

# 2025 WEBELOS & ARROW OF LIGHT WEEKEND



## Parent Packet



**Coastal Georgia Council, BSA  
Black Creek Scout Reservation  
November 7 - 9, 2025**

**Check in begins at 5:30 at the Admin Building**



Register on Council website: [www.coastalgeorgiabsa.org](http://www.coastalgeorgiabsa.org)

Calendar event: Webelos Weekend

Contact info: Scott Trowell (912) 441-3323, [bsatrowell@gmail.com](mailto:bsatrowell@gmail.com)

Council Contact: Greyson Cato (770) 855-1238,

[Greyson.cato@scouting.org](mailto:Greyson.cato@scouting.org)

# A Letter to Our Amazing Cub Leadership and Parents....

First we'd like to thank you, for all you do as a volunteer and for considering bringing your Cub Scouts to this event. We hope you find that each year your Pack can come to rely on this weekend as a fun filled camping experience for you and your Scouts. Please take the time to read through this packet so you can see what to expect at this event, as each one is different. We'd also like you to consider assisting us as a future staff member, to give back to the program that helps the Scouts grow.

Yours in Scouting,  
Your Volunteer Program Staff

# Basic information for this weekend.

The Scoutmaster and Scouts that are assigned to your campsite, will be teaching the classes throughout the day. This should allow more time for classes and meal preparation.

We would like for the parents to form their own patrol. They should do elections and have their own duty roster. They should participate in the Saturday evening campfire with a skit, song or cheer.

All the food for your meals will be provided. This includes 3 meals on Saturday and Sunday breakfast.

Please bring your meal for Friday night or eat before you check in.

Female Scouts will be paired with Female Troops.

## Classes that will be taught

### **Webelos Classes**

My Safety (Required)  
Webelos Walkabout (Required)  
Stroger, Faster, Higher (Required)  
Chef's Knife (Elective)  
Let's Camp (Elective)  
Math on the Trail (Elective)  
Wood Tools  
Knots  
Into the Wood (Elective)

### **AOL Classes**

Outdoor Adventurer (Required)  
Personal Fitness (Required)  
Patrol Cooking  
First Aid (Required)  
Knife Safety (Elective)  
Knots  
Hiking /Safety  
Campsite Set up/ Fire Building

**Webelos & AOL Scouts will be in Webelos & AOL classes**

## **2025 ARROW OF LIGHT WEEKEND / WEBELOS WEEKEND**

**November 7 - 9, 2025**

**Black Creek Scout Reservation**

### **Friday**

5:30 - Check in at Admin Building. Assign campsite.

Drive to Campsite and Unload Personal Gear / Park car accordingly

5:30-8:00 - Set up Tents and stow personal gear in tents

- Report to Scout Master

Explanation of Scout Troops and workings thereof

Separate into patrols (Webelos Patrol / AOL patrol / Adult Patrol)

Hold Elections ( Per Patrol )

- Sr. Patrol Leader (Troop Leader w/guidance)

- Assistant Sr. Patrol Leader (Assists SPL in leading Troop)

- Patrol Leader (Leads the patrol) ( 1 per patrol )

- Assistant Patrol Leader (Assists leading the patrol) ( 1 per patrol )

- Chaplin (Prayers before eating & Day) ( 1 per patrol )

- Scribe (Takes Notes of the Day) ( 1 per patrol )

- Historian (Pictures) ( 1 per patrol )

- Quarter Master (Responsible for Gear) ( 1 per patrol )

Review Duty Roster Job Descriptions/Set up for Patrols and Parent Patrol

Review Leave No Trace Principles

Create & Design Patrol Flags

Review several Skits for Sat. Camp Fire/Practice skit

9:00 Scoutmaster & SPL meeting at First Year Camper

11:00 - Taps – Lights out

### **Saturday**

7:00 Reveille / Get Dressed / Clean up Tent for Inspections

7:30 Breakfast (Eat by Patrols)

Eat Breakfast / Clean Up / Put Food Away

8:30 Scouts to teach classes in campsites

(Parents can tag along for pictures)

12:00 Lunch (Eat by Patrols)

