



Spring Camporee 2015

- Aviation Camporee -

Information Packet

May 29 - 31, 2015
 Buffalo Municipal Airport, Buffalo, MN

It's Gonna Be Big!



Come join your fellow Boy Scouts, and Venturers from the Lake Minnetonka and Crow River Districts on Friday, May 29 through Sunday, May 31, 2015 for a weekend of fun and excitement at the Buffalo Municipal Airport.

Located just 25 minutes west of the Plymouth on US Hwy 55, the city of Buffalo is easily reached by car, balloon, dirigible, helicopter, and airplane.



There will be static aircraft displays, Aviation and Weather merit badge courses, and the opportunity for some lucky Scouts to take to the skies in flights with the local chapter of the Experimental Aircraft Association and State Patrol Helicopter.

There will be a flying air show, drone demonstrations, and a campfire program you will not want to miss!

Price \$20.00 per person

This event is dependent on the weather. Certain programs may be scaled back for severe weather..

This will be a fantastic event you won't want to miss!

All NSC Scouts and their guests are invited.

Many thanks to our host units, and our volunteer team from the Crow River and Lake Minnetonka Districts!

Registration and Additional Information
www.lmdbsa.org/lmd_024.htm

Program and Activities

- **Static Aviation Displays**
 - Antique airplanes
 - Experimental aircraft
 - Naval displays
 - F-4 Cockpit simulator
 - C-130 Cockpit simulator
 - Link Trainer
- **Aviation Merit Badge** (complete the entire merit badge)
- **Weather Merit Badge**
- **Flying air show**
- **FAA Young Eagle Flights – limited airplane rides**
- **Limited helicopter rides**
- **Drone demonstrations**
- **Hot air balloons**
- **Overnight tent camping**
- **Campfire program**

www.LMDbsa.org

www.crowriver.nsbsa.org

Contacts:

AviationCamporee@lmdbsa.org



Buffalo Municipal Airport Buffalo, Minnesota

Camporee Description

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Located just 25 minutes west of the Plymouth on US Hwy 55, the city of Buffalo is easily reached by car, balloon, dirigible, helicopter, and airplane.

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Great event for LDS units . . . come out for the day on Saturday!

Location and Directions

Buffalo Municipal Airport – 1305 County Road 134, Buffalo, MN. Please see the maps and directions located on the camporee resources page http://www.lmdbsa.org/lmd_024.htm .

Cost Per Person

\$20.00 **Saturday Activities only** (no overnight)

\$20.00 **Tent Overnight + Saturday Activities** Over night Tent Camping either Friday or Saturday or both. Includes Saturday Activities

General Information

Attendance	All Lake Minnetonka and Crow River Boys Scouts, Venturers, and Webelos Scouts and their parents are invited to participate.
Check-in	<p>Friday evening, or Saturday morning. Pre-registration is mandatory through the online registration process. No on-site registration is available.</p> <p>One adult leader (i.e. Scoutmaster) and one youth leader (i.e. SPL) should check-in your entire unit at one time.</p> <p>At check-in, you will be asked to provide:</p> <ul style="list-style-type: none">○ The Unit Attendance Form (attached to this leaders guide) with the names of all Scouts and adults planning to participate in the program and your patrols.○ All medical forms for each Scout must be kept on-site, secure, and accessible.○ A list and time of visitors (non-Scouters) attending camp.○ The time you plan to check out, so we can inspect your camp. <p>Once you have been checked-in, a camp host will take you to your designated camping area.</p> <p>Every effort will be made to assign your unit to a campsite appropriate for the size of your unit. We ask that you set up your campsite in the area designated for you and that you respect those areas marked as restricted. We have planned the locations of our program areas to minimize the amount of traffic through your camping areas and to avoid having distractions too near to the program areas.</p>
Activities Consent	Please sign the form (provided as part of this information packet and listed for download http://www.lmdbsa.org/lmd_024.htm as part of the Spring Camporee Resources) and bring it with you to camporee to be able to fly if selected.
Camp Fees	Included in the base fee.
Parking Fees	Included in the base fee.
Meals	Bring your own food and cooking equipment for all your meals. The camping areas do not have fire rings. NO GROUND FIRES. Use only above-ground camp stoves and charcoal. Water is available from the water trucks on site.
ONLINE Registration	http://www.lmdbsa.org/lmd_024.htm
Deadline	May 25, 2015 at 11:55pm

