



**.Danville Boy Scout Troop 13  
& Venture Crew 13**  
*Will be attending the*  
**62<sup>nd</sup> International  
Tri-District Camporee**

May 13-15, 2022 – Burlington, Vermont



In May, Troop & Crew 13 will venture north to Burlington, Vermont for the 62<sup>nd</sup> International Tri District Camporee. This event is one of the highlights of the year and provides the opportunity to interact with foreign Scouts. This Camporee draws Scouts from across the Northeastern United States and Canada and provides an opportunity to participate in a variety of activities and meet scouts from other councils and countries. This event has been described as a mini Jamboree. This year's theme is the *Beach Party*. Baden Powell wrote, "Life without adventure would be deadly dull." So, join us for a weekend of fun & adventure.

This year's events include:

- **Beach Ball Croquet** - Team of 4 scouts take turns to hit a beach ball through hoops. Points awarded on time to complete the course.
- **Water Balloon Toss** - Team of 5 scouts stand in a circle and toss a water balloon in sequence to each other, the circle gets larger and larger until 20 tosses or balloon breaks. 1 point for each successful catch of the water balloon.
- **Surf Board** - Team of 5 scouts must stay on the surf board in the correct order. Points awarded on time.
- **Volley Ball** - 2 teams of equal players play volley ball. Team of minimum 4 scouts. Points on win or lose.
- **Horse Shoe** - Team of 4 scouts each get 2 shot. Points on accuracy.
- **Life Guard** - How prepared would you be as a lifeguard? Scouts will be given a scenario and must collectively tell what they would do. Team of 4 scouts. Points on accuracy.
- **Leeches on the Beach** - Locate all the leeches on the beach to make the swimming area safe for the Scouts. Team of 4 scouts. Points awarded for each leech found.
- **Shipwrecked** - You have been shipwrecked on a sandbar and need to get your supplies to the beach before the tide come in and everything is washed out to sea. Team of 7 scouts. Points awarded on time.
- **Perfect Beach Day** - Can you replicate a perfect day at the beach. Team of 4 scouts. Points awarded on accuracy.
- **Clam Bake Fire** - Start a fire with materials provided. Team of 4 scouts. Points awarded on time.
- **Life Line** - Throw a life line. Line must be tied correctly with at least the reef/square knot, sheet bend, bow line. Team of 5 scouts. Points on throw and correctness of knots.
- **Team Water Skiing** - Team of 4 scouts must water ski a slalom course. Points awarded on time.
- **Flipper relay** - Relay race. Team on 4 scouts. Points on time.
- **What's on the Beach** - What will you find in the sand, treasures or junk. Team of 4 scouts. Points on items identified.
- And, the highlight of the weekend, **The Famous Travois Race** – Lash together a travois. Then, disassemble the Travois & assemble a 3-spar flag pole. Then reassemble the Travois and race to the next stop (with a rider). Then disassemble the Travois and assemble a stretcher. Carry the



stretcher (with patient) to the next station. Rebuild the Travois. Remove egg from container and show the judge that it hasn't been broken by all of the activity so far. Now, fire up a stove, boil water in a container, and poach an egg. Then race to the finish!



The Travois race is a perennial favorite! We had a lot of fun with it in the past!

### The Basics:

- When: May 13-15, 2020. We will meet at the Danville Baptist Church at 3:30PM on Friday, May 13<sup>th</sup> and drive together to Vermont. It's roughly a 3 ½ hour drive (including a stop along the way). We will do our best to carpool to minimize the number of vehicles. **You are responsible for arranging transportation for your child.**
- Purpose: Camaraderie, camping, stories, songs, skits, hiking, fun, etc.
- **Uniforms should be worn for the Opening & Closing Ceremonies as well as any time you leave the car during the ride.**
- We will break camp at 1PM on Sunday.
- We will be sleeping in tents (**you must bring your own tent or arrange to borrow one of the Troop tents**). Boy Scouts will tent with other Boy Scouts.
- We'll be staying at North Beach Campground in Burlington, Vermont.
- All meals on Saturday, and Breakfast on Sunday will be provided. Dinner on Friday and lunch on Sunday will be on the road and are not included. (McDonalds or similar).
- The cost for this event is \$25 per person (unfortunately, siblings cannot be accommodated). Trading post items (optional), meals on the road, and gasoline costs are additional. Event T-Shirts are available for an additional \$12 (optional, must order by March 30<sup>th</sup>; \$15 for XXL).
- **Please note that Friday, May 13 is a school day. But, we need to leave right after school at 3:30PM. Scouts will return home at roughly 4PM on Sunday.**
- All participants (Scouts and Adults) must have a BSA Medical Form for this event. Medical forms for most Scouts and Parents are already on file and do not need to be resubmitted if up to date (within 1 year).
- **ALL ATTENDEES MUST REGISTER AND PAY THE NON-REFUNDABLE REGISTRATION FEE BY March 30<sup>th</sup>. Late registrations cannot be accommodated. Medical forms are due by May 4<sup>th</sup>.**



