



DEPARTMENT OF THE ARMY
UNITED STATES MILITARY ACADEMY
West Point, New York 10996



27 April 2016

Scouts & Scouters,

As we quickly approach the start of the 54th Annual West Point Invitational Scout Camporee, we would like to provide you with some updates and further details regarding the activities we have planned and the logistics involved in making the Camporee a success.

This Troop Information Packet was put together by our staff to provide information to both troops that are new to the Camporee and those that have attended many times. The content of this packet includes the most up to date information we have for everyone. Please read it carefully and in its entirety.

This is the first of two parts of the Troop Information Packet. Expect the second part to come out a week or so prior to the Camporee. This will have updates with any information that may have changed in the weeks leading up to the Camporee.

Lastly, I want to remind everyone that the Scoutmasters' Council is an entirely volunteer organization, many of whom are Eagle Scouts or Gold Award Recipients. The 40 or so Cadets on SMC's staff have and continue to put in a tremendous amount of work, on top of the many other strenuous demands at West Point, to give back to the Scouting community and ensure the Scouts have the most memorable weekend of their lives. When you get the chance, please be sure to thank the staff and the rest of the Cadet volunteers for the work and dedication they have put in. Thank you for joining us, and we will see you in May!

Yours in Scouting,

Cadet Cade Ricker
Cadet, United States Military Academy
Commander, Scoutmasters' Council

54th Annual

Scoutmaster's Council Camporee

Troop Information Packet (Part 2 of 2)



54th Annual West Point Invitational Camporee

TROOP INFORMATION PACKET

1. CHECK-IN INSTRUCTIONS

A. Parking & Arrival Plan

- See attached “2016 Parking Plan”

B. Troop Check-In:

- Important Forms (All previously distributed):
 - “BSA/GSA Release Waiver”
 - “2016 Camporee Liability and Medical Release”
 - “2016 Accountability Roster”
- The above forms are due for each troop upon check-in at the Camporee.
 - **EACH PERSON** (each adult & each scout) must a “2016 Camporee Liability and Medical Release” form **prior to arrival**. These are to be turned in upon check-in.
 - **EACH SCOUT** must complete a “BSA/GSA Release Waiver” form **prior to arrival**.
 - **EACH TROOP** must complete prior to arrival a “2016 Accountability Roster” form. Only one of these is required per troop.
 - Additionally, upon check-in each troop will notify us at check-in whether it is competing in the Cook-Off.
- Lightfighter troops check in at Camp Natural Bridge.
- Mechanized troops check in at Anthony Wayne Recreational Area
- Armor troops check in at Anthony Wayne Recreational Area
- Upon check-in, troops will be given their Camporee patches and their scorecards.

C. Campsites

- Campsites will be available upon checking in.

