

Scouting  America

INTERNATIONAL CAMPOREE @Camp Karankawa CAMPAMENTO INTERNACIONAL



SEPTEMBER 12-14, 2025 | MATHIS, TEXAS
12-14 DE SEPTIEMBRE DE 2025 | MATHIS, TEXAS

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The International Camporee will be held on **September 12- 14, 2025**, at Camp Karankawa.

This year's Camporee will be open to all US and Mexican Webelos age 10 and up, Troops, Crews, Ships, and Posts.

Youth will be divided into mixed patrols for the participation of the Camporee. Each patrol will consist of 8 participating youths.

The competition is based on the skills contained in the Scouts BSA Handbook. We hope that the youth apply their learnings while having fun.

If you have any questions, please contact in Mexico:

***Mary Pacheco - mobile +528110807985 or
correo electronico - mmariregia@gmail.com***

Camporee Chair: Gilbert Ramon 361-648-9336
gilbertramon1@hotmail.com

We're looking forward to a yet again exciting and successful International Camporee this year. The cost for this years' camporee is \$55 per person which includes all meals and a patch.

Camporee Events

Fire Pit & Fire Starting

Triage, Splint, and Stretcher Carry

Monkey Bridge Crossing

Corkball Batting Practice

Frontier Paintball Shootout

Tomahawk Throw

Pitch Tent

Rifle shooting

Archery

Push Car Race

Sling Shot

Pioneering (A Frame Race)

Cope

Pool races with Boogie Boards

Boat Races

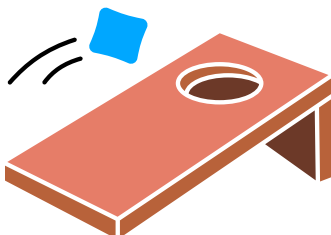
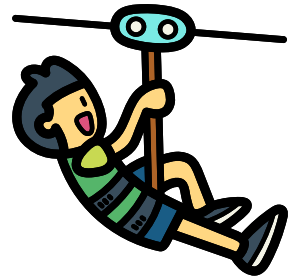
Frisby Golf

Chess

Ping Pong

Scavenger Hunt

Cornhole



Note about parking:

All other vehicles will also be parked in the main parking lot area.

If you have any questions, please contact the
Camporee Chair-Gilbert Ramon

361-648-9336

or

Francisco Orozco- Staff Advisor

(361) 816-3868

Check-In

Each participating unit must be prepared with all their paperwork.

Please be ready with the following:

- Proof of Current YPT for all adults
- Medical Forms for all youth and adults
- Troop Roster Form
- All Adults must be BSA registered
- Adult Roster (1 per troop) with cell numbers.

General Rules and Information

- All adults and youth are to follow the Scout Oath and Law during the Camporee.
- Uniforms are to be worn properly for morning and evening flag ceremonies, the Saturday night campfire, Sunday worship service, and at other appropriate times as announced.
- Scouts may dress in their Class B's for the Saturday activities.
- Campsites will be assigned by the staff, each troop/venture/explorer units are asked to use the minimal space for its campsite. Due to a large expected attendance, more than one troop may be assigned to each campsite. Please be courteous to your fellow campsites mates.
- Arrival/Check-In time is 6:00 p.m. on Friday evening. Campsites will be assigned at that time.
- Vehicles will not be allowed on camp trails. All vehicles must park in designated parking lots.
- Practice sensible fire safety, please make camp fires in the designated fire rings located in each campsite. Please do not remove fire rings from other campsites. Liquid fuels are not recommended. Please follow BSA policy on handling, use and storage of such fuels.
- Follow all rules regarding knife safety, proper handling of knives and tools.
- Please do not cut down any live trees for firewood. Any cutting down of live trees will require permission.
- Scoutmasters and Assistant Scoutmasters may be requested to assist in some of the events.
- Skits, songs, etc must conform to Scouting standards and must be submitted to the Camporee Program Director in the office for screening prior to 5:00pm Saturday. Please come by and tell us what you'd like to do. We encourage all units to participate.
- Visitors will check in/check out at the office(must acquire a wristband), and must depart before Lights Out each evening.
- Lights Out will be at 11:00pm each evening, Reveille will be at 6:30am. Quiet hours are between those times. Units should arrive with enough time to set up campsites by Lights Out.
- All troops/units must remove garbage from their campsites and place it in the dumpster prior to departure.
- All troops/units will be assigned cleanup assignments and should complete them prior to departure. (Camp Ranger will give the final approval)
- Please plan departing before 12pm on Sunday.
- Inappropriate conduct will NOT be tolerated and will result in asking the participant(s) to be removed from camp grounds.

