



# 2009 Spring Camporee

## Blue Jacket District

# Spring Camporee

**When:** May 1-3 (Friday evening to Sunday morning)

**Time:** Set Up starts at 5pm Friday

**Where:** Camp Lower Craig and Cub World  
6035 Price Rd., Loveland, OH 45140 US.

**Who:** Scouts, Adults and Webelos in the Blue Jacket District

**What:** PLUMBING Merit Badge Stations OR First Class Requirement Stations

**Cost:** \$13.00 per person (Scouts, Adults and Webelos)  
\$15.00 per person after March 15

**Registration Ends:** March 15, 2009

**Registration:** 2 options available:

1. Visit [www.danbeard.org](http://www.danbeard.org). Go to "calendar". Drop down to "Blue Jacket". Drop down to the month of May. Click on the Blue Jacket 2009 Spring Camporee on the 1<sup>st</sup>. and follow the registration directions. (This is the preferred method)
2. Detach bottom half of this form and mail to Dan Beard Council, 2331 Victory Parkway, Cincinnati, OH 45206. Do not forget to include the total payment.

**For more information, please contact:**

Tim Meirose / Camporee Director – Troop 112 at (513) 624-7373 or [TimMeirose@cinci.rr.com](mailto:TimMeirose@cinci.rr.com)  
Steve Stephenson / District Director at (513) 961-2336 x 238 or [sstephenson@danbeard.org](mailto:sstephenson@danbeard.org)

### Blue Jacket District 2009 Spring Camporee May 1-3

Pack / Troop # \_\_\_\_\_ Contact Name \_\_\_\_\_

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

# Scout/Webelos \_\_\_\_\_ x \$13 (by March 15, 2009) or x \$15 (after March 15) = \$ \_\_\_\_\_

# Adults \_\_\_\_\_ x \$13 (by March 15, 2009) or x \$15 (after March 15) = \$ \_\_\_\_\_

**Total Enclosed \$** \_\_\_\_\_

**Make check payable to:**  
Dan Beard Council

**Return form and payment to:**  
Dan Beard Council  
2331 Victory Parkway  
Cincinnati, OH 45206

**Account # 1-6801-256-20**

*Colonel James T. Hatfield*  
Service Center

Passionate for Scouting  
Blue Jacket District 2009 Spring Camporee

[www.danbeard.org](http://www.danbeard.org)



2009 Spring Camporee

Blue Jacket District

**COME AND EARN ALL THE REQUIREMENTS TOWARD THE  
PLUMBING MERIT BADGE OR WORK ON SELECTED  
REQUIREMENT'S FOR FIRST CLASS.**

**ACTIVITIES:**

**FRIDAY NIGHT – MOVIES**

**SATURDAY – MERIT BADGE STATIONS AND FIRST CLASS STATIONS**

**SATURDAY LATE AFTERNOON – GAMES, PATROL COMPETITIONS, OUTDOOR EQUIPMENT  
BOOTHS (GAMES – BB GUNS, GAMES WITH A “PLUMBING” THEME, WATER CARRY, COPPER  
LETTERS)**

**SATURDAY NIGHT- LIVE BAND**

**Food**

*The Frisch's Pavilion Concession Stand will be open on Friday night during the movie and Saturday including lunch. Items include soft drinks, candy, and entrées. (Except during dinner time on Saturday).*

**CANCELLATION POLICY:**

***PER DISTRICT REFUND POLICY (See Dan Beard Website or the Spring Camporee 2009 Packet)***

***EACH PARTICIPANT WILL RECEIVE A SPRING CAMPOREE 2009 PATCH***

**General Information**

**Parking**

*Lower Craig fields 3 & 4 will be used for parking. Once you have parked your vehicle on Friday night, you will not be allowed to move it until Sunday morning. If you need to leave the Camporee prior to Sunday morning, please park in the grass areas between the road and the wood fences.*

**Firewood & Fires**

*The Dan Beard Council Policy on firewood was recently published in the Jan/Feb 2008 Fireside Chat. You cannot bring in any wood (natural, pallets, skids or dimensional lumber) for a campfire from a quarantined county. Hamilton County is a quarantined county. Camp Lower Craig is in Clermont County and wood from Clermont County is acceptable. Be prepared to show proof that any wood you bring is from a non-quarantined county. There are local establishments near Camp Lower Craig where you can purchase firewood. See the Fireside Chat. Fires must be elevated off the ground in a suitable container. No ground fires.*

