

EVENT GUIDE

Greetings!

The great volunteers of **Dashing Through the Woods** are looking forward to joining you and your unit for a Saturday full of outdoor fun.

Check out this event guide to see the details of the activities your unit can experience at **Dashing Through the Woods**. These activities will be done based on the grade level of the Scout and based on the Guide to Safe Scouting. While these activities are just for fun, there will be a passport for you and your Scout to track what activities they have completed to help meet requirements for any rank/badge requirements.

There are going to be some activities that will take longer than others to complete. We have planned events with the help of local Troops to keep your Cub Scouts engaged and excited throughout the day.

You will have so much fun on this Saturday! McGimsey is a great place to learn about the outdoors, the food is great, and fellowship is terrific. Your attitude about the experience will travel down to the Scouts. If you are up and enjoying yourself, they will too. If you are down or having problems, the Scouts see it and react to it. Please get in touch with any **Dashing Through the Woods** staff if any problems or issues come up that are not handled to your satisfaction.

If you have any questions, please feel free to reach out to Adventure@AlamoAreaBSA.org

See you at **Dashing Through the Woods in December!**

Yours in Scouting!

Tori Metcalf

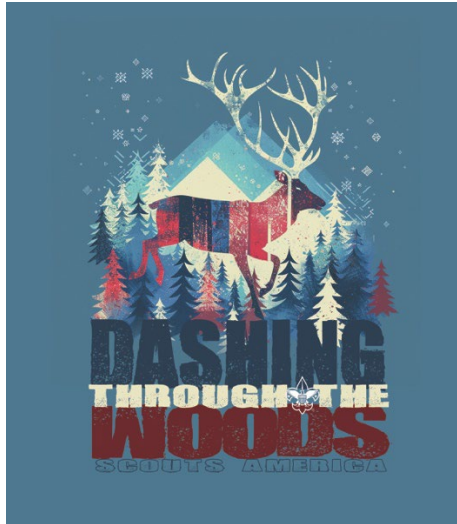
Outdoor Adventure Executive

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General Information:

FOOD ALLERGIES/DIETARY NEEDS

Meals are provided at this event. If you have any special dietary needs, email ADVENTURE@AlamoAreaBSA.org by December 1st.

Lost and Found

All lost and found items will be taken back to the Scout Service Center. Two weeks after the event, all items will be donated to a local charity.

National Camp Standards

McGimsey Scout Camp is inspected annually by a team that represents the Boy Scouts of America. The Camp meets or exceeds all standards and regulations. We are also inspected regularly by the Texas Health Department. It features a First Aid station staffed by a qualified professional provider for routine health checks and problems. Strict health and safety standards are maintained at all times.

Contact Information

Staff Advisor: Tori Metcalf

Email: ADVENTURE@AlamoAreaBSA.org

Arriving and Leaving Camp:

This is a one-day event. We are asking that individuals that attend **Dashing Through the Woods** stay all day. Once you have arrived on campus, your vehicle should stay parked in the parking area until you are ready to leave the event. There will be no re-entry after leaving.



Check-in:

Check in will start at 8:30 am. Units will meet at the McGimsey White house.

Location

10810 Wedgewood Dr.
Castle Hills, TX 78213

Getting There

Make sure to give yourself plenty of time to get to McGimsey Scout Park. Do not caravan. This is a dangerous practice and can cause chain reaction accidents. Make sure each driver understands the route, and then let them set their own pace.

Arrival time: 8:15am- 8:45am

Program Start: 9:00am

Transportation:

Each unit will be responsible for getting to the event. No riders were allowed in the back of pickup or trucks. All riders must have a seat belt. There will be no driving on property once you arrive. You will be parked in a designated parking area—this is where your vehicle will stay until you are ready to leave the event.

First Time Adult at McGimsey?

Youth Protection:

The Youth Protection Policies of the Boy Scouts of America are practiced at McGimsey Scout Park.

Security at Camp

Be certain to secure all valuables. Keep spending money in a safe place and work with the Scouts to provide only the amount of money that they need the weekend. Please report all suspicious activities to camp staff. This is for the safety of all campers.

DISCIPLINE

The conduct and discipline of the people in your unit are your responsibility. We ask for your cooperation.

