Scouting America

Long Beach Area Council

THE ORDER OF THE ARROW, PUVUNGA LODGE

PRESENTS

Quest for the Iron Star

Camporee Leader Guide

APRIL 17-19, 2026

SPRING CAMPOREE

AT FIRESTONE SCOUT RESERVATION

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Welcome Scouts and Leaders

On behalf of the Puvunga Lodge of the Order of the Arrow, the Long Beach Area Council, Camporee Committee, we would like to take this opportunity to welcome all Scouts BSA, Venturing Scouts, Sea Scouts, and all unit leaders to the Iron Star District Spring Camporee.

This Council event will take place the weekend of April 17 to 19, 2026 where we will be getting together at Firestone Scout Reservation in the city of Brea. A camporee is a perfect showplace for the ***SCOUTING PROGRAM*** and therefore goes far beyond just being a gathering of boys & girls. A camporee is many things …camping fun for youth, the thumping of hundreds of feet on the way to an evening campfire, the smell of cooking stew or ham & eggs. A camporee starts with the recognition that a patrol is the basic camping unit. The patrol demonstrates its very best camping techniques and shares its experience with other patrols. The goal of this weekend is to offer an event of unique and fun activities while providing a venue for excitement, fun, competition, and fellowship in the spirit of scouting.

This year's theme is, **"MEDIEVAL TIMES – THE QUEST FOR THE IRON STAR"**. This program will give you a hint of life a knight, where chivalry and honor is the way of life.

THIS YEAR WE HAVE PLANNED THEMED EVENTS AND COMPETITIONS, AND THE CHANCE FOR YOUTH TO SHOW LEADERSHIP, TEAMWORK, AND TALENT. SOME OF SATURDAY'S EXCITING SCOUT EVENTS WILL BE:

- LASHING & KNOTS
- FIRE STARTER
- FIRST AID
- ARCHERY
- AXE THROWING
- CATAPULT BUILDING

AND MUCH, MUCH MORE…..

PLEASE REVIEW THIS GUIDE CLOSELY FOR INFORMATION ON ACTIVITIES, TIMES, SAFETY RULES, AND REQUIREMENTS. SOME EVENTS MAY BE SUBJECT TO CHANGE DEPENDING ON NUMBER IN ATTENDANCE AND RESOURCES AVAILABLE. WE HOPE YOU WILL HAVE A FUN AND EXCITING WEEKEND. CAMPOREE WILL TAKE PLACE RAIN OR SHINE.

REGISTRATION MUST BE SUBMITTED TO THE COUNCIL OFFICE BY 4PM ON WEDNESDAY, APRIL 15, 2026. DUE TO THE PLANNING INVOLVED IN THIS CAMPOREE, WE CANNOT ACCEPT ANY LATE UNIT REGISTRATIONS.

General Information

LOCATION: FIRESTONE SCOUT RESERVATION
19001 TONNER CANYON RD
BREA, CA 92821

DATE: APRIL 17TH - 19TH, 2026

REGISTRATION: PRE-REGISTRATION MUST BE COMPLETED USING THE COUNCIL'S ONLINE REGISTRATION SYSTEM. A $100 DEPOSIT SECURES A UNIT'S RESERVATION FOR THE CAMPOREE. AN ESTIMATED NUMBER OF PARTICIPANTS IS SUBMITTED AT THIS TIME. ROSTER FORMS ARE INCLUDED IN THE CAMPOREE LEADER GUIDE. THE FINAL PARTICIPANT COUNT & FINAL PAYMENT IS DUE ON OR BEFORE APRIL 15TH, 2026. MAXIMUM NUMBER FOR THE CAMPOREE IS A TOTAL OF 250 PARTICIPANTS WHICH INCLUDES BOTH SCOUTS AND REGISTERED LEADERS. PARKING IS FREE.
DEADLINE FOR REGISTRATION IS APRIL 15TH,2026 AT 4PM AT THE SCOUT SERVICE CENTER. TROOPS MUST BE PAID IN FULL BY APRIL 15TH, OR ANY AVAILABLE OPEN SPACES WILL BE GIVEN TO SCOUTS ON THE WAITING LIST. UNFORTUNATELY, DUE TO THE PLANNING INVOLVED WE CANNOT ACCEPT ANY LATE UNIT REGISTRATION.

