Blue Grass Council Coal Camporee

brought to you by the Kentucky Coal Association

November 9-11, 2012

Hazard, KY

GPS Coordinates: 37.371945, -83.090177

the coordinates above can be cut and pasted into Google Maps
detailed directions will be emailed to listed unit leaders
please make sure your information is complete

Space is limited to the first 300 youth and first 100 leaders to register

Scouts/Venturers $5, Leaders $5
includes hat, patch, lunch on Saturday

Ground fires will be acceptable, firewood will be provided

You could earn...

the Blue Grass Council IMPACT AWARD

KCA Kentucky Coal Association

Friends of Coal

This award was created by the Blue Grass Council in conjunction with the Kentucky Coal Association. The IMPACT Award is designed to educate Scouts on types of mining, its benefit(s) to our local communities and the types of careers available in the mining industry.

Activities and Events

IMPACT Award
GPS Navigation
Shotgun Five Stand
Black Powder Rifle and Tomahawk Throw
Introduction to Wilderness First Aid
Pioneering
Three-man Slingshot Action Range
Geocaching
Land Navigation (Venturing only)
Pistol Range (Venturing only)

Introduction to Mining Practices And Coal Technologies

Kentucky Coal Association Boy Scout Camporee

Final Registration Date - November 2, 2012

Troop #_____ Unit Contact Name_____ Leadership Position_____

Email Address_____ Daytime Phone_____

PLEASE PROVIDE EMAIL - FUTURE INFORMATION WILL BE SENT VIA EMAIL

Use a second sheet if necessary - Make copies of ***ALL*** forms before submitting to the council office

	Leader Name	Please note any medical training i.e. CPR	Required Forms Attached	$5 Each Paid	
1					
2					
3					
4					

	Scout Name	Rank	Patrol Name	Required Forms Attached	$5 Each Paid	New Scout?
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Make checks payable to Blue Grass Council, BSA and mail with all paperwork to:
KCA Boy Scout Camporee, 3445 Richmond Rd., Lexington, KY 40509

TOTAL PAID | | |

6BSCC

___ Payment enclosed ___ Charge our Scout Shop Account ___ Charge to: ☐Visa ☐MC ☐AmEx ☐Discover

Card #_____ Exp Date_____ CVV #_____

DO NOT WRITE IN THIS BOX - OFFICE USE ONLY

Amount Paid_____ Amount Due_____ Date Rcvd_____ Invoice #_____ All Paperwork Rcvd_____

Blue Grass Council Standard Release Form

(*REQUIRED FOR PARTICIPATION IN EVENTS AND ACTIVITIES*)

Youth Participant Name(s)_____

Adult Participant Name(s)_____

HOLD HARMLESS

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

I release the Boy Scouts of America, the Blue Grass Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

☐ Without Restrictions
☐ With special consideration or restrictions (list)_____

_____

TALENT RELEASE AGREEMENT

I hereby assign and grant to the Blue Grass Council and the Boy Scouts of America 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 Blue Grass 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 hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

Primary: Name_____ Phone (_____) _____

Relationship to participants_____

Second Name_____ Phone (_____) _____

Relationship to participants_____

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.

Parent/Guardian/Participant Printed Name_____

Signed_____ Date_____