

Outdoor Leadership Skills for Webelos Leaders (OWL)



April 19-20, 2008 (*DEADLINE for registration: April 11*)
Marv Kelso's property near Gaylord

General Information: Robert Baden-Powell, the founder of Scouting, referred to the program as "a game with a purpose". Critical to the success of the "game" of Scouting is the learning and practice of outdoor skills. Outdoor Leader Training will provide a primer for the basic outdoor leader skills adult leaders need to introduce and teach key concepts to their units safely and with confidence.

Webelos Leader Outdoor Leadership Skills Training is designed to help WEBELOS leaders successfully transition boys into Boy Scouts and is designed for Bear and Webelos leaders. Leaders wishing to earn their Webelos Leader Knot must attend this special training as well.

The training will cover the outdoor Webelos activity pins; Naturalist, Forester, Geologist and Outdoorsman, plus first aid, wood tools, campsite selection, lashings/knots, campfire planning, cooking, and more. Each instructional session is designed to help build confidence and competence in leaders conducting outdoor camping experiences.

Designed for fun, as well as learning, course participants will be divided into patrols, where they will gain first hand experience in this traditional Boy Scout technique for teaching teamwork and leadership. Patrols will camp and prepare meals together, as well as attend training sessions together.

Registration and Fees: A registration fee of \$20 will cover the cost of meals and class materials. Send in the attached registration form, health form and personal check or money order. **Deadline April 11.**

Health Forms: We must have a completed copy of your PERSONAL HEALTH AND MEDICAL RECORD FORM - CLASS I in order to participate in this training. Please include this form with your registration. **ALSO BRING A COPY WITH YOU.** A copy is attached to this registration packet.

Meals: As a part of your training, you will be cooking as a patrol. Patrol boxes with cooking equipment will be supplied. If you have special dietary requirements, please specify below on your registration form.

Check-in/Arrival: *Saturday morning check-in will begin at 8:30 am and conclude at 9:00 am.* At 9:00 we will open the training shortly thereafter.

Schedule: You will be busy from 9:00 am Saturday until Sunday at approximately 10:30 am when we break camp. Saturday will be a late night (11pm) and you will be getting up early on Sunday (6:30 am). There is very little downtime in the schedule...but that doesn't mean you won't be having FUN.

Facility: Participants will sleep in their own tents.

Attire: A scout should always travel to and from events in their uniform, so please arrive uniformed. Plan to wear your field uniform all weekend. (Bring layers appropriate for all weather.)

More Information and Gear List*: Plan to bring your Cub Scout Leader Book, WEBELOS handbook, 3-ring notebook/paper, pen/pencil, day pack and camp chair, and your own overnight camping gear and tent (see gear list that follows). Couples and people from the same units will be placed in different patrols, so you will not be able to share gear. You will wear your Field Uniform the entire weekend. Bring clothing for all weather conditions, hiking boots or walking shoes (no open toe or heel shoes!), personal care items, flashlight with fresh batteries, mess kit with utensils and cup, knife and whet stone if you have one. Most of all bring your SMILE, SENSE OF HUMOR, stamina and your excitement about Scouting!

*** Alcohol and drugs are not permitted at any Scouting event. Use of tobacco products is discouraged and limited to specific areas of camp.**

Registration Form

Outdoor Leadership Skills for Webelos Leaders - April 19-20, 2008

YOU MUST PRE-REGISTER! DEADLINE: April 11

Please complete the following registration form and send it, along with your registration fee (check made payable to Scenic Trails Council BSA) and health form, to Steve Sevener.

Mail to: Steve Sevener PO Box 841 Gaylord MI 49734

You may also FAX your registration to (231)947-7072 and pay when you get there. **We must have your completed form by APRIL 11.**

NAME: _____ UNIT _____

HOME PH: _____ WORK PH: _____ CELL PH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

* **EMAIL ADDRESS:** _____

* *We will send a confirmation via email -- please indicate if you do not have email access*

UNIT LEADERSHIP POSITION(S): _____

LIST DIET RESTRICTIONS: _____

LIST ACTIVITY/HEALTH RESTRICTIONS: _____

CIRCLE YOUR TENT CAMPING EXPERIENCE: none a little moderate comfortable

CLASS I HEALTH FORM INCLUDED? YES NO *(Please bring a copy with you)*

REGISTRATION FEE of \$20 INCLUDED? YES NO
(If no, you MUST bring it with you)

*For more information,
Questions: Call Steve Sevener at 989-448-8153
email: ssevener@hotmail.com*

HOW TO GET THERE:

From West (US-131): Turn towards Gaylord on M-32. Go approximately 7 miles to Hallock Rd. (on left immediately after s-curves), Follow Hallock Rd about a mile or so. Watch for signs on left in middle of large field.