Dashing Through the Woods staff will not discipline Scouts unless a serious bodily injury or property damage may result.



All adults attending **Dashing Through the Woods** with a unit must have:

Complete Youth Protection Training (YPT) training and bring a copy of the card/ certificate.

Complete Health Form- Part A, B only.

Vehicles in Camp

For the safety of our Scouts, there will be no driving on property during **Dashing Through the Woods**. Once you have arrived on property, you will be directed to a parking lot for you to leave your vehicle.

Scouts/Scouters that need other accommodations, will be issued a medical pass only if they communicate with us prior to the event. Medical passes must be issued a head of the event. No passes will be given out the day of.

Handicap Vehicles—NEW POLICY

Scouts/Scouters that need other accommodations will be evaluated on a case-by-case basis by the **Dashing Through the Woods** medic and camp leadership.

Medical Passes will be handed out to those approved cases based on their needs to get around camp. Walking will be required. Vehicles are only allowed in designated areas.

The following are under consideration when determining the use of the Medical Pass (but does not guarantee a Pass):

- *State issued handicap placard/ license plate.
- *Individual's ability to move safely through the camp
- *Medical conditions listed on their medical form.

Vehicles are to be used as a mode of transportation, not as a carpool or shuttle for able Scouts/Scouters. Likewise, permitted transportation is for essential locations only... not for sightseeing purposes.

If transporting a Scout under the age of 18—ALL Youth Protection Policies must be met.

Gate Policy

Perimeter gates **MUST** always remain closed – no exceptions. If you find a gate open or open it, close it.

Dashing Through the Woods is an event for the unit. So, units should register together—this is so that the unit can track the leadership requirements and ensure proper supervision is provided. If you have any issues with the registration, please contact ADVENTURE@Alamoareabsa.org Registration links can be found [here](#)→



Leadership requirements

Two registered adult leaders 21 years of age or over are required at all Scouting activities, including all meetings. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth or female adult program participants.

Notwithstanding the minimum leader requirements, age and program-appropriate supervision must always be provided.

In addition to the National's policy, Alamo Area Council requires all adults coming to an event to have taken Youth Protection Training and show proof of it at check in.

Arrival Check-in

Check in will be at McGimsey House the morning of the event. Please be sure to arrive well before 9:00 to ensure you are fully checked-in before the program begins.

EACH PARTICIPANT MUST BRING THEIR PROPERLY COMPLETED MEDICAL FORMS. PART A&B ARE REQUIRED. NO PERSON, YOUTH OR ADULT, WILL BE ALLOWED TO STAY AT CAMP WITHOUT THE PROPER MEDICAL FORM.

Check-in requirements

- Current BSA Health Form Part A & B, required for youth and adults.
- If not a Lion or Tiger Adult Partner, all Adults must provide a printed copy of a current Youth Protection Certificate.
- Out of Council units will need proof of insurance -Accident and Sickness - and a copy of your claim form.

Check-Out

Dashing Through the Woods will end at 4pm; All Participants need to be off property by 4:30pm.

Units will be required to make sure that each scout leaves with the appropriate adult.

Refund Policy

To ensure the council can provide the best service to the Scouts and to make better investments into the lives of our youth the Alamo Area Council has adopted the following refund policy:

- All Scout Night events and tickets are Non-Refundable.
- Deposits are Non-Refundable (deposits are any initial fee paid to hold your spot in the event. Examples of events that have deposits: Summer Camps, Wood Badge, NYLT, Jamboree, etc).
- Paid registration fees are refundable up to thirty (30) days prior to the start of an event, less a 20% processing and supply fee, upon written request.
- Within 30 days of the event, the event is Non-Refundable. (Emergency situations may be considered within 30 days with appropriate documentation provided, minus a 20% processing and supply fee. Examples of emergencies are medical – with official doctor or medical note, Military orders, or a requirement to attend summer school.)
- Scouts are allowed to coordinate with other scouts to fill the position being vacated. Please notify Council of the change and we will update the roster, as required. (Events with waitlists are exceptions to this policy – the next person on the waitlist will fill the vacated spot).
- Transfers to other events are not permitted. (Exceptions to this policy are Bear Creek Summer Camp and McGimsey Cub Scout Day Camp, for these two events we can move you within the different sessions).
- When the event is cancelled by the Council a full refund will apply.