COST: SCOUTS BSA SCOUTS- $40
VENTURING CREW MEMBERS- $40
SEA SCOUTS - $40
UNITS LEADERS / REGISTERED ADULTS - $25

(IN COUNCIL AND OUT OF COUNCIL FEES ARE THE SAME)

CHECK IN: BEGINS AT 4:00PM AND WILL RUN TILL 7:00PM ON FRIDAY, APRIL 17TH. NO EARLY CHECK-INS BUT PLEASE LET US KNOW IN ADVANCE IF YOU NEED A LATE CHECK-IN SO WE CAN MAKE ACCOMMODATION. UNITS WILL NOT BE ALLOWED ACCESS TO CAMPSITES UNTIL 4PM. ALL UNITS MUST CHECK IN AT THE REGISTRATION TENT AREA.
PLEASE HAVE COMPLETED MEDICAL FORMS AND CONSENT FORMS AT CHECK IN. PLEASE HAVE THEM TURNED IN ALL TOGETHER BY YOUR UNIT REPRESENTATIVE.

CHECK IN PROCEDURES

1.) UPON ARRIVAL, HAVE A UNIT REPRESENTATIVE CHECK IN WITH THE REGISTRATION TEAM AND SUBMIT **ALL FORMS.** YOUR REGISTERED ADULT LEADERS WILL BE VERIFIED AND YOU WILL RECEIVE YOUR REGISTRATION PACKAGE, AND BE ASSIGNED TO A CAMPSITE.
2.) PROCEED TO ASSIGNED CAMPSITE AND SET UP
3.) AFTER LOADING/UNLOADING, PARK ALL VEHICLES IN THE PARKING AREAS NOTED ON THE MAP. REGISTRATION INCLUDES WEEKEND PARKING PASSES FOR UNITS.

