

# Outing Triplist

**What:** Spring District Camporee

**When:** May 3-5, 2019

**Where:** Blount Co Sherriff's Training Center, Maryville. TN  
See map & directions on next page

**Transportation:** Parents' responsibility

**Camp Arrival:** Friday evening – no later than 7 pm

**Pick Up:** Sunday 12:30 pm at camp

**Meals:** Patrol Cooking

**Fee:** \$30 per person - \$15.00 registration fee (*Pay Troop 81*)  
\$15.00 for 4 meals (Pay Patrol Leader)

**Deadline:** **Permission slips and money due on or before April 22, 2019**

**Uniform:** Wear BSA uniform (Pack your red Phoenix shirt)

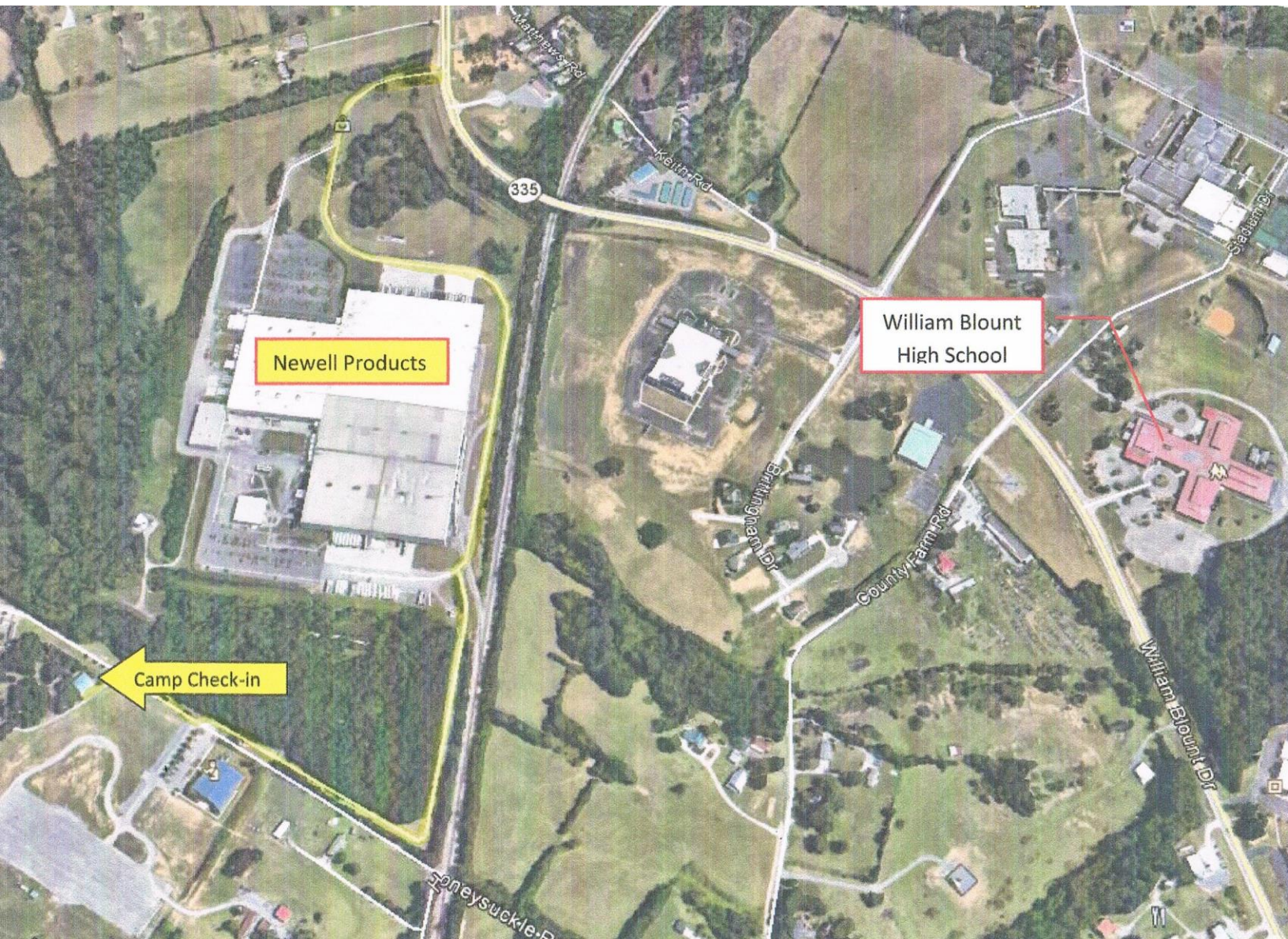
**What to Bring:** Refer to Summer Dump Camp checklist

**Event Coordinator:** ASM Eric Esmark 809-3083

**IMPORTANT:** Bring a sack meal for Friday evening!

## NOTES

The theme of this camporee is "*Tuckaleechee Mountain Man Rendezvous*". Each troop is encouraged to construct a gateway to their campsite. Events include: Black Powder shooting, Tomahawk Throwing, Patrol Competitions, Trading Blanket, Campfire, and OA Call-out



## Map to Spring Camporee

Turn off William Blount Drive at Newell Product entrance. Follow the smaller “BCSO” signs (highlighted in yellow on above map) around Newell’s plant. Continue 0.2 miles on road alongside the railroad track which makes a sharp right turn. Travel 0.15 miles to Camporee Check-in shelter.

## **SUMMER DUMP CAMP CHECKLIST**

### **OUTDOOR ESSENTIALS**

- First Aid Kit
- Matches
- Firestarter
- Compass
- Flashlight
- Pocketknife
- Extra Clothes
- Water Bottle
- Sun Screen
- Emergency Kit
- Poncho

### **EATING UTENSILS**

- Plate
- Hot Cup
- Fork & Spoon
- Soup bowl

### **SLEEPING GEAR**

- Summer Bag
- Sleeping Pad (optional)
- Pillow (optional)

### **CLOTHES**

- One Complete Change
- Extra Socks
- Light Jacket
- Long Pants
- Phoenix Shirt

Wear Your Uniform

### **TOILETRIES**

- Toothbrush & Paste
- Soap & hand towel
- Hair brush or comb
- Deodorant (if needed)

### **TENTAGE**

- Tent (family or 2-man)
- Ground Cloth

**IMPORTANT:** Have your name or initials on ALL personal gear!





# ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

This form is recommended for unit use to obtain approval and consent for Tiger Cubs, Cub Scouts, Webelos Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests (if applicable) under 21 years of age to participate in a den, pack, team, troop, or crew trip, expedition, or activity. This form is required for use with flying plans and should be attached to the flying plan application. It is recommended that parents keep a copy of the form and contact the tour leader in the event of any questions or in case emergency contact is needed. Additional copies of this form along with the *Guide to Safe Scouting* are available for download from Scouting Safely at [www.scouting.org/forms](http://www.scouting.org/forms).

First name of participant and middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Age during activity \_\_\_\_\_

Additional address (need street address if you have a P.O. box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has approval to participate in \_\_\_\_\_  
(Name of activity, orientation flight, outing trip, etc.)

From \_\_\_\_\_ to \_\_\_\_\_  
(Date) (Date)

- Without restrictions
- Special considerations or restrictions: \_\_\_\_\_

## HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Area code and telephone number (best contact and emergency contact) \_\_\_\_\_ Email (for use in sharing more details about the trip or activity)

Contact the adult tour leader with any questions:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_