Eat Lunch / Clean Up / Put Food Away

1:00 Continue with Classes in campsites by Patrols

4:30 Start Dinner by Patrols

Eat Dinner / Clean Up / Put Food Away

Practice Skits for Campfire Program

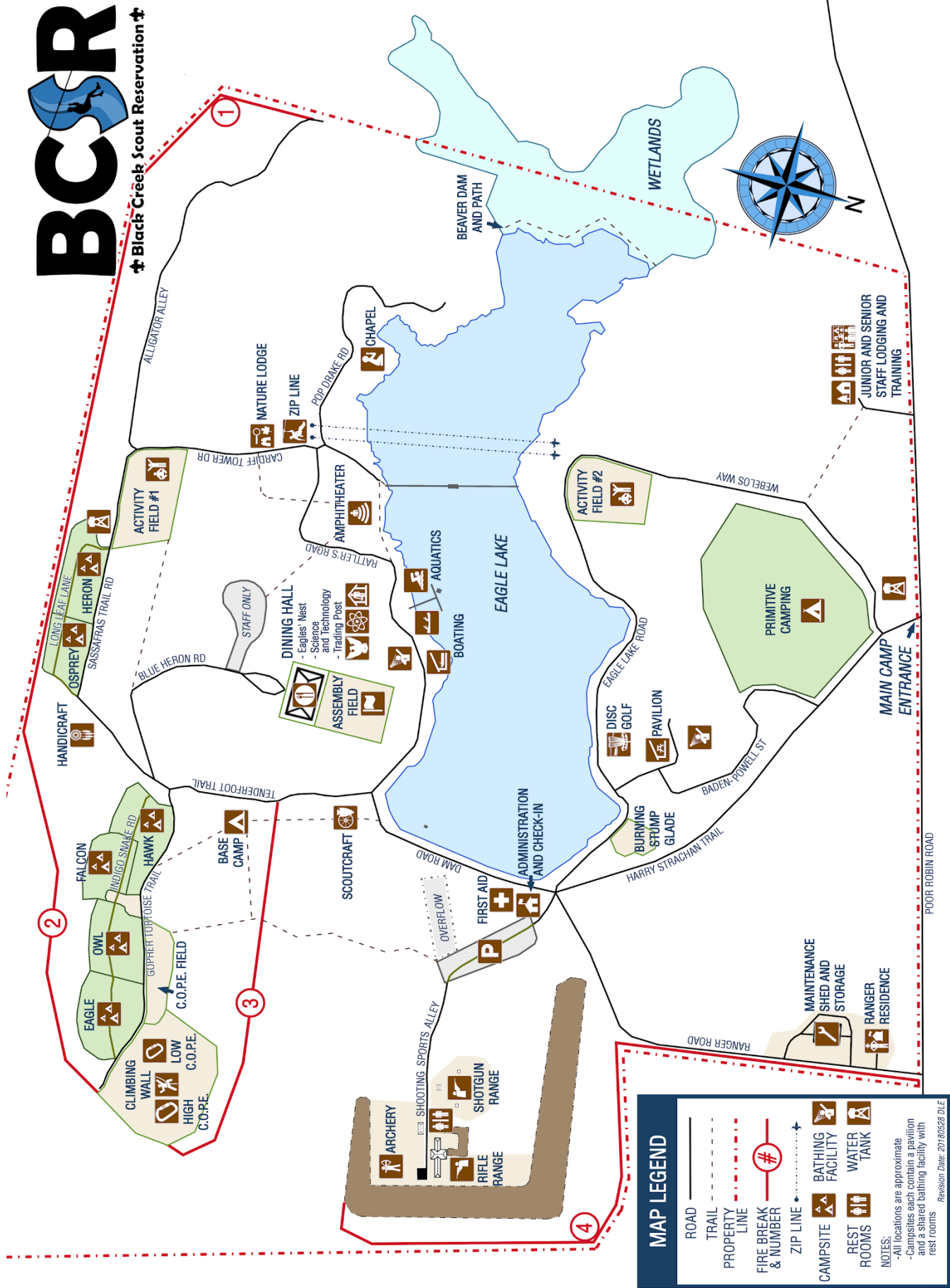
8:00 Closing Campfire at Council Ring

### **Sunday**

7:00 Reveille

8:00 Breakfast

9:00 Assembly at Flag Pole in 1<sup>st</sup> year camper



### MAP LEGEND

- ROAD
- TRAIL
- PROPERTY LINE
- FIRE BREAK & NUMBER
- ZIP LINE
- CAMPSITE
- BATHING FACILITY
- REST ROOMS
- WATER TANK
- RANGER RESIDENCE