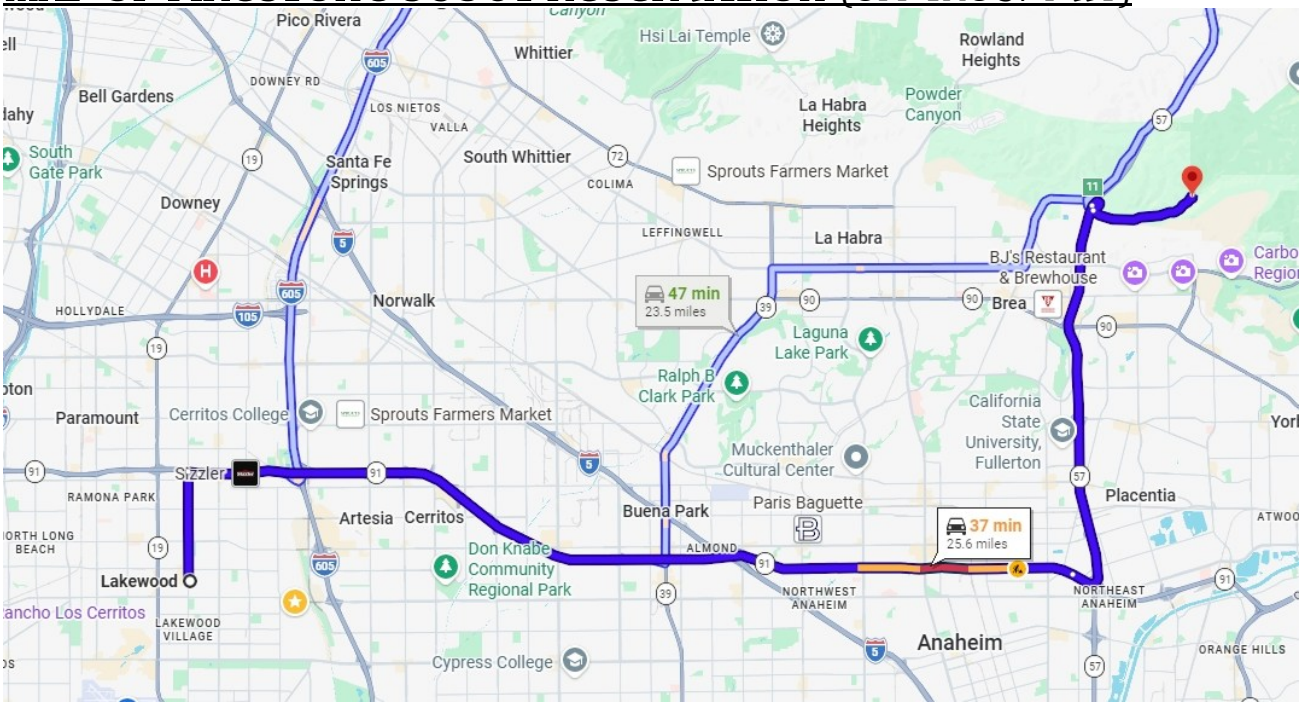
Key Three Contacts

This guide will be updated frequently.
See the council website at: www.longbeachbsa.org for updates or for any other needed information contact the event staff below.

Event Chair	Program Chair	Council Staff Advisor
Mat Talag	Joe Danna	Kevin Folkerts
213 305-0312	562 774-8068	562 900-3406

Please feel free to contact us at mat_talag@yahoo.com or the numbers above.

Map of Firestone Scout Reservation (off the 57 fwy)



Get on CA 91 East
Follow CA-91 E to CA-57 N to Tonner Canyon Rd. Exit
Follow Tonner Canyon Rd to your destination:
Firestone Scout Reservation
19001 Tonner Canyon Rd, Brea

Campsite Map

SCHEDULE

FRIDAY, APRIL 19TH

4:00 P.M.- 7:00PM	**CHECK-IN REGISTRATION OPENS:** RECEIVE REGISTRATION PACKET, CAMPSITES ASSIGNED AT CHECK IN. SET UP CAMPSITES AND TROOP GATEWAYS.

ABSOLUTELY NO REGISTRATIONS WILL BE TAKEN AT THIS TIME. IF YOUR TROOP HAS NOT REGISTERED AT COUNCIL BY APRIL 15TH, YOU WILL BE UNABLE TO ENTER THE CAMP.

8:00 P.M.	**FRIDAY NIGHT OPENING: "KNIGHTING OF THE BROTHERHOOD"**
9:30 P.M.	CRACKER BARREL: SENIOR PATROL LEADERS / ADULTS LEADERS
10:00 P.M.	HQ INFO DESK CLOSES
11:00 P.M.	LIGHTS OUT

SATURDAY,, APRIL 20TH

6:00 A.M.	REVEILLE
6:30 A.M. – 8:00 A.M.	HQ / INFO TENT OPENS.
6:30 A.M. – 8:00 A.M.	BREAKFAST
8:00 A.M.	LEADER'S MEETING
8:30 A.M.	FLAGS, WELCOME, AND ANNOUNCEMENTS: **LET THE QUEST BEGIN**
9:00 A.M. – 3:00 P.M.	CAMPSITE INSPECTION
9:00 A.M. – 12:00 P.M.	MORNING EVENTS
12:00 P.M.–1:00 P.M.	LUNCH
1:15 P.M. – 5:30 P.M.	AFTERNOON EVENTS
5:30 P.M. – 7:15 P.M.	DINNER
6:00 P.M. – 7:00 P.M.	DUTCH OVEN COOKING" COOKING COMPETITION DISHES DUE: PLEASE BRING YOUR ENTRY TO THE JUDGES FOR PRESENTATION AND SUBMISSION.
7:30 P.M. – 9:30 P.M.	**"KINGS JUBILEE" (IN CLASS A)**
10:00 P.M.	CRACKER BARREL: SPLS/ADULT LEADERS
11:00 P.M.	**LIGHTS OUT**

SUNDAY, , APRIL 2ND

6:45 A.M.	REVEILLE
6:00 AM -7:30AM	
7:30 AM – 7:45 AM	**INTER-FAITH SERVICE (SCOUT'S OWN)**
7:45 AM- 9:00 A.M.	BREAKFAST
9:00AM- 9:30 A.M.	**CLOSING CEREMONY (CLASS A'S)**
10:00 – 12:00P.M.	**PACK UP, POLICE THE AREA.**
12:00P.M.	**CHECKOUT**

Camporee Guidelines

These guidelines concerning the health and welfare of participants must be observed.