**Spring Camporee**

Colonel James T. Hatfield  
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# 2009 District Recognition Dinner

## Blue Jacket District



**When:** Wednesday, May 13, 2009  
**Time:** 6:30 PM  
**Where:** Cub World, Big Boy Pavilion  
 6035 Price Rd., Loveland, OH 45140  
**Cost:** \$7.00 per Person

**Registration Ends:** May 12, 2009

**Registration:** 2 options available:

1. Visit [www.danbeard.org](http://www.danbeard.org). Go to "calendar". Drop down to "Blue Jacket". Drop down to the month of May. Click on "*the Blue Jacket District Recognition Dinner on the 13<sup>th</sup>*" and follow the registration directions. **(This is the preferred method)**
2. Detach bottom half of this form and mail to Dan Beard Council, 2331 Victory Parkway, Cincinnati, OH 45206. Do not forget to include the total payment.

**For more information, please contact:**

Steve Stephenson / District Director at (513) 961-2336 x 238 or [sstephenson@danbeard.org](mailto:sstephenson@danbeard.org)

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### Blue Jacket District 2009 District Recognition Dinner May 13, 2009

Pack / Troop # \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_  
 # Adults \_\_\_\_\_ x \$7 = \$ \_\_\_\_\_ Total Enclosed \$ \_\_\_\_\_

**Make check payable to:**  
 Dan Beard Council  
 Account # 1-6801-253-20

**Return form and payment to:**  
 Dan Beard Council  
 2331 Victory Parkway  
 Cincinnati, OH 45206

*Colonel James T. Hatfield*  
 Service Center

Passionate for Scouting  
 Blue Jacket 2009 District Dinner

[www.danbeard.org](http://www.danbeard.org)



# Blue Jacket District Award Nomination Form

**This nomination is for the following award:**

(Please view the "Award Descriptions & Information" for more information about various awards.)

- |   |   |
|---|---|
| <input type="checkbox"/> Meritorious Service        | <input type="checkbox"/> Outstanding Cub Scout Leader |
| <input type="checkbox"/> Order of the Heart         | <input type="checkbox"/> Outstanding Boy Scout Leader |
| <input type="checkbox"/> Key Leader Award           | <input type="checkbox"/> Cubmaster of the Year        |
| <input type="checkbox"/> Bridge Builder Award       | <input type="checkbox"/> Scoutmaster of the Year      |
| <input type="checkbox"/> Unit Volunteer of the Year |   |

### Nominee's Information

I take pleasure in submitting the following person for consideration:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Position in Scouting \_\_\_\_\_ Unit (if applicable) \_\_\_\_\_

Occupation \_\_\_\_\_

### Nominator's Information (in case you need to be contacted for clarification)

Your Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Position in Scouting \_\_\_\_\_ Unit (if applicable) \_\_\_\_\_

In submitting this information, I recognize only a few awards can be made from the many nominations offered. This nomination, therefore, should not be made known to the person being nominated.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# **Blue Jacket District Volunteer Award Descriptions**

## **District Award of Merit**

The District Award of Merit is the highest honor that the District can bestow upon its volunteer. The Blue Jacket District is able to grant three (3) District Awards of Merit each year.

- The nominee must be a registered Scouter that has rendered noteworthy service to youth in Scouting, outside Scouting or both.
- Please see the award application for further requirements.
- The nomination form for this award is on the Council web site <http://www.danbeard.org/PDF/Adult%20Awards/DAM.pdf>

## **Meritorious Service Award**

- Nominee must be a registered Scouter for at least 3 years.
- Nominee must have rendered noteworthy service to youth: Pack, Troop, Crew or Post over an extended period of 6 months OR multiple District or Council events OR a combination of both.

## **Order of the Heart Award**

- Nominee must be a registered Scouter for at least 2 years.
- Nominee must have rendered noteworthy service to youth: Pack, Troop, Crew or Post over extended period of 1 month OR a single District or Council event.

## **Key Leader Award**

- Nominee must be a registered Scouter.
- Nominee must have shown strong leadership over the past year through the Pack, Troop, Crew or Post.

## **Bridge Builder Award**

- The award is presented to an adult Scouter that has shown by his/her service to youth in the Scouting unit or District to have rendered noteworthy service in any capacity.
- The activities completed by the "Bridge Builder" should be selfless and for the good of the unit or district—to build a stronger bridge for those that come after him/her.

## **Outstanding Cub Scout Leader**

- Nominee must be a registered Cub Scout Leader.
- Nominee must have rendered noteworthy service for the good of the Cub Scout Pack.