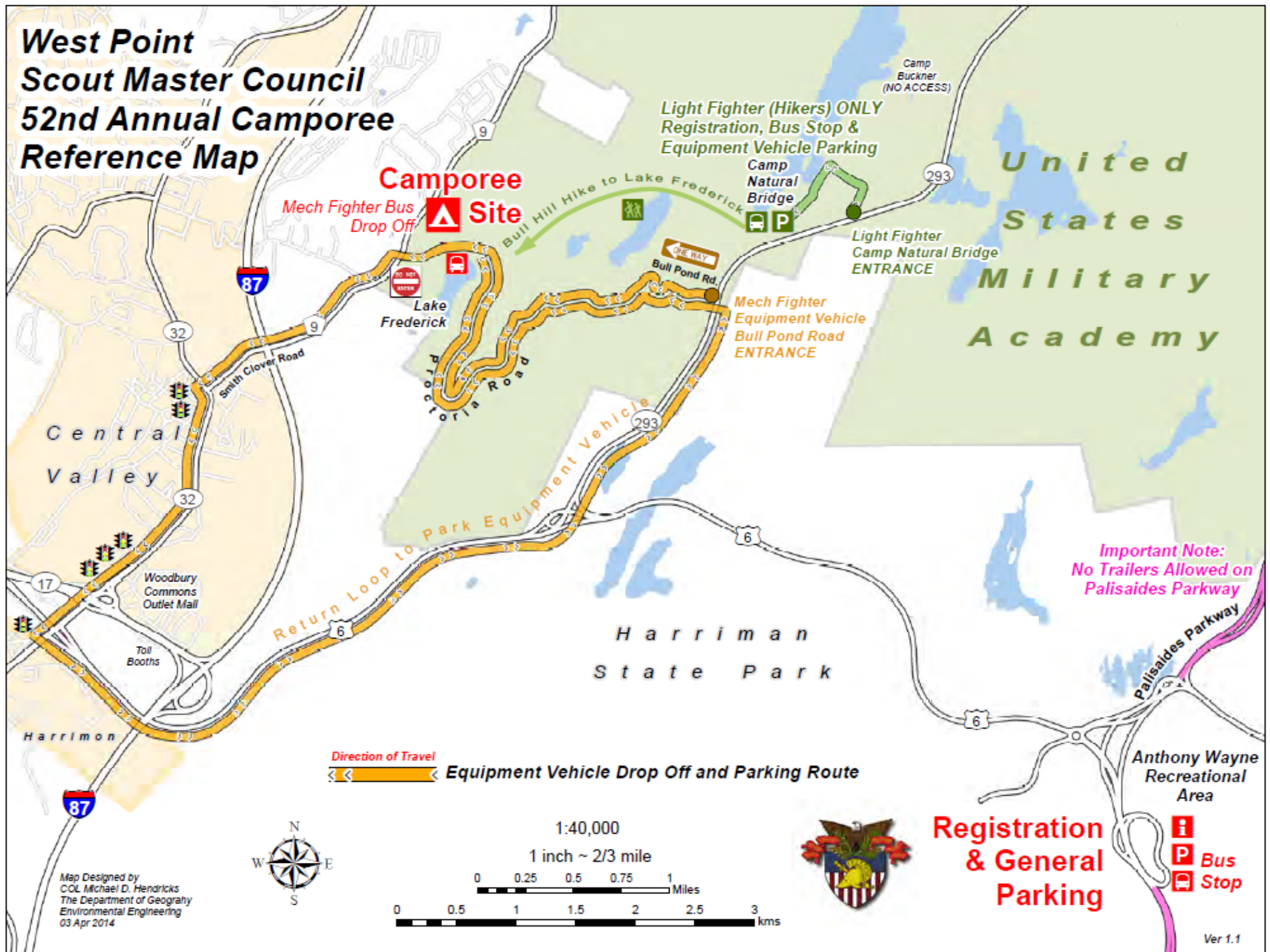
Any questions that you have between now and the Camporee should be directed to:

scoutmastercouncilstaff@gmail.com

TROOP TYPE:	ARRIVAL PLAN:	CHECK-IN LOCATION:	SPECIAL CONSIDERATIONS:
Lightfighters	On Friday, 29 April, ALL Lightfighter troops and their vehicles will move to Camp Natural Bridge for registration and to begin their movement to Lake Frederick. ALL of your troop must go to Camp Natural Bridge Lightfighter registration will be happening at this location and NOT at Anthony Wayne Recreation Center. Travel to Camp Natural Bridge along Route 293.	Camp Natural Bridge	Travel along Route 293 to get to Camp Natural Bridge
Equipment Vehicles (Mechanized & Armor Troops)	Each troop is authorized ONE equipment vehicle admittance into the Lake Frederick area. These vehicles enter the Lake Frederick area via BULL POND ROAD designated on the map and manned by cadets. Equipment vehicles will follow this route to an intersection with Proctoria Road where they will be stopped and documented as the ONE equipment vehicle for their troop. Then these vehicles will move into Lake Frederick, unload gear and EXIT Lake Frederick. Exiting equipment vehicles follow Route 9 to Route 32 to Route 6 to Route 293 to Bull Pond Road. After completing the loop equipment vehicles will return to Lake Frederick where they will be again checked off by cadets and directed to park along Proctoria Road. These vehicles will remain on Proctoria Road for the duration of the Camporee. All unauthorized parked vehicles will be towed at the expense of the driver. DO NOT USE OP CHARLIE ROAD (Winter weather has made this impassable)	Anthony Wayne Recreation Area	ONE equipment vehicle per troop allowed in the Lake Frederick Area. Use Route 293 to get to Bull Pond Road.
Mechanized	All Mechanized personnel-carrying vehicles report to Anthony Wayne Recreation Area. Non-equipment vehicles will be parked here for the duration of the Camporee. Buses will shuttle personnel completing the Bull Hill hike to Camp Natural Bridge. Those not wishing to complete the hike will be able to ride the buses to Lake Frederick with personnel from Armor troops.	Anthony Wayne Recreation Area	All Mechanized troops check-in at Anthony Wayne
Armor	All Armor personnel-carrying vehicles report to Anthony Wayne Recreation Area. Non-equipment vehicles will be parked here for the duration of the Camporee. Buses will shuttle personnel to Lake Frederick.	Anthony Wayne Recreation Area	All Armor troops check-in at Anthony Wayne
HANDICAP Information:	All handicap/special needs persons submit a formal request for parking accommodations. If request is approved you will receive one handicap parking pass. You may not park at Lake Frederick without this pass.		