Health Forms: All participants (youth & adults) are required to have BSA medical forms (part A & B). A copy of these forms shall be submitted at the registration check-in. A copy of these forms should also be in the possession of each participant. **Adults & Scouts who do not have medical forms (A & B) will not be allowed in camp; staff members included.**

Food/Meals: All unit participants are responsible for providing their own meals Friday through Sunday. Please secure all food at night.

Utilities: The Firestone Scout Reservation has potable water. Please do not wash dishes at spigots or in the restrooms. Campsites do not have electricity. Only camp staff has access to electricity for official and emergency use.

Garbage: Each unit needs to have its own bag for garbage. Each unit is responsible for disposing their trash at the designated location. Campsites will be inspected prior to check out from the camporee.

Restrooms: Porta-potties will be available throughout the camp. Please help us keep the facilities clean and sanitary.

Off Limits Areas: All areas outside the designated campgrounds are off limits, this mean scouts and adult leaders do not cross the roadway (to the north side of the road).

Cooking and Fires:
Wood, charcoal and propane can be used in designated communal fire pits. There are only a few of these. Only propane stoves are allowed – no liquid gas stoves.

Adult YPT: **All adults** attending must have completed youth protection training.
All adults camping must be currently registered leaders with their councils.

Special Needs: Any participants (scout / adult) needing special accommodations should contact the camporee staff in advance of the event so we can plan how we can best fulfill your needs.

FIRST AID MEDIC &

FIRST AID STATION WILL BE LOCATED AT HQ TENT. FIRST AID WILL BE AVAILABLE ON A 24-HOUR BASIS. WE WILL HAVE STAFF MEDIC ON SITE THROUGHOUT THE WEEKEND. ALL UNITS ARE ENCOURAGED TO HAVE ADEQUATE FIRST AID SUPPLIES WITH THEM AS PART OF THEIR UNIT EQUIPMENT. BE SURE TO BRING MEDICINES FOR SPRING ALLERGIES. IF NEEDED, THE NEAREST HOSPITAL WITH **EMERGENCY ROOM** IS LOCATED 11.6 MILES AWAY AT:

UCI HEALTH — PLACENTIA LINDA EMERGENCY DEPARTMENT.

1301 N ROSE DR, PLACENTIA, CA 92870

POLICY ON ALCOHOL, DRUGS PROFANITY

THE CAMPOREE COMMITTEE SUPPORTS THE POLICY OF THE SCOUTING AMERICA CONCERNING THE USE OF ALCOHOLIC BEVERAGES, DRUGS, OR OTHER MIND-ALTERING SUBSTANCES. IT IS THE POLICY OF THE CAMPOREE COMMITTEE THAT THERE SHALL BE NO ALCOHOLIC BEVERAGES, DRUGS OR OTHER CONTROLLED SUBSTANCES PRESENT AT OR CONSUMED DURING THE CAMPOREE. NON-COMPLIANCE WITH THIS POLICY WILL RESULT IN THE INDIVIDUALS AND THEIR UNIT BEING ASKED TO LEAVE THE CAMPOREE. LIKEWISE, PROFANE LANGUAGE OR GESTURES BY SCOUTS OR ADULTS WILL NOT BE TOLERATED.

ANIMALS

THERE ARE A VARIETY OF ANIMALS IN THE AREA. AMONG THESE ARE SQUIRRELS, RACCOONS, MICE, WATERFOWL, SPIDERS AND COYOTES. THESE HAVE BEEN KNOWN TO ARRIVE AT THE CAMPSITES WITHOUT ANNOUNCEMENT. SINCE WE WILL BE SHARING THEIR HABITAT, PLEASE RESPECT THEIR SPACE AND **DO NOT ANTAGONIZE THEM!** IF YOU SEE AN ANIMAL IN THE AREA OF OUR CAMPSITES, PLEASE NOTIFY OUR STAFF, SO THAT WE CAN TAKE PRECAUTIONS. BECAUSE OF ANIMALS, NO FOOD SHOULD BE LEFT UNATTENDED IN ANY CAMPSITES AND NEVER IN TENTS. STORAGE OF FOOD ITEMS IN CARS IS RECOMMENDED. LEAVE NO TRACE PRINCIPLES APPLY.

