

Fall Camporee ▶ Sept 19-21, 2008

Pioneer District

Location .. Meadows, Brecksville Reservation, Cleveland Metroparks.

Type..... This is a 2 night tent camping event. Patrol competition begins on Saturday at 8:00A.

Cooking...By patrols. No ground fires permitted. Limited water availability.

Cost..... \$15 per person (Troop 526 will pay the \$7 participation fee).

Deadline.. **Signed permission slip and payment is due to the Troop Scribe by Tuesday, September 9, 2008 @ 7:30P.** Late reservations will be accepted at a cost of \$20 per person.

Depart..... Meet at the Scout building Friday @ 6:30P, load troop gear and depart promptly at 7P for location

Return..... Pick up time is Sunday 9A (or once we are released by the Camp Staff)

Church.... All Scouts must make own arrangements for church service once they return home (~11A)

Other.....

1. All Scouts, wearing their Scout Uniform, will backpack their personal gear from the Chippewa Creek Dr park entrance (~ 0.8 mile) to our site. Troop gear will be delivered to campsite (tents, stoves, food, etc).
2. All Scouts and adults must wear tan "Field" (Class-A) Scout shirt to and from ALL campouts.
3. Scouts are expected to wear a "Troop 526" T-shirt during remainder of the camping event.
4. All other "standard" rules apply as stated in the latest edition of the Troop 526 handbook.

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Boy Scout Troop 526

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Parents: Complete the following information and return this portion to the Troop Scribe, along with \$15 camp fees no later than the Troop Meeting on Tuesday, September 9, 2008 by 7:30P. (+\$5/person late fee)

Scout _____ will attend the campout and has my permission to participate. He will pay his camping fee in: [] cash; [] check #____; [] scout account. In case of emergency please contact _____ at (_____)_____. As a parent, I recognize that this event requires my assistance.

I will: [] attend the campout (\$15); [] transport (complete chart below); [] other _____.

I understand it is my responsibility to provide or arrange timely transportation for my Scout to and from this event.

KIND, YEAR, AND MAKE OF VEHICLE	NUMBER OF PASSENGERS	OWNER'S NAME	DRIVER'S LICENSE NUMBER	WILL EVERYONE WEAR A SEATBELT?	PUBLIC LIABILITY INSURANCE COVERAGE		
					PUBLIC LIABILITY Each Person	Each Accident	PROPERTY DAMAGE
					\$	\$	\$

I also understand that this event includes a certain degree of risk that could result in injury or death. In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent signature

Date

Pre-Requisites

Disabilities Awareness Merit Badge

FULL SCOUT NAME: _____

TROOP NUMBER: 526

DISTRICT NAME: PIONEER

Completed Blue Card

REQUIREMENT #4:

Visit **TWO** of the following locations and take notes about the accessibility to people with disabilities. In your notes, give examples of five things that could be done to improve upon the site and five things about the site that make it friendly to people with disabilities. Discuss your observations with your counselor.

- a. Your school
- b. Your place of worship
- c. Your Scout camping site
- d. A public exhibit or attraction (such as a theater, museum, or park)

FIVE THINGS TO IMPROVE:

1. _____
2. _____
3. _____
4. _____
5. _____

FIVE THINGS THAT MAKE IT FRIENDLY

1. _____
2. _____
3. _____
4. _____
5. _____

REQUIREMENT #5C

Using resources such as disability advocacy agencies, government agencies, the Internet (with your parent's permission), and news magazines, learn about myths and misconceptions that influence the general public's understanding of people with disabilities. List 10 myths and misconceptions about people with disabilities and learn the facts about each myth. Share your list with your counselor, then use it to make a presentation to a Cub Scout pack or other group.

TEN MYTHS AND MISCONCEPTIONS;

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

REQUIREMENT #7

Name five professions that provide services to people with disabilities. Pick one that interests you and find out the education, training and experience required for this profession. Discuss what you learn with your counselor, and tell why this profession interests you.

FIVE PROFESSIONS;

1. _____
2. _____
3. _____
4. _____
5. _____