.
25. Tissues (noses run in cold weather)
26. Trash bags (the big green ones, bring 4: Wrap sleeping bag in one, line backpack with one). Bring extra bags so that you can store the next day's clothes/ boots in a bag in the bottom of your sleeping bag to keep them warm)
27. Medicines, inhalers, etc. (must be listed on the medical form and held by Scoutmaster)
28. Mess Kit (including plate, knife, fork & spoon)
29. Day pack with Water Bottle (3/4 full – do not fill all the way because water expands when it freezes)
30. Compass (if you have one).
31. Glasses (if needed)
32. Personal First Aid Kit
33. Pocket Knife (If trained; do not bring a knife unless you have a Tot-N-Chip card with you)
34. Small camping chair (so you can sit without having to sit in the snow)
35. Uniform Shirt (bring, do not wear. Need for Saturday dinner)

Parents should add:

1. Matches/Lighter
2. Cell Phone (for emergency use only)
3. Camera (if desired)

### WHAT NOT TO BRING

1. sheath knives
2. radios, CD players, cell phones, Gameboys or other electronic devices nor electronic games
3. neckerchiefs or neckerchief slides (they're easily lost)
4. un-Scout-like literature
5. alcoholic beverages or illegal drugs
6. food (no food is allowed in the tents)

## 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 these 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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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crow 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 (angina)/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	



## 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
<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 MDDO, 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., HIV)	
<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: \_\_\_\_\_

