Blue Grass Council BSA

COUNCIL CONSERVATION CAMPOUT

at **Fishtrap Lake**

Pike County, KY

Friday-Saturday, April 5-7, 2013

WHEN: The service project will be on Saturday from 9:00 AM until 3:30 PM—Rain or Shine Event— This is a "troop level" camping event. Camping on the mountaintop is available on both Friday & Saturday nights, however troops are welcome to just come and participate in the conservation project on Saturday only. Pre-registration is required by **March 29th, 2013**.

COST: $5.00 each *(includes a patch and insurance.)*

WHAT: This conservation service project will consist of planting a thousand trees on reclaimed coal mined land in the Fishtrap Lake watershed about 25 miles from Pikeville. *(Detailed directions are on the back of this sheet)*

WHY: Our project will be similar to the projects used at the new 2013 National Jamboree site located at the Summit near Beckley, WV by Scouts attending the Jamboree. Scouts will be able to earn a new Council Service Award. They can also earn partial completion merit badges for the following: Forestry, Soil & Water Conservation, Fish & Wildlife Management and Environmental Science.

Scouts/Adults MUST bring: Lunch, water, rain gear, gloves & sturdy footwear. BE PREPARED.

For additional information or questions contact, Larry Ridenour, 859-299-9470, L.ridenour@insightbb.com or Martin Koca at the council office at 859-231-7811 or Martin.Koca@scouting.org.

Fishtrap Lake Conservation Campout

Unit # _____ District _____

Attending Leader Name: _____

Address: _____

City _____ KY, Zip _____

Email: _____

Our unit will be camping:

☐Friday ☐Saturday

☐Not camping

____ # of Scouts attending X $5.00 each $_____

____ # of Adult / Leaders attending X $5.00 each $_____

TOTAL DUE: $_____

6BSCD

EVERY PARTICIPANT MUST FILL OUT THE ATTACHED RELEASE FORM AND BRING IT TO THE EVENT

Payment: ☐Check Enclosed Please charge to: ☐Visa ☐MC ☐AmEx ☐Discover ☐Troop Account (scout shop)

Card# _____ Exp: _____ Security Code: _____

Make checks payable to Blue Grass Council. Return this form and payment to:
Blue Grass Council, 3445 Richmond Road, Lexington, KY 40509 or fax to 859-252-3785.

Directions to COE Fishtrap planting site from the Holiday Inn Express in Pikeville, KY:

Starting at the Holiday Inn Express on route 23/119 in Pikeville, KY, go 3.7 miles south towards Jenkins, KY to where 460/80 Splits off at Shelbiana, KY. At the exit off of 23/119 you will see a Food City on the right. Go 14.0—14.5 miles on 460/80 through these small communities: Shelbiana, Millard (will see Millard School on right), Regina, Draffin, and Belcher, KY. Bear left on 460 at Belcher, KY towards Grundy, VA where 80 splits off. Do not go towards Elkhorn City. After the split, you'll be on Ferrels Creek. Go up Ferrels Creek 0.7 miles and take the first left. The left turn is onto a paved road that goes up the hill and at the turn there is a log cabin home with a red metal roof on left. Watch for a sign stuck in ground that says: **Blue Grass Council Boy Scouts Tree Planting.** The road is paved for a ways up the hill and then it becomes gravel and steep. Once you get to the top of the hill the road levels off and widens. Stay on the main road that follows the ridge across the MTR complex and travel 4.3 miles. The turn-off to the planting area is on the right (there is a patch of small black willows on the left of the main road where the right turn is). From that right turn, follow the single lane road—there is another 1/2 mile hike or drive with 4-wheel drive. The total distance from the Holiday Inn Express is about 23 miles (a 45 minute drive).

DON'T FORGET TO BRING A COMPLETED RELEASE FORM FOR EACH PERSON IN YOUR GROUP.

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_____