



# Outdoor Leader Skills for Webelos Den Leaders

## Webelos Leader Specific Training

### Camp McKee

### August 22-24, 2014

Check in Friday 6 PM, course ends Sunday Noon



Outdoor leaders skills for Webelos den leaders is the outdoor related training that will prepare you to conduct a successful program for your Scouts. It includes outdoor skills, guidelines and rules as they apply to the Webelos program, overview of the outdoor group of activity pins and tips on how to teach them, and review of the guidelines and rules that apply. This is a camping event. You will need to bring personal camping equipment (sleeping bag, tent, etc.) You are encouraged to coordinate equipment with others attending the course. A final equipment list will be sent prior to the course to registered attendees. Cost includes all meals on Saturday and breakfast Sunday.

**Contact: Gerry Gevedon 859-684-8252 gerrygev@twc.com**

**You must pre-register and pay at the Scout Service Center no later than end of day August 15, 2014. Subject to Cancellation - There must be a minimum of 15 registrants by this date to conduct the training**

Name \_\_\_\_\_ I would like to be called \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

Preferred Phone: Cell Home Work Number: \_\_\_\_\_

Pack Number \_\_\_\_\_

District: Elkhorn Lake Cumberland Lonesome Pine Mt. Laurel Palisades Shawnee

Current registered position \_\_\_\_\_

Religious preference \_\_\_\_\_

Discussion of "Duty to God" will be part of the training. There will be an interfaith service. Provide any comment or considerations you may have to the course director as an aid in planning to meet everyone's needs

#### Training experience, with date completed:

Youth Protection \_\_\_\_\_ BALOO \_\_\_\_\_

New Leader Essentials \_\_\_\_\_ First Aid Training, (specify) \_\_\_\_\_

Leader Specific \_\_\_\_\_ Other \_\_\_\_\_

Awards / recognitions received \_\_\_\_\_

List specifically any particular needs or limitations, including medications, allergies, and dietary considerations. \_\_\_\_\_

Describe the extent of your camping experience, and how comfortable you are with it. \_\_\_\_\_

Why did you decide to participate in this training? What do you expect to get from it? \_\_\_\_\_

**Cost: \$30.00 Basic Course Fee including meals**



I will be paying: By Check (enclosed) Credit Card (circle one) MasterCard Visa AmExp Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CWV \_\_\_\_\_

**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 \_\_\_\_\_