## **Outstanding Boy Scout Leader**

- Nominee must be a registered Boy Scout Leader.
- Nominee must have rendered noteworthy service for the good of the Boy Scout Troop.

## **Cubmaster of the Year**

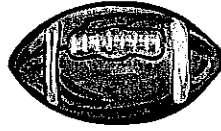
- Nominations for this award can be made by any registered pack leader or group of leaders, except the Cubmaster.



# Blue Jacket District

## Day Camp and Twilight Camp

## Volunteers Needed



Our summer camp programs are in need of adult volunteer help. Please forward to those you feel would be available to help or volunteer yourself.

**The positions needed are listed below:**

- Camp Nurse / Medical Officer
- BB Instructor / Director
- Nature Director
- Sports Director
- Theme Area Director
- Wood/Leather Projects Director
- 12 Den Leaders
- Boy Scout Staff Coordinator

Business Director to handle Trading Post and other business

**You can pick one day to five days whatever fits your schedule any time you can volunteer is appreciated.**

**Days to choose from: Monday – Tuesday – Wednesday – Thursday – Friday**

**When:** June 15 – 19 Lake Isabella      5 PM – 9 PM Twilight

June 15 – 19 Woodland Mound      9 AM – 3 PM Daylight

**Where:** Lake Isabella 10174 Loveland-Madeira Rd. Cincinnati, Ohio 45140

Woodland Mound 8250 Old Kellogg Cincinnati, Ohio 45255

### Questions?

Please Contact:

Jennifer Pangallo at [jpangallo@danbeard.org](mailto:jpangallo@danbeard.org)

Brent Hattersley at [rhattersley@fuse.net](mailto:rhattersley@fuse.net) Day Camp

Gil Richards at [gr3@richardsind.com](mailto:gr3@richardsind.com) Twilight

Registration: 2 options available.

1. Visit [www.danbeard.org](http://www.danbeard.org) Go to “Calendar” drop down to “Dan Beard Council” Drop down to the “Month of June” Click on the Day of the event. Complete the registration form online (preferred method).





# 2009 CUB SCOUT DAY CAMP VOLUNTEER APPLICATION



Thanks for volunteering!

Please fill out completely and return, with current medical form to:  
Dan Beard Council, Day Camp, 2331 Victory Parkway, Cincinnati, OH 45206

### PERSONAL INFORMATION:

Over 21     18 - 21     Under 18

First Name

Last Name

Address

Apt. #

City

State

Zip

Email (please provide)

Home Phone

Cell Phone

Day Camp Location

Your Scout's Name

### AVAILABILITY:

Check all available:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

### STAFF T-SHIRT ORDER

(Staff working 3 days or more receive 1 complimentary)

- Small
- Medium
- Large
- X-Large                      1 Free Shirt = \$0.00
- XX-Large                    \_\_\_ Extra Shirt(s) x \$10 = \$\_\_\_
- XXX-Large

**TOT LOT** (supervision for staff's children - potty-trained to age 10)  
\_\_\_:# of children                      \_\_\_:age(s)

### EXPERIENCE:

Current Scouting Position

Scout Unit

Special Skills Training or Experience: \_\_\_\_\_

### CERTIFICATION:

- CPR
- BASIC FIRST AID
- ADV. FIRST AID
- YOUTH PROTECTION

- YES  NO
- YES  NO
- YES  NO
- YES  NO

- CERTIFICATION EXPIRATION DATE \_\_\_\_\_
- CERTIFICATION EXPIRATION DATE \_\_\_\_\_
- CERTIFICATION EXPIRATION DATE \_\_\_\_\_
- CERTIFICATION EXPIRATION DATE \_\_\_\_\_

### PLEASE CHECK THE AREAS YOU WOULD LIKE TO BE CONSIDERED FOR:

- BB RANGE
- SPORTS
- ADULT GUIDE
- MEDICAL STAFF
- NATURE
- TOT LOT
- HANDICRAFT
- AQUATICS
- FISHING
- ARCHERY RANGE
- TRADING POST
- OTHER

Applicant Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE: (  )Recv'd

(  )Paid for extra shirts

Please complete both sides of form...

# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1

PACK

### 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. \_\_\_\_\_

GROUP

I give permission for full participation in BSA program, 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 (of for me, if participant is an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult \_\_\_\_\_

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

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

**ALLERGIES:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

NAME

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: \_\_\_\_\_

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 \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_

*Please complete both sides of form...*