NOTES:

- All locations are approximate
- Campsites each contain a pavilion and a shared bathing facility with rest rooms

Revision Date: 2018/05/28 DLE

# Suggested Packing List for Youth

- ☐ Medical Forms (A, B1, B2)
- ☐ Tent & tent pegs/stakes
- ☐ Tarp for under Tent
- ☐ Sleeping Bag
- ☐ Air mattress, Cot, or Sleeping pad
- ☐ Extra Blankets
- ☐ Pillow
- ☐ Bug Repellant
- ☐ Sun Screen
- ☐ Lantern
- ☐ Flash Light & Batteries
- ☐ Camp Chair
- ☐ Mess Kit ( plate & bowl )
- ☐ Plasticware ( Fork, spoon, knife )
- ☐ Canteen or water bottle
- ☐ Cord, rope, clothes pins
- ☐ First Aid Kit
- ☐ Coffee / Hot Chocolate Mug
- ☐ Sturdy walking shoes or boots
- ☐ Full Uniform
- ☐ Extra change of clothes (2 days)
- ☐ Dry sleep clothes-you will stay warmer
- ☐ Extra socks, shoes, underwear (2 days )
- ☐ Rain gear – poncho recommended
- ☐ Sweatshirt and/or Jacket
- ☐ Hat
- ☐ Towel
- ☐ Personal items & toiletries (toothbrush, toothpaste, deodorant, shampoo, soap, brush )(Baby wipes come in handy!)
- ☐ Personal medication
- ☐ Place clothing in Ziploc bags marked with name and day to be used to keep dry
- ☐ Cub Scout Handbook
- ☐ **Good Attitude :)**

- ☐ ***Pocketknife – Only Cub scouts who have earned their “Chef’s Knife” and/ or “Knife Safety” electives and are supervised by a parent are allowed to have knives.***





As a Brief Reminder...

# BSA Camp Policies to keep Youth **SAFE!**



- **All vehicles MUST** be parked in the designated parking areas.
- Driving in camp during check in and out is limited to 10mph and should be slower if you are near people. Use your brakes if you have too.
- No driving is permitted during program, plan ahead if you need to leave early.
- **Absolutely no riding in the back of trucks.**
- Leave no Trace: If you pack it in, pack it out. Please secure trash as you pack it out so it doesn't blow out.
- Use fire rings.
- No open-toed shoes allowed.
- No use of alcohol, illegal/recreation drugs or misuse of prescription drugs.
- No firearms or fireworks allowed.
- No smoking in view of Scouts.
- No pets are allowed in camp.
- Have your medical forms with you.

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

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 your 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.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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 protected health information to the adult in charge, camp medical staff, camp management, 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, 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.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ Checking this box indicates you DO NOT want your child to use a BB device.



**NOTE:** Due to the nature of programs and activities, 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. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

☐ None

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. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If participant is under the age of 18)

## Complete this section for youth participants only:

### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

### In case of emergency, notify the person below:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

## Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	



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## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE  
INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken.

☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

### Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<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/mumps/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"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

Please list any additional information about your medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required: ☐ Yes ☐ No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



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# Please give us feedback

Please let us know how we did and how we can make things better in the future. And, if you'd like to be part of the Amazing Cub Activities Volunteer Team please let us know!

*Nobody can do everything, but everyone can do something.*  
~Author Unknown

## Notification and Promotion of the event:

1	2	3	4	5
Needs Work		Needs Polished		We Loved IT!

## Communication after initial registration:

1	2	3	4	5
Needs Work		Needs Polished		We Loved IT!

## Check-in, Check-out and Staff Interaction:

1	2	3	4	5
Needs Work		Needs Polished		We Loved IT!

## Activities:

1	2	3	4	5
Needs Work		Needs Polished		We Loved IT!

## Camping Facilities:

1	2	3	4	5
Needs Work		Needs Polished		We Loved IT!

## General Comments and Constructive Feedback:

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