From I-75: Go West on M-32 8 miles, you will hit a curve at five miles that turns you North. Hallock Rd. goes straight at the next curve of M-32.

WHAT TO BRING WITH YOU TO TRAINING:

Overnight gear, outdoor essentials and appropriate clothing are the heart of camping equipment. Carry a light load of only what you need to keep yourself safe and make a good camp; leave all unnecessary items at home. Remember that you will be unable to share gear with someone else. Borrow what you need if you do not own your own gear.

PERSONAL OVERNIGHT CAMPING GEAR: (REFERENCE: *Boy Scout Handbook, chapter 9, "Camping"*)

SCOUT OUTDOOR ESSENTIALS

- Boy Scout Handbook or WEBELOS Book
- Pocketknife
- First-aid kit
- Extra clothing
- Rain gear
- Water bottle: filled with potable water
- Flashlight
- Matches and fire starters
- Sun protection
- Clothing for the season
- Backpack
- Sleeping bag, or two to three blankets
- Sleeping pad
- Ground cloth

EATING KIT

- Spoon
- Plate
- Bowl
- Cup

FOR THIS TRAINING YOU WILL ALSO NEED:

- Personal tent, stakes, ground cloth – the smaller the better
- A comfortable folding camp chair to carry around
- Three-ring binder with paper
- Daypack with your binder/paper/pens/pencil,
- Pocket knife
- Boy Scout Handbook and WEBELOS book

CLEANUP KIT

- Soap
- Toothbrush
- Toothpaste
- Dental Floss
- Comb
- Wash Cloth
- Towel
- Notebook or Paper
- Alarm Clock
- Bug Protection
- Personal medications

PERSONAL EXTRAS (OPTIONAL)

- Watch
- Camera and Film
- Pencil or Pen
- Sunglasses
- Small Musical instrument
- Gloves
- Ear plugs if you are a light sleeper

Personal Health & Medical Record (Class 1)**DAY CAMP & WEEKEND CAMP USE ONLY**

This form must be completed for each Scout, adult, den chief, or tag-a-long/sibling participating in the day camp or weekend camp programs. This form will not be returned, so please send a copy and retain the original for your records.

Name:	Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:	City:	State:	Zip:

Emergency Parent/Spouse/Family Member Contact:

Home Address:	City:	State:	Zip:
Work Address:	City:	State:	Zip:
Home Phone: ()	Work Phone: ()	extension:	

***If the contact listed above is not available in the event of an emergency, please notify:
(For youth participants, please list at least one person besides a parent that can pick up your child)***

Name:	Relationship:	Phone: ()
Name:	Relationship:	Phone: ()
Name of Person Physician:	Phone: ()	
Personal Health/Accident Insurance Carrier:	Policy #:	

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

ALLERGIES: Food, medication, insects, plants, etc. Yes No

Explain:

GENERAL INFORMATION:		Yes	No	Yes	No	Yes	No	
ADD/ADHD	<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"/>
<input type="checkbox"/> Other (please list):								

Explain any "Yes" answers from above:

Please list ALL medications taken in the 30 days **prior** to camp:List ALL medications **to be taken at camp**:

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 dates of last inoculation or infection) UP-TO-DATE FOR AGE AS REQUIRED BY PUBLIC SCHOOL

Tetanus toxoid	<input type="text"/>	Measles	<input type="text"/>	Polio	<input type="text"/>
Diphtheria	<input type="text"/>	Mumps	<input type="text"/>	Hep B	<input type="text"/>
Pertussis	<input type="text"/>	Rubella	<input type="text"/>	Varicella (Chicken Pox Vaccine)	<input type="text"/>

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

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).

Signature of Parent/Guardian or Adult:	Date: / /
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