TROOP TYPE:	EXIT PLAN: (All troops are released after the parade and award ceremony on 4 May)	CHECK-OUT LOCATION:
Lightfighters	Move over the Bull Hill Trail back to Camp Natural Bridge where they will check out with cadets and depart.	Camp Natural Bridge
Equipment Vehicles— Mechanized & Armor	Vehicles parked on Proctoria Road will move to Campsites and load equipment. Once vehicles are filled they will depart in an orderly manner.	Anthony Wayne Recreation Area
Mechanized	Move to designated shuttle bus location. From here troops will be transported back to Anthony Wayne Recreation Center where they check-out with cadets and depart. No personnel from Mechanized troops will hike back to Camp Natural Bridge.	Anthony Wayne Recreation Area
Armor	Move to designated shuttle bus location. From here troops will be transported back to Anthony Wayne Recreation Center where they check-out with cadets and depart.	Anthony Wayne Recreation Area

West Point Scout Master Council 52nd Annual Camporee Reference Map



Overall Plan



Detailed Lot Plan



Scoutmasters, Leaders, and Selected Troops:

Congratulations on being selected to attend the 54th Annual West Point Invitational Camporee! Along with numerous other troop and group events and competitions we will be offering the Scoutmaster' Cook-Off Contest once again. For those of you who have attended in the last few years, the Chili cook-off will be run very similar to the way it was in the past and should be a great time.

To officially register for the contest you will answer "yes" when asked if you would like to compete in the Chili Cook-Off at registration for the Camporee. Although this is the only required sign up it would be preferred if you emailed me prior to the event so I can acquire all the necessary materials and find enough qualified judges.

The chili cook-off will be held during the middle of the day on Saturday at 11:45 AM, April 30th. The competition will comply with the rules on the next page and the food should be made with either a stove or charcoal. You may use whatever tools and materials the troop brings with them. My staff member judges and myself are already looking forward to the contest and are excited to see what you and your troops can whip up this year. The things that we will be evaluating on are taste, heat, tang, and uniqueness. Each dish will be rated and then ranked with the prestigious winners being announced at the close of the competition.

If you have any questions, comments, or complaints please send them my way. I hope to make this a great contest and look forward to all the dishes and friendly competition. In a closing remark please send me an email if you would like to participate prior to the Camporee. The champion dish-makers will earn the award winning titles in the Camporee Cook Book that we

will create and post on the Scoutmasters Council Facebook page with all the submissions shared for everyone to enjoy in the future. We all look forward to seeing you at the Camporee this year and the judge's mouths are already watering in preparation for some amazing camp cooking.

Yours in Scouting,

CDT Matthew Shea

Special Projects Officer

2016 Camporee Chili Cook-Off CIC

Scoutmasters Council

Matthew.Shea@usma.edu

Scoutmaster Chili Cook-Off Rules (Saturday 30 April)

A. WHERE: Picnic table area outside Mess Hall (inside Mess Hall in the event of poor weather)

B. RULES:

1. Food must be made to serve about 10 people.
2. Scoutmasters will have food ready to serve by 1135.
3. Scoutmasters are responsible for cups/bowls for serving and utensils for eating.
4. Judges will sample each chili, and then rank each dish of the category to be compared with other judges

C. TIMELINE:

- a.) 1115-1130: Scoutmasters set up in cook-off area
- b.) 1130-1215: Scoutmasters serve dishes, rankings are locked in
- c.) 1215-1230: Site Clean-up—Leave area cleaner than before
- d.) 1230-1300: Official Ranking is created
- e.) 1330: Winners announced and official ranking is released

D. IMPORTANT NOTES:

- a.) Food preparation can begin at any time, but picnic area setup will begin at 1100.
 - i. It is acceptable to prepare food at campsite and bring it to the picnic table area.
- b.) Bring food for 10 people (expect leftovers for scouts and other staff members).
- c.) Please be spatially considerate when preparing your dish, regardless of category, as Lake Frederick will be crowded.