Refunds are issued by check to the individual who made the payment. If the registration is a unit registration, the refund will be issued by check and mailed to the Charter Organization on behalf of the unit. Units may opt to have their refund transferred directly into the unit account at the council office but must include this in the refund request submitted. Expect the refund process to take up to 4 to 6 weeks, during the summer season this may take longer due to the increase in activity.

Any refund may be donated to Give The Adventure (GTA) with a written request stating the donation to Refunds@AlamoAreaBSA.org. All donations are tax-deductable.

All refund requests will only be considered if submitted in writing to Refunds@AlamoAreaBSA.org

Dashing Through the Woods

Program

Shooting Sports: The Council Shooting sports committee will be running three ranges for Dashing Through the Woods. Archery, BB Guns, and Slingshot ranges will be available to Cub Scouts from Tiger to Arrow of Light. Lion Scouts will be able to participate in the slingshot and archery ranges in accordance with the Guide to Safe Scouting. Scouts will walk away from Dashing Through the Woods with all requirements met to earn the range achievement belt loops.

*Participants/Units must sign-up for ranges and pay the required additional fee.

Conservation: Cub Scouts will have the opportunity to earn most of the Champions of Nature achievement at their rank.

Conservation Project: Cub Scouts will participate in a conservation project at McGimsey to not only meet a requirement for the Champions of Nature achievement, but to also earn a service hour and help their local Scout Camp.

Leave No Trace: Cubs will be introduced to the Outdoor code and Leave No Trace program. Learning how to take care of camp and take care of the outdoors for others to enjoy.

Crafts: Cubs will make a leather craft to mark their progress throughout the day and one of two additional crafts: 1. A holiday themed Cub Scout ornament; 2. A leather craft either holiday themed or leather craft with their name on it.

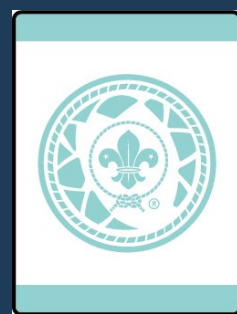
Navigation: Scouts will have the opportunity to learn about maps, map reading, and navigation. Older Cubs will be able to practice new orienteering skills.

Dashing Through the Woods Program (Continued)

Knot Tying: Scouts will have the opportunity to practice their knot tying skills and learn a knot or two.

Gaga Ball: Sport played in small groups. Option available if there is an adult (21-year-old or older) actively watching the game. The pit will be open from 9am – 12pm for Cub Scouts and 2pm-4pm for Scouts BSA.

Trading Post: Our Trading Post will be open for part of the day.



Dashing Through the Woods

Schedule

8:00	Gates open
8:15-8:45am	Check in
9-9:15am	Opening Flags
9:30-11:45am	Morning Program
12-1pm	Lunch
1:00-3:30pm	Afternoon Program
3:40pm	Closing Flags
4:30pm	Gates close



10810 Wedgewood Drive, San Antonio, TX 78213
 For Registration and Events Visit AlamoAreaBSA.org



SUGGESTED PACKING LIST

Suggested:

Drinking Cup or Second Water Bottle
Daypack
Ground Cloth/Tarp
Camp Chair (small/easy to carry)
Battery-power fan (optional)
Personal First Aid Kit
Sunscreen
Bug Spray
Jacket
Hat
Camera
Money for Trading Post

Uniforms

The official Field uniform (Class B) with hat is requested for event. Adults are also asked to set a good example by wearing their uniforms. Please consider substantial closed-toe footwear for those attending. CROCS are not allowed—they are not considered to be closed-toes shoes.

Items to leave at home:

Fireworks
Music Devices
Pets—NO DOGS.
Food—meals are provided.

UNIT PACKING LIST:

BSA Roster w/highlighted participants (1-copy needed)
Leader YPT copies
Copy of Insurance- accident & sickness with claim form (out of Council units)
Scout & Leader Medical Forms
Unit Flag / US flag (if you have them)
Rope & Twine
Patrol Flags
Water Cooler
First Aid Kit
Flagging Tape

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 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: _____
 Phone: _____

Name: _____
 Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____
 Phone: _____

Name: _____
 Phone: _____



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
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		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	



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
		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 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)
			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: _____

