



BOY SCOUTS OF AMERICA
TROOP 179
FARMINGTON HILLS, MICHIGAN



September, 2008

Dear Webelos Leader:

This information packet will be your guide to Troop 179's Webelosfest 2008. This year, our troop will host its nineteenth Webelosfest and our history has proven that this is the best and biggest event for Webelos in the Ottawa District. The date for Webelosfest 2008 is November 7, 8, and 9, 2008. This year we are very excited to announce that Webelosfest will be at D-bar-A Scout Ranch near Lapeer, Michigan. If you are coming for the weekend you should plan your arrival on Friday night no earlier than 7:00 pm. This is to enable us to set-up the camp prior to your arrival. If you are coming for Saturday only, you should plan on arriving around 8:30 am, so that you can check-in prior to the start of activities at 9:00.

D-bar-A Scout Ranch is operated by the Detroit Area Council and is located at 880 Sutton Road in Metamora, Michigan (map enclosed). The facilities include a large dining hall and six dormitory style sleeping cabins, with a total capacity of 207 people. Your den will have the choice of either staying in one of the cabins or tent camping. If you would like to tent camp and need help with borrowing tents, our troop has a limited number of Scout tents that are available for use. You can request the use of Scout tents on the enclosed registration form. If you have questions about the tents or have any other equipment requests, contact our equipment manager, Jason Pernick, directly at (248) 669-0656 or e-mail at jdpernick@aol.com.

Your hosts for the weekend are John Wyatt, Paul Helm and Connie Knie. They are available to answer your questions about Webelosfest or the Boy Scout program. John can be reached at (248) 669-3668, jdwyat@hotmail.com; Paul can be reached at (248) 683-1277, paul@thehelmfamily.com; and Connie can be reached at (248) 880-8605, cknie23100@sbcglobal.net. Another great source for information about Troop 179's Webelosfest is our website located at <http://www.bsatroop179.org>. At the website you can also register and pay online (our preferred method). John, Paul and Connie are also our Webelos transition leaders and are available to work with you throughout the year for visits to our meetings, cross-over ceremonies, Den Chiefs, or any other questions you may have about our troop.

We look forward to your den's participation at Webelosfest 2008. Please contact us with any questions or concerns that you may have, whether it's prior to the date or during the weekend.

Yours in Scouting,

Chuck Williams
Scoutmaster
Home (248) 496-5475
E-mail 179chuck@gmail.com

Attachments: Map, Schedule, Brochure, Permission Slip, Personal Equipment List, and Registration Form

TROOP 179
WEBELOS FEST 2008

Parents or Guardian Permission Form

Our Den/Pack is planning on outing to: Troop 179's Webelosfest, D-bar-A Scout Ranch

Departure will be on: _____ at _____ From: _____
(Date) (Time) (Departure Location)

Expected return is: _____ at _____ From: _____
(Date) (Time) (Return Location)

Note: Any arrival or departure time other than the above must be authorized by the leader in charge upon written parental permission only.

Leader in charge: _____

Other adults attending: _____

Total Cost for the trip will be: _____

Signed Permission Form and Money is due to the leader in charge by: _____

Special Instructions: _____

-----tear on this line----- tear on this line -----

Scout _____ has permission to go on the outing
scheduled for: Troop 179's Webelosfest, D-bar-A Scout Ranch

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activities. I understand that participation in these activities are 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 activities 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.

Parent or Guardian Signature Phone: _____

TROOP 179
WEBELOSFEET 2008

Personal Camping Gear

- Full Scout Uniform (worn when traveling)
- Duffel Bag or Back Pack or Suitcase
- Sleeping Bag or 2 - 3 Blankets
- Foam Pad or Air Mattress (Tent Camping)
- Pillow
- Sweater or Light Jacket
- Poncho or Raincoat and Rain Hat
- Pair of Lightweight Boots
- Pair of Athletic Shoes
- Heavy Coat, warm gloves, mittens, and hat
- Clothing consisting of:
 - Trousers & Shorts Extra Socks
 - Extra Underwear Bed Clothes
 - Tee Shirts Sweatshirts
 - Long Underwear
- Toiletries Kit
- Towel
- Flashlight and extra batteries
- Compass (Optional)
- Insect Repellent (no aerosol)
- Pen/Pencil and Paper
- Clothes Line

TROOP 179
WEBELOS FEST 2008



PERSONAL HEALTH AND MEDICAL RECORD
CLASS 1 AND CLASS 2

Height _____ Weight _____ Eye color _____ Hair color _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No	Yes	No	Yes	No		
ADHD (Attention-Deficit								
Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days prior to arrival at the Scouting activity where this form is to be used: _____

List any medications to be taken at camp, including drug, dosage, route (oral, injection, etc.), and frequency: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
OR DPT _____	OR MMR _____	_____
Hepatitis A _____	Varicella _____	OR Chicken pox _____
Hepatitis B _____	_____	_____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Date updated _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME _____

TROOP _____

CAMP SITE _____

**TROOP 179
WEBELOSFEST 2008**

DETROIT AREA COUNCIL, B.S.A.
1776 W. Warren Avenue
Detroit, Michigan 48209
voice: 313-897-1965
fax: 313-897-9870