We hope you can join us as we take part in this great event.

If you have any questions, please call the Troop 13 Scoutmaster and Crew 13 Advisor, Barry Hantman, at 382-5927

**2022 Tri District Camporee Registration Form  
13-15 May 2022 (form due 3/30/2022)**

I wish to register \_\_\_\_ Scouts and \_\_\_\_ adults (parent or guardian) for the 2022 Tri District Camporee. I have enclosed \$25 for each person registered. (Note: siblings cannot be accommodated on this event). I understand the registration fee is non-refundable.

I understand that a BSA Medical Form will be required to be submitted to Troop/Crew 13 for each attendee (including adults) prior to May 4<sup>th</sup>, 2022. I further understand that a passport is required for all participants.

Names of those attending:

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



Please specify if T-Shirts are desired (optional) at an additional \$12 each (XXL is \$15). *T-Shirts must be ordered by March 30<sup>th</sup>.*

Number of shirts requested:

- |                  |                  |                   |
|------------------|------------------|-------------------|
| __ Youth Small   | __ Adult Small   | __ Adult XX-Large |
| __ Youth Medium  | __ Adult Medium  |                   |
| __ Youth Large   | __ Adult Large   |                   |
| __ Youth X-Large | __ Adult X-Large |                   |



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/Crew 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 Troop/Crew 13 Parent or Adult aged 21 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.

# Camper Equipment List

***The following items should be brought by all campers and packed in a backpack or small duffle bag (you will need to carry the bag to the campsite so pack light!):***

- \_ Scout uniform shirt (no neckerchief) – You will need to wear this on Friday.
- \_ minimum of two changes of clothing. Shirts should be Class B shirts (non-scouting shirts should NOT be brought to this event)
- \_ 1 sweatshirt or sweater
- \_ 1 light-medium weight jacket (it can be cold at night and in the early morning)
- \_ 2 extra changes of underwear
- \_ 2 extra changes of socks
- \_ 2 pair of comfortable hiking boots or sneakers (footwear should not be new)
- \_ poncho or raincoat
- \_ sleeping bag and pad
- \_ towel and face cloth
- \_ soap
- \_ comb and brush
- \_ toothbrush and toothpaste
- \_ toilet paper (you must bring your own!)
- \_ flashlight (with extra batteries)
- \_ baseball cap (or similar)
- \_ 2-person tent
- \_ small (travel) pillow
- \_ trash bag for dirty clothes
- \_ day pack
- \_ canteen or water bottle (small and easy to carry, full)
- \_ Notepad with pencil or pen
- \_ Any required medications (should be held by an adult)
- \_ Eyeglasses (if required)
- \_ Mess Kit (including plate, knife, fork & spoon)
- \_ Money for the Trading Post and for meals to/from the event
- \_ Games, Magazines or Movies for the car ride (electronic devices are permitted for the car ride)
- \_ Personal first aid kit

**All items should be marked with the camper's name.**

## **WHAT NOT TO BRING**

- pocket knives (unless Tote 'N Chip Certified)
- sheath knives
- pets
- radios, music players, electronic games, cell phones or other electronic devices (allowed for car ride only)
- squirt guns
- un-Scout-like literature
- alcoholic beverages
- illegal drugs
- food (no food is allowed in the tents)

# Part A: Informed Consent, Release Agreement, and Authorization

# A

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've 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: \_\_\_\_\_

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/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 (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"/>	Allergic 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 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: \_\_\_\_\_

