



# **EVENT SURVIVAL GUIDE**



BOY SCOUTS OF AMERICA

Greetings!

The great volunteers of **Daring December Duels** are looking forward to joining you and your unit for a Saturday full of outdoor fun.

Check out this event guide, you will see the details of the activities your unit can experience at **Daring December Duels**. These activities will be done based on the age level of the Scout and based on the Guide to Safe Scouting. While these activities are just for fun, there will be a passport for you and your Scout to track what activities they have completed to help meet requirements for any rank/badge requirements.

There are going to be some activities that will take longer than others to complete. We have planned more events than what you and your unit can complete in one day—find what looks the most fun to you and your scout and do those!

You will have so much fun on this Saturday! McGimsey is a great place to learn about the outdoors, the food is great, and fellowship is terrific. Your attitude about the experience will travel down to the Scouts. If you are up and enjoying yourself, they will too. If you are down or having problems, the Scouts see it and react to it. Please get in touch with any **Daring December Duels** staff if any problems or issues come up that are not handled to your satisfaction.

If you have any questions, please feel free to reach out to [Adventure@AlamoAreaBSA.org](mailto:Adventure@AlamoAreaBSA.org)

See you at **Daring December Duels!**

Yours in Scouting!  
Tori Metcalf  
Outdoor Adventure Executive

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**Daring December Duels** is an event for the unit. So, units should register together—this is so that the unit can track the leadership requirements and ensure proper supervision is provided. If you have any issues with the registration, please contact [ADVENTURE@Alamoareabsa.org](mailto:ADVENTURE@Alamoareabsa.org) Registration links can be found here→



## General Information:

### FOOD ALLERGIES/DIETARY NEEDS

Meals are provided at this event. If you have any special dietary needs, email [ADVENTURE@AlamoAreaBSA.org](mailto:ADVENTURE@AlamoAreaBSA.org) by November 18st.

### Lost and Found

All lost and found items will be taken back to the Scout Service Center. One week after the event, all items will be donated to a local charity.



## National Camp Standards

McGimsey Scout Park is inspected annually by a team that represents the Boy Scouts of America. The Camp meets or exceeds all standards and regulations. We feature a Health Lodge staffed by a qualified professional Provider for routine health checks and problems. Strick health and safety standards are maintained at all times.

### Contact Information

Staff Advisor: Tori Metcalf

Email: [ADVENTURE@AlamoAreaBSA.org](mailto:ADVENTURE@AlamoAreaBSA.org)

### Arriving and Leaving Camp:

This is a one-day event. Individuals that attend **Daring December Duels** must stay all day. Once you have arrived on campus, your vehicle should stay parked in the parking area until you are ready to leave the event. There will be no re-entry after leaving.



### Check-in:

Check in will start at 8:00 am. Units will meet at the McGimsey White house.



## Location

10810 Wedgewood Dr.  
Castle Hills, TX 78213

## Getting There

Make sure to give yourself plenty of time to get to McGimsey Scout Park. Do not caravan. This is a dangerous practice and can cause chain reaction accidents. Make sure each driver understands the route, and then let them set their own pace.

Arrival time: 8:00- 9am

## Transportation:

Each unit will be responsible for getting to the event. No riders were allowed in the back of pickup or trucks. All riders must have a seat belt. There will be no driving on property once you arrive. You will be parked in a designated parking area—this is where your vehicle will stay until you are ready to leave the event.

## Leadership requirements

Two registered adult leaders 21 years of age or older are required at all scouting activities, including meetings. There must be a registered female adult leader at least 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth or female adult program participants.

Notwithstanding the minimum leader requirements, age, and program-appropriate supervision must always be provided.

**In addition to the National's policy, Alamo Area Council** requires **all adults** coming to an event to have taken Youth Protection Training and show proof of it at check in.

## First Time Adult at McGimsey?

### Youth Protection:

The Youth Protection Policies of the Boy Scouts of America are practiced at McGimsey Scout Park.

### Security at Camp

Be certain to secure all valuables. Keep spending money in a safe place and work with the Scouts to provide only the amount of money that they need the day. Please report all suspicious activities to camp staff. This is for the safety of all campers.

### DISCIPLINE

The conduct and discipline of the people in your unit is the responsibility of the unit leadership. We ask for your cooperation. **Daring December Duels staff will not discipline Scouts unless a serious bodily injury or property damage may result.**



All adults attending **Daring December Duels** with a unit must have:

**Complete Youth Protection Training (YPT) training and bring a copy of the card/ certificate.**

**Complete Health Form- Part A, B only.**

# SUGGESTED PACKING LIST

## Suggested:

Drinking Cup or Second Water Bottle  
Daypack  
Personal First Aid Kit  
Sunscreen  
Bug Spray  
Jacket  
Hat  
Camera  
Money for Trading Post  
Unit/Patrol Flags  
Swimwear & Towel  
(Polar Plunge)

## UNIT PACKING LIST:

BSA Roster w/highlighted  
participants (Out of Council Units  
Only)  
Leader YPT copies  
Copy of Insurance- accident &  
sickness with claim form (out of  
Council units)  
Scout & Leader Medical Forms  
First Aid Kit

## Uniforms

The official Field uniform is requested for event. Adults are also asked to set a good example by wearing their uniforms. Please consider substantial closed-toe footwear for those attending.