2025 Camporee Schedule

Friday

- 12:00 noon - Early Check-In
- 4:00 p.m. - 9:00 p.m. Check-In and Campsite Assignments
- 7:00 p.m. - Dinner (Dining Hall)
- 9:30 p.m. - SPL and Adult Leader Meeting (Carter Campfire Circle)
- 10:30 p.m. - Event Chair Meeting (Carter Campfire Circle)
- 11:00 p.m. - Lights Out

Saturday

- 7:00 a.m. - Flags and Breakfast in Dining Hall (tentative)
- 8:30 a.m. - Day Check In at Office
- 9:00 a.m. - Camporee Events (Morning Sessions)
- 12:00pm - Lunch in the dining hall
- 1:00 p.m. - 5:00 p.m. - Camporee Events (Afternoon Sessions)
- 5:00pm - Proposed Programs due in office!!
- 5:15 p.m. - Event Chairs turn in results for scoring
- 6:15 p.m. - Evening Flag
- 6:30 p.m. - 8:15 p.m. Dinner in the dining hall
- 8:30 p.m. - Campfire
- 9:00 p.m. - Ice Cream Social
- 11:00 p.m. - Lights Out

Sunday

- 7:00 a.m. Flags & Breakfast in Dining Hall
- 9:00 a.m. - Religious Service (Chapel)
- 10:00 a.m. - Complete Cleanup Assignments / Break Camp
- Check Out by 12pm



GENERAL CAMP INFORMATION

FOOD ALLERGIES & DIETARY NEEDS

If you have any special dietary needs due to food sensitivities or religious restrictions, please let the Camp Director know at least two weeks in advance so that we can make every effort to accommodate you.

Located on the shores of scenic Lake Corpus Christi, near Mathis, this 130-acre Scout camp includes 15 campsites. A new 300 person Air Conditioned Dining Hall, 3 new state-of-the-art restroom/shower buildings, and a beautiful chapel overlooking Lake Corpus Christi.

CONTACT INFORMATION

CAMP KARANKAWA ADDRESS

Camp Karankawa
23564 Park Road 25
Mathis, TX 78368

SOUTH TEXAS COUNCIL OFFICE

Phone: (361) 814-4300 Ext. 117

Fax: (361) 814-5798

Staff Course Advisor

Francisco Orozco
(361) 816-3868

CAMP KARANKAWA SONG

On the hill above the water
Up above the trees,
Flows the flag of Camp Karankawa
Waving in the breeze.
Camp Karankawa, Camp Karankawa
With your boys so true.
Scouts and Scouters all together,
Sing their praise to you.

DIRECTIONS TO CAMP

DIRECTIONS FROM CORPUS CHRISTI

Travel north on Interstate 37 to Mathis, Texas.

Take exit 34 towards Lake Corpus Christi State Recreation Area.

Turn left at State Highway 359. Travel on State Highway 359 south to Mathis.

Turn right on to park road 25 right before the Nueces River Bridge.

Follow park road 25 until you come to the entrance leading to the Lake Corpus Christi State Park.

Turn left into the entrance to the park.

Proceed towards the park until you reach the fork in the road.

Take the right fork right before entering State Park Headquarters to Camp Karankawa. Travel on road until you reach the camp entrance, turn left into the entrance and follow driveway to camp parking lot.

DIRECTIONS FROM VICTORIA

Take US 59 south to Beeville (55 miles). Take US 181 south to Skidmore (12 miles).

Follow TX 359 southwest into Mathis. Travel on State Highway 359 through Mathis.

Turn right on to park road 25 right before the Nueces River Bridge.

Follow park road 25 until you come to the entrance leading to the Lake Corpus Christi State Park.

Turn left into the entrance to the park. Proceed towards the park until you reach the fork in the road.

Take the right fork right before entering State Park Headquarters to Camp Karankawa.

Travel on road until you reach the camp entrance, turn left into the entrance and follow driveway to camp parking lot.

DIRECTIONS FROM LAREDO

Take US 59 north to Freer. Take State Hwy 44 east to Alice. Take TX 359 north to Mathis.

