



BOY SCOUTS OF AMERICA
TROOP 179
FARMINGTON HILLS, MICHIGAN



August, 2009

Dear Webelos Leader:

This information packet will be your guide to Troop 179's Webelosfest 2009. This year, our troop will host our twenty-first Webelosfest and our history has proven that this is the best and biggest event for Webelos in the Ottawa District. The date for Webelosfest 2009 is November 13, 14, and 15, 2009. 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 8:00 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. To request the use of Scout tents or 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 Mike Legg. 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 Mike can be reached at (248) 302-1575, oogimaster@gmail.com. Another great source for information about Troop 179's Webelosfest is our website located at <http://www.bsatroop179.org>. At the website you can register and pay online (our preferred method). John, Paul and Mike are also our Membership 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 2009. 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 2009**

Schedule of Activities

Friday

9:00 Cards, Fellowship and Games..... Dining Hall
 9:00 Snacks Served Dining Hall
 10:30 Webelos head for cabins
 11:00 Staff Meeting..... Dining Hall
 11:00 Taps

Saturday

7:00 AM Reveille
 8:00 Breakfast..... Dining Hall
 9:00 Flag Raising Parade Field
 9:30 Activities Start

Traditional Scouting Midway

Rope Making	Knife & Axe
Whipping & Fusing	Orienteering
Knot Tying	Fire Building

11:30 Foil Cooking Demo & Lunch..... Dining Hall

1:00 pm Activities Resume

Tent Pitching	Forester Activity Pin
Camp Tenderfoot	Branding
Venture Challenge	Scout Museum

5:00 Free Time
 6:00 Dinner Dining Hall
 7:30 Wide Area Game..... Dining Hall Entrance
 Why Scouting (adults only)..... Dining Hall
 8:45 Clean up and ready for Campfire
 9:00 Scout's Own Service
 9:30 Campfire Program
 10:30 Snack Dining Hall
 11:30 Taps

Sunday

7:00 AM
 8:00 Breakfast Dining Hall
(Webelos staying in cabins should pack up their gear and clear out the cabins prior to Breakfast)
 9:00 Flag Lowering..... Dining Hall Parade Field
 Leave when checked out

TROOP 179
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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 WEBELOSFESE 2009

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus Immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____

Exemption to Immunizations claimed.

(For more information about Immunizations, as well as the Immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

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Part C

Parental Informed Consent and Hold Harmless/Release Agreement

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 these activities. I understand that participation in these activities 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.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 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.

Without restrictions.

With special considerations or restrictions (list)



Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No



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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



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1325 West Walnut Hill Lane
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<http://www.scouting.org>



2008 Printing

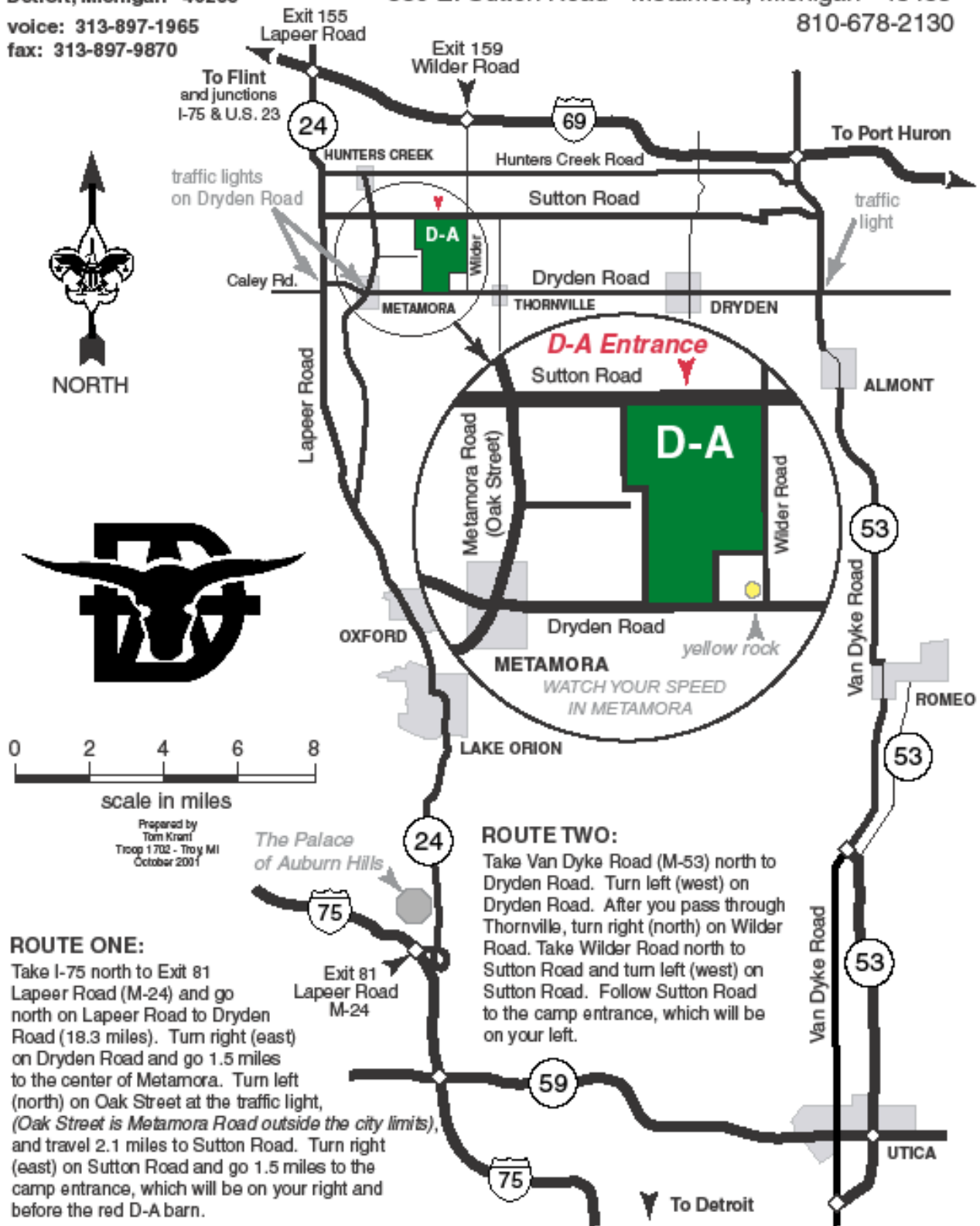
Part C Last name: _____ DOB: _____

**TROOP 179
WEBELOSFEET 2009**

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



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.

Prepared by
Tom Krent
Troop 1702 - Troy MI
October 2001

The Palace of Auburn Hills

To Detroit

TROOP 179 WEBELOSFEST 2009

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D-BAR-A SCOUT RANCH

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