CROCS are not allowed—they are not considered to be closed-toes shoes.

## Items to leave at home:

Fireworks  
Music Devices  
Pets—NO DOGS.  
Food—meals are provided.

## Refund Policy

To ensure the council can provide the best service to the Scouts and to make better investments into the lives of our youth the Alamo Area Council has adopted the following refund policy:

- All Scout Night events and tickets are Non-Refundable.
- Deposits are Non-Refundable (deposits are any initial fee paid to hold your spot in the event. Examples of events that have deposits: Summer Camps, Wood Badge, NYLT, Jamboree, etc).
- Paid registration fees are refundable up to thirty (30) days prior to the start of an event, less a 20% processing and supply fee, upon written request.
- Within 30 days of the event, the event is Non-Refundable. (Emergency situations may be considered within 30 days with appropriate documentation provided, minus a 20% processing and supply fee. Examples of emergencies are medical – with official doctor or medical note, Military orders, or a requirement to attend summer school.)
- Scouts are allowed to coordinate with other scouts to fill the position being vacated. Please notify Council of the change and we will update the roster, as required. (Events with waitlists are exceptions to this policy – the next person on the waitlist will fill the vacated spot).
- Transfers to other events are not permitted. (Exceptions to this policy are Bear Creek Summer Camp and McGimsey Cub Scout Day Camp, for these two events we can move you within the different sessions).
- When the event is cancelled by the Council a full refund will apply.

Refunds are issued by check to the individual who made the payment. If the registration is a unit registration, the refund will be issued by check and mailed to the Charter Organization on behalf of the unit. Units may opt to have their refund transferred directly into the unit account at the council office but must include this in the refund request submitted. Expect the refund process to take up to 4 to 6 weeks, during the summer season this may take longer due to the increase in activity.

Any refund may be donated to Give The Adventure (GTA) with a written request stating the donation to [Refunds@AlamoAreaBSA.org](mailto:Refunds@AlamoAreaBSA.org). All donations are tax-deductable.

All refund requests will only be considered if submitted in writing to [Refunds@AlamoAreaBSA.org](mailto:Refunds@AlamoAreaBSA.org)

# Daring December Duels

## Program

**Shooting Sports**—Shooting sports options is only available to those that signed up to participate.

*Option available to Cub Scouts,*

### Competitions for Scouts:

- **Monkey Bridge**—Scouts will be judged on the quality of the bridge, creativeness, and time it takes to build the bridge
- **Scouting Skills**—there are various skills that a scout should know how to do—here we will be putting those skills to the test.
- **Knot Tying**—Scouts will be tested on how many knots that they can correctly
- **Scavenger hunts**—Scouts will have to be able to locate several items that will be spread through out the McGimsey Scout Park
- **Obstacle Course**—See how quickly Scouts will make it through the course
- **Tug of War**—Scouts will be divided up via patrols/dens to see which group can beat the other
- **Caterpillar Crawl**—Scouts will see how fast they can work together to make it a cross the finish line
- **3-leg race**—scouts will work with their buddy to see if they can be the first to cross the finish line
- **Oreo Eating**—this is a classic Minute-to-Win-it game. Scouts will see how quickly they can get the cookie from their forehead to their mouth without dropping it or touching it with their hands.
- **Cup stacking**—This challenge will require scouts to stack cups without directly touching the cups.
- **Book Races**—Scouts will stack books on top of their head; they will then race to see if they can complete the course without dropping the books

### Competitions—Scout Masters:

- **Firebuilding Survivor style**—The scout master's will be competing to see who can build a fire quickest.
- **Shake, Rattle, and Roll**—The Scout Masters will be competing to see who can move their hips the best in order to empty the box around their waist.

**Polar Bear Plunge**—Participants will be able to take a plunge in the McGimsey pool in December.

Whether you're in full uniform or bundled up in the coldest cold-weather gear, this event is all about showcasing your bravery and having a blast. *Option available to Cub Scouts, Scouts BSA, Crews, and Ships*

**Trading Post:** Our Trading Post will be open for part of the day. 1pm-3:40pm

# Daring December Duels

## Schedule

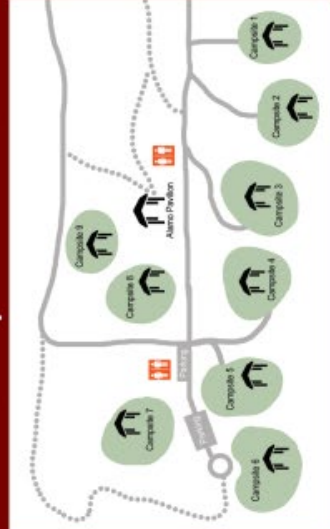
8:00 am	Gates open
8:00-9:00am	Check in
9:00-9:15am	Opening Flags/ Gates Close
9:30-11:45am	Morning Program
12:00-1:00pm	Lunch
1:15-3:30pm	Afternoon Program
3:40pm	Closing Flags
4:00pm	Gates Open

A map of all the program will be emailed out a week before event.





## Campsites 1 - 9



10810 Wedgewood Drive, San Antonio, TX 78213

For Registration and Events Visit [AlamoAreaBSA.org](http://AlamoAreaBSA.org)



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



## 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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<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"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<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: \_\_\_\_\_