Merit Badges	Scouts can earn full credit for the Aviation merit badge and partial credit for the Weather merit badge. Please have your Scouts bring a filled out blue card. 1. Print the Aviation Merit Badge workbook http://www.lmdbsa.org/bindoc2015/Aviation.pdf 2. Print the Weather Merit Badge workbook http://www.lmdbsa.org/bindoc2015/Weather.pdf
Activities Offered	Saturday Activity Schedule is being finalized pending confirmation by exhibitors and volunteers. Watch for details soon.
Campfire program	Your troop / crew / team is encouraged to do a skit or song at the Saturday night campfire program. Please have your skit approved by your Scoutmaster or Advisor.
1st Aid	Please have the proper medical forms and permission slips handy for every Scout when you check in. The medical form is found on the camporee resources page.
Boy Scout Medical	The BSA medical form is available on the camporee registration page of the website. http://www.lmdbsa.org/lmd_024.htm
Webelos Medical	The BSA medical form is available on the camporee registration page of the website http://www.lmdbsa.org/lmd_024.htm
Camp Fires	For aviation safety, no ground fires are allowed.
Water	Water is available from the water trucks on site.
Uniforms	Scouts and adult leaders should be in field uniforms (class A) for Saturday events and activities and when traveling back and forth from campsites. Keep in mind that we are representing the BSA and we are expected to dress sharp.
Bring	1. Bring your tents, sleeping bag, cookware, stoves, plates, cups, silverware, walking shoes, and dress for the weather. 3. Bring Troop/Unit camping gear for cooking. There will NOT be picnic tables at campsites so please plan for any necessary seating or work surfaces.
Food	Units are responsible for all meals for their members. We highly recommend a "sack lunch" for Saturday to maximize program time for participants. Please keep restrictions on ground fires and distance from water sources in mind during meal planning. There will NOT be food available for purchase onsite during the camporee.

Parking

Parking for your vehicle and trailer is available. Additional information will be provided at a later time and indicated on the map of the camp. http://www.lmdbsa.org/lmd_024.htm

Food Shelf Project

The Order of the Arrow is collecting non-perishable food to be transported to a local food shelf. Please turn your food items in at check-in.

Camporee Patch

Attendees will receive a Spring Camporee 2015 patch shown below. In the event that we run out of patches, first priority will be given to the members of the host districts (Crow River & Lake Minnetonka).



Camporee Policies

The following rules were made to help us have a successful and safe camping experience. It is the responsibility of the adults in charge to see that Scouts know and understand these rules. Anyone violating them may be asked to leave the event.

Behavior: Scout Oath and Scout Law – applies to all Scouts and Scouters. Please emphasize the “good sport” and “do your best” aspects of Scouting. First and foremost, we’re here to have fun.

Vehicles: Speed limit is 10 mph. No passengers in back of truck or trailer. Vehicles are limited to main roads and parking areas only. For information regarding parking, please see the section above titled ‘Parking’.

Firearms: Personal firearms, ammunition (live or expended), explosives, fireworks and toy weaponry are prohibited.

Camouflage: There will be active duty and reserve military staff at this camporee and they have requested that only military members wear camo. During the camporee please wear BSA uniform (field or activity) as situations require.

Knives: NO straight-bladed knives are allowed in camp.

Lights out: Scouts are not allowed out of their site after lights-out with the exception of to-and-from the latrines. Please respect others during lights-out. Scouters are asked to bring roaming Scouts to the headquarters after lights-out.

Radios: No radios. Use of electronics should be kept to a minimum.