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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BOY SCOUTS OF AMERICA®



Girl Scouts®

PARENT/GUARDIAN PERMISSION FORM

Return this page to group leader

My daughter, _____

has permission to participate in _____

She can participate with reasonable accommodations.

Yes No

Please describe: _____

During the activity, I (we) can be reached at:

Address: _____ Telephone number: _____

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: _____

Address: _____ Telephone number: _____

Relationship to participant: _____

Physician's name: _____ Telephone number: _____

Additional remarks: _____

Parent or guardian's signature _____ Date: _____
(must be signed)

MAJA-AL

SUBJECT: Legal Review—54th Annual Scout Camporee

**RELEASE FROM LIABILITY AND HOLD HARMLESS AGREEMENT –
54th ANNUAL SCOUT CAMPOREE APRIL/MAY 2016**

In consideration for receiving permission from the United States Military Academy to enter upon the premises of West Point, New York and to use government facilities and property for the purpose of varsity practice at West Point, the receipt of such permission being hereby acknowledged, I, the undersigned*, intending to be legally bound, waive and release for myself, my heirs, executors, and administrators any and all claims, demands, and any other causes of action whatsoever, which I may have against the Department of the Army, the United States Military Academy, and their agents, officers, employees, representatives, servants, successors, and assignees arising out of my participation in 54th Annual Scout Camporee at Lake Frederick Camping Area from 29 April 2016-1 May 2016, including, but not limited to, any and all loss, damage, death or injuries suffered or sustained to or upon my person or property while in, on or upon the premises of West Point during the camporee.

I am gratuitously using the said area for my sole benefit; and know therefore, in order to avail myself use of the United States Government land, I agree to hold the United States Government and the United States Military Academy, their officers, representatives, agents, and employees harmless for any injuries or damages I may sustain to myself or cause to others by reason thereof.

I understand and acknowledge that by using the United States Government premises, facilities, equipment and services offered, I bear certain known risks and unanticipated risks which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to myself, to the minor identified below, or my property. I understand and acknowledge those risks may result in personal claims against United States Government and the United States Military Academy, their officers, representatives, agents, and employees, or claims against me by spectators or other third parties. These risks include but in no way are limited to the following: (1) the risks involved in use of the premises, facilities, equipment and services offered by West Point; (2) the acts, omissions or negligence in any degree of United States Government and the United States Military Academy, their officers, representatives, agents, and employees, or third parties; (3) latent or apparent defects or conditions in equipment, property or the facilities used the Camporee ;(4) my own physical condition, or my own acts or omissions; (5) rescue, first aid, emergency treatment or services rendered or failed to be rendered by United States Government and the United States Military Academy, their officers, representatives, agents, and employees.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease, or damage to myself, the minor identified below, or to my property.

MAJA-AL

SUBJECT: Legal Review—54th Annual Scout Camporee

The undersigned* further agrees that he or she will indemnify and will hold harmless the Department of the Army, the United States Military Academy, or their agents, officers, employees, representatives, servants, successors, and assignees from any and all costs, charges, claims, demands and liabilities of any kind arising from the willful or negligent acts of the undersigned*.

Nothing to the contrary contained it is understood and agreed that the privileges therein afforded me is in the nature of a privilege, and is not contractual in nature, and that such is revocable at will by the United States Government and the United States Military Academy.

SIGNATURE OF PARTICIPANT

PRINTED NAME

DATE

The undersigned certifies that he/she is the parent or legal guardian of, and has the authority to sign this release for _____ (name of participant) and agrees that he or she will assume liability for any loss, damage, injury, death, claims, demands, actions or causes of actions which may be brought by the *above* participant, or his/her representative as a result of the subject activities.

SIGNATURE OF GUARDIAN

(if applicable)

*Minor children must have the consent of their guardian.