D-BAR-A SCOUT RANCH
880 E. Sutton Road Metamora, Michigan 48455
810-678-2130



NORTH



scale in miles

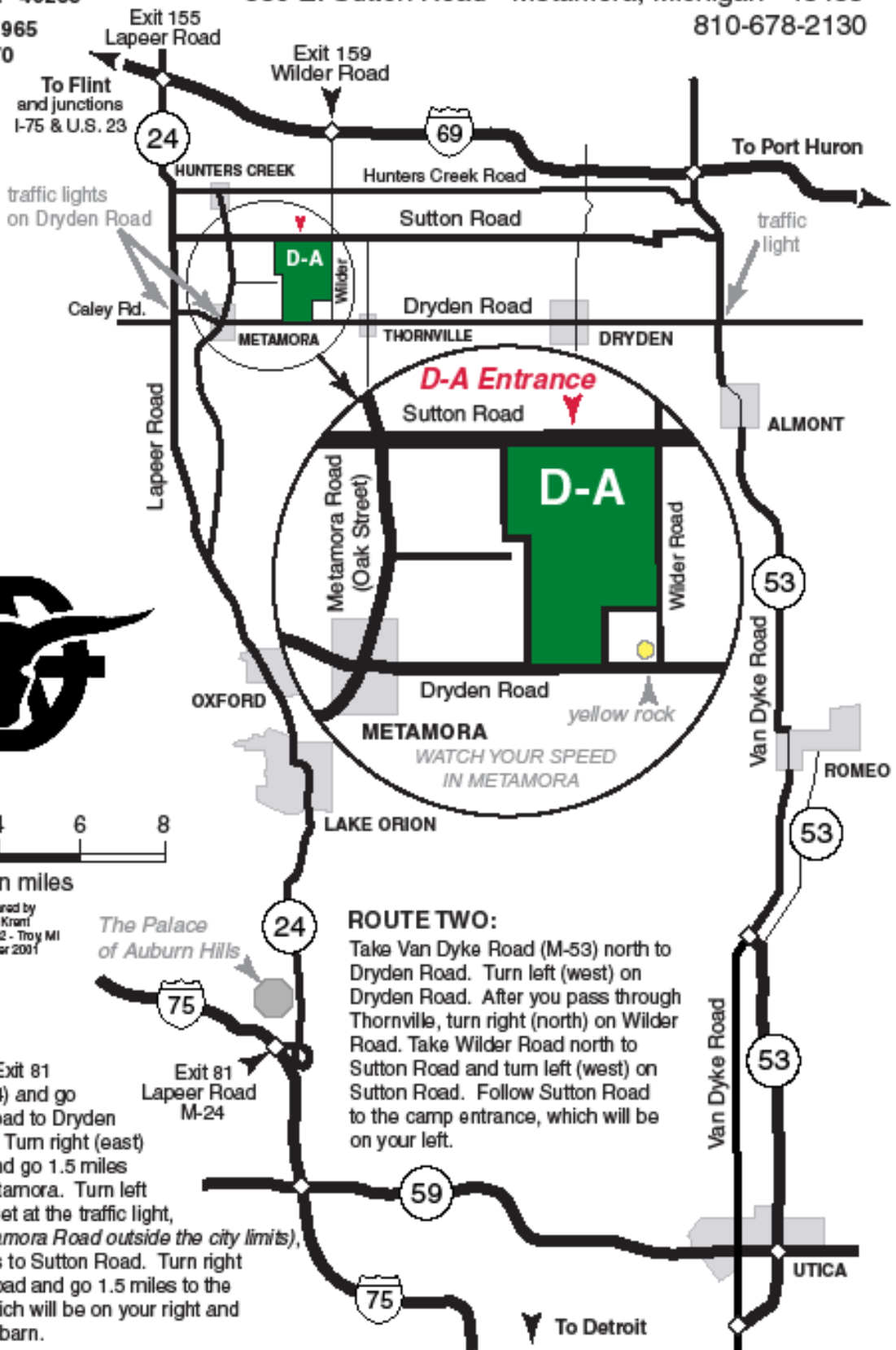
Prepared by
Tom Krent
Troop 1702 - Troy MI
October 2001

ROUTE ONE:

Take I-75 north to Exit 81 Lapeer Road (M-24) and go north on Lapeer Road to Dryden Road (18.3 miles). Turn right (east) on Dryden Road and go 1.5 miles to the center of Metamora. Turn left (north) on Oak Street at the traffic light, (Oak Street is Metamora Road outside the city limits), and travel 2.1 miles to Sutton Road. Turn right (east) on Sutton Road and go 1.5 miles to the camp entrance, which will be on your right and before the red D-A barn.

ROUTE TWO:

Take Van Dyke Road (M-53) north to Dryden Road. Turn left (west) on Dryden Road. After you pass through Thornville, turn right (north) on Wilder Road. Take Wilder Road north to Sutton Road and turn left (west) on Sutton Road. Follow Sutton Road to the camp entrance, which will be on your left.



▼ To Detroit