Registration of Units Outside of Lake Minnetonka District and Crow River: Registration is open to units outside Lake Minnetonka District and Crow River Districts. Registration closes for all units on April 21, 2014 at 11:55pm.

Refund Policy: Refunds will be made at the discretion of the event chairman.

Tentative Schedule of Events*

Friday

6:00 - 8:00	Check-
10:00	Taps/Lights-out

Saturday

6:00	Reveille
6:30 - 8:00	Breakfast & clean-up
7:00 - 8:15	Check-in for Saturday-only
9:30	Troop reflections
10:00	Taps/Lights-out

Sunday

7:00	Reveille
7:00 - 8:30	Breakfast and clean-up
8:30 - 9:00	Non-denominational Worship Service
9:00 - 10:00	Break camp, clean-up and checkout

*An updated schedule of events will be provided at a later time.

Registration online:

http://www.lmdbsa.org/lmd_024.htm

Send a Scout in Need to Camporee

Scholarships are available for Scout families in need. Unit leaders, please contact Ben Coder bcoder@northernstarbsa.org
Your requests will remain confidential.

**REMEMBER THE BUDDY SYSTEM AND BE SAFE AT ALL TIMES.
HAVE FUN! "SCOUTING IS A GAME WITH A PURPOSE."**

Evaluation for the Youth to turn in at checkout

Question 1: Please evaluate. (Circle one)

	Much better Than expected	somewhat better than expected	Expected	somewhat worse Than expected	Worse then expected
Info available before event	0	0	0	0	0
Program	0	0	0	0	0
Facility	0	0	0	0	0

Comments

Question 2: Things we liked about this camporee

Question 3: Things we didn't like about this camporee

Questions 4: If your unit was a **host troop/unit** please rate your experience? (Circle one)

	Much better Than expected	somewhat better than expected	Expected	somewhat worse Than expected	Worse then expected
Meetings and Info available before event	0	0	0	0	0
Tasks assigned to us	0	0	0	0	0
Expectations of our unit the weekend of the event	0	0	0	0	0
Communications from district	0	0	0	0	0

What could be done to enhance the Host Troop experience?

Question 5: Do you have any ideas for future camporees?

Please turn in at checkout. Thanks for your comments.



Lake Minnetonka District

Spring Camporee – May 30-31, 2015

Unit Attendance Form – Registration is available online.

Please bring this form AND your health forms with you to the event.

DISTRICT (Circle one): Lake Minnetonka District Other District _____

UNIT (Circle one): Troop Crew Team **NUMBER:** _____

Name (Scoutmaster/Crew Advisor/Team Advisor): _____

Name (SPL/Crew President/Team Captain): _____

Name (of adult leader onsite at all times): _____

Cell Phone: (of adult leader on site at all times): _____

Where will medical forms be kept while at camp? _____

Note: Health forms are required. Please bring one for every person attending the camporee. If you do not have forms, you may print them at http://www.lakeminnetonkadistrict.org/lmd_024.htm. Do not mail in the forms. Bring the health forms with you to check-in and review the forms with the staff. Health forms are to be stored with the unit.

Scout Youth + Adult Participants	Webelos + Adult Participants
Enter Total # Attending:	Enter Total # Attending:

Youth Attending - First and Last Name Circle W if the Scout is a Webelos - (Please type or print)

1	W	12	W
2	W	13	W
3	W	14	W
4	W	15	W
5	W	16	W
6	W	17	W
7	W	18	W
8	W	19	W
9	W	20	W
10	W	21	W
11	W	22	W

Adults Attending - First and Last Name (Please type or print)

1	4
2	5
3	6

Webelos Parents - If you registered on your own, enter the names of your Webelos above and complete the questions below:

My son(s) will be camping with Unit _____ **My son(s) is/are registered with Pack** _____

Name (of Webelos parent or guardian is encouraged to attend): _____

Cell Phone Number (of parent or guardian on-site at all times): _____

Where will medical forms be kept while at camp? _____

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

FORMULARIO DE CONSENTIMIENTO Y APROBACIÓN DE ACTIVIDAD POR PARTE DE LOS PADRES DE FAMILIA O TUTORES

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in a trip, expedition, or activity. It is required for use with flying plans.