Cross the Nueces River Bridge and then turn left at Park Road 25. Follow this road until you come to the entrance leading to the Lake Corpus Christi State Park. Turn left into the entrance to the park.

Proceed towards the park until you reach the fork in the road. Take the right fork right before entering State Park Headquarters to Camp Karankawa.

Travel on road until you reach the camp entrance, turn left into the entrance and follow driveway to camp parking lot.



23564 Park Road 25

Entrance

GPS Coord. 28.071658N, 97.863772W

1.5 Miles To 1068



Camp Karankawa

South Texas Council

Boy Scouts of America

southtexasbsa.org

(361) 814-4300

(800) 299-2267

307



Archery Range

Rifle Range

Shotgun Range

130 Acres
Founded 1947

Mesquite Lodge

Staff Cabins

Dining Hall

PARKING

Health Lodge

Vern Herring
Visitor's Center

Trading Post
& RESTROOMS

Camp
Headquarters

Carter
Campfire
Circle

Staff
Cabins

Council
Ring

RESTROOMS
& SHOWERS

C.O.P.E.

Cabin 17

12

Scoutcraft
Area

Nature
Area

Swimming
Pool

Waterfront

RESTROOMS
& SHOWERS

RESTROOMS
& SHOWERS

PARKING

Chapel

Training
Center

Lake Corpus Christi

Lake Corpus Christi State Park

By: M Jones 12/12/18

EQUIPMENT CHECKLIST

INDIVIDUAL EQUIPMENT

- SCOUT UNIFORM
- 2 PAIRS OF SHOES
- UNDERWEAR
- SOCKS
- JEANS AND SHORTS
- T-SHIRTS- 5 CLASS B
- BELT
- SWIMSUIT- BSA APPROPRIATE
- RAINCOAT OR PONCHO
- LIGHT JACKET
- TOWELS
- TOILETRIES (SOAP, SHAMPOO, TOOTHBRUSH, TOOTHPASTE, DEODORANT
- SUNSCREEN
- INSECT REPELLENT
- BABY POWDER
- BEDDING, PILLOW, AND GROUND CLOTH
- FLASHLIGHT WITH SPARE BATTERIES
- PERSONAL FIRST AID KIT
- COMPASS
- WATCH/ALARM CLOCK
- CAMERA
- PENS/PENCILS
- CUP
- WATER BOTTLE
- POCKETKNIFE
- LIGHT WEIGHT BACKPACK
- COT (HIGHLY RECOMMENDED)
- LIGHT WEIGHT TENT (1 MAN)
- PRESCRIBED MEDICATIONS IN ORGINAL CONTAINER WITH LABLE AND INSTRUCTIONS (LEFT WITH MEDIC)



**Do not bring:
Video Games**



Part A: Informed Consent, Release Agreement, and Authorization

A

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 19015(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: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

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 (anginal)/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	



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crow No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NODO 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

MO/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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MEDICATION FORM
(One form per medication, copy as needed)

Unit # _____ District: _____ Council _____

Camper's Name _____

Name of Parent or
Guardian: _____

Phone Numbers: (H) _____
(B) _____

Doctor's Name _____ Phone: _____

Medication/Strength: _____

Reason for Medication _____

Expected Schedule: (i.e. 3 times a day, As needed, etc.) _____

When was medication started? _____ Temporary _____ Permanent _____

Side Effects (reactions to food, dehydration, stress, iodine, other meds, decrease balance, motor activity, concentration, drowsiness, lethargy, etc.)

List other important information about this medication since access to medical information or facilities could be delayed due to geographical area.

Special Storage instructions:

Expected action if medicine is not taken as directed

Total quantity needed _____

Waiver: This information is confidential and is provided to _____
Name of Leader

For the express purpose of helping to ensure a healthy, safe camping experience for my child. This form may be shared with medical personnel should the necessity arise. It will be returned to me at the end of the trip.

Signature of Parent/ Guardian _____ Date _____

Troop # _____ District _____ Council _____
Camp Dates: _____ to _____

PREPARE IN DUPLICATE AND TURN IN ONE COPY ON ARRIVAL TO CAMP.

	First & Last Name	Address	Phone Number	Rank	Age
SM					
ASM					
ASM					
ASM					
ASM					
ASM					
SPL					
2					
3					
4					
5					
6					
7					
8					
9					
10					
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