El uso recomendado de este formulario es para obtener el consentimiento y aprobación para Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, e invitados para participar en un viaje, expedición o actividad. Es obligatorio para su uso con planes de vuelo.

First name of participant Nombre del participante	Middle initial Inicial del segundo nombre	Last name Apellido
Birth date (month/day/year) _____ / _____ / _____ Fecha de nacimiento (mes/día/año)		Age during activity _____ Edad al momento de realizar la actividad

Address Domicilio		
City Ciudad	State Estado	Zip Código postal

Has approval to participate in (name of activity, orientation flight, outing trip, etc.) Tiene la aprobación para participar en (nombre de la actividad, vuelo de orientación, excursión, etc.)	From De	(Date) (fecha)	to a	(Date) (fecha)
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INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

CONSENTIMIENTO INFORMADO, CONVENIO DE EXONERACIÓN Y AUTORIZACIÓN

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 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.

Entiendo que la participación en actividades Scouting implica el riesgo de lesiones personales, incluyendo la muerte, debido a los retos físicos, mentales y emocionales en las actividades que se ofrecen. Se puede obtener información sobre dichas actividades en la sede, con los coordinadores de la actividad o el concilio local. También entiendo que la participación en estas actividades es totalmente voluntaria y requiere que los participantes sigan instrucciones y acaten todas las reglas y normas de conducta pertinentes.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge 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.

En caso de que mi hijo se vea involucrado en una emergencia, entiendo que se realizarán esfuerzos para contactarme. En caso de que yo no pueda ser localizado, por este medio otorgo permiso al proveedor de servicios médicos para garantizar el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mi hijo. Los proveedores de servicios médicos están autorizados a revelar información médica protegida al adulto a cargo, médico o proveedor de servicios médicos involucrado en la prestación de atención médica para el participante. La Información de salud protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§ 160.103, 164.501, etc., y siguientes, como se enmiendan de vez en cuando, incluyen resultados de reconocimientos médicos, resultados de pruebas y el tratamiento proporcionado para fines de evaluación médica del participante, seguimiento y comunicación con los padres o tutor legal del participante, o determinación de la capacidad del participante para continuar en las actividades del programa.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, 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.

Con reconocimiento de los peligros y riesgos asociados con los programas y actividades incluyendo preparativos y transportación hacia y desde la actividad, en mi propio nombre o en nombre de mi hijo, por este conducto eximo total y completamente, y renuncio a cualquiera y toda reclamación por lesiones personales, muerte o pérdidas que puedan surgir, a la organización Boy Scouts of America, el concilio local, los coordinadores de la actividad y todos los empleados, voluntarios, grupos involucrados, u otras organizaciones asociadas con cualquier programa o actividad.

NOTE: 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. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

NOTA: La organización Boy Scouts of America y los concilios locales no pueden vigilar continuamente el cumplimiento de los participantes del programa o cualquier limitación impuesta sobre ellos por los padres o proveedores de servicios médicos. Enumerar más abajo las restricciones impuestas a un niño participante en relación con los programas o actividades.

List participant restrictions, if any: _____
 None

Restricciones del participante, si existen: _____
 Ninguna

Participant's signature Firma del participante	Date Fecha
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Parent/guardian printed name Nombre con letra de molde del padre de familia/tutor	Parent/guardian signature Firma del padre de familia/tutor	Date Fecha
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Area code and telephone number (best contact and emergency contact) Código de área y número telefónico (primer contacto y contacto de emergencia)	Email (for use in sharing more details about the trip or activity) Correo electrónico (para informar más detalles sobre el viaje o actividad)
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Contact the adult leader with any questions:
Póngase en contacto con el líder adulto si es que tiene preguntas:

Name Nombre	Phone Teléfono	Email Correo electrónico
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