INTERFAITH SERVICE (SCOUTS OWN)

"A SCOUT IS REVERENT"

ONE OF THE MAIN POINTS OF THE ***SCOUT OATH*** IS ***DUTY TO GOD.*** ON SUNDAY MORNING, THERE WILL BE A 15-MINUTE SCOUT'S OWN SERVICE (LOCATION TBD) PRIOR TO BREAKFAST APPX 7:00AM. ALL SCOUTS AND SCOUTERS ARE EXPECTED TO ATTEND THE SERVICES. THIS IS A **CLASS "A" UNIFORM EVENT**. THE SUNDAY SERVICE WILL BE NON-DENOMINATIONAL.

HEALTH AND CLEANLINESS

"A SCOUT IS CLEAN"

USE THE FOLLOWING DISH-WASHING METHOD: USE A PAPER TOWEL TO WIPE FOOD SOLIDS FROM PLATES AND POTS INTO A TRASH BAG. WASH ALL DISHES IN A TROOP WASH BASIN WITH BIODEGRADABLE SOAP (PLEASE **DO NOT** WASH AT THE HOSE BIB OR RESTROOMS). POUR USED DISH WATER IN THE APPROPRIATE AREA" NEAR YOUR CAMPSITE, AND IF ANY SOLIDS REMAIN IN THE WASH BASIN, PLEASE DUMP THAT GARBAGE INTO YOUR TRASH BAG. WE HOPE TO LEAVE NATURE AS WE FOUND IT. DO NOT THROW GARBAGE, TRASH OR PAPER TOWELS IN THE PORTA-POTTIES. FACILITIES MARKED "WOMEN" ARE STRICTLY FOR WOMEN ONLY. PLEASE HELP US KEEP THE FACILITIES CLEAN AND SANITARY. MEN AND BOYS, PLEASE LIFT THE TOILET SEAT TO URINATE. CLOSE THE COVER WHEN LEAVING PORTA-POTTIES TO MINIMIZE THE BAD ODORS IN CAMP.

TRASH: PLEASE PACK YOUR TRASH AND CARRY IT OUT WITH YOUR BELONGINGS WHEN YOU LEAVE OR DISPOSE OF AT APPROPRIATE LOCATION.

DISCIPLINE

"A SCOUT IS COURTEOUS" "A SCOUT IS OBEDIENT"

ADULT SCOUTERS, SENIOR PATROL LEADERS AND PATROL LEADERS ARE RESPONSIBLE FOR THE SUPERVISION OF THEIR UNITS AT ALL TIMES AND WILL BE HELD ACCOUNTABLE FOR THEIR BEHAVIOR.

UNIFORMS

CLASS A / FIELD UNIFORM MUST BE WORN FOR THE FOLLOWING EVENTS:

ARRIVAL TO CAMP
OPENING CEREMONY
SATURDAY "THE BIG SHOW"
SCOUT'S OWN
DEPARTURE FROM CAMP

PLEASE BE ADVISED THAT THIS IS A SCOUTING EVENT AND PROPER ATTIRE (INCLUDING FOOTWEAR) SHOULD BE WORN AT ALL TIMES DURING THE ENTIRE WEEKEND. THE TEN ESSENTIALS ARE HIGHLY RECOMMENDED. BRING THE NECESSARY CLOTHING FOR CHANGING WEATHER CONDITIONS.

REFUND POLICY:

- RECEIVE YOUR $100 DEPOSIT IN FULL MINUS 15% PROCESSING FEE THROUGH MARCH 30TH.
- ANY CANCELLATIONS AFTER APRIL 5TH WILL NOT BE REFUNDED.

Saturday Patrol Events & Competitons

All events will be judged for team work, leadership, participation, and skill. For the games, the optimum patrol size recommended is 4 to 8 scouts.

1. **Fire Starter:** Bring the heat at fire starting! Four patrol teams will put their teamwork and scout skills to the test as they work together to build and ignite a fire. Success isn't just about the first spark—it's about smart planning, smooth communication, and efficient teamwork from start to finish. Patrols will be scored on both their results and how effectively they work together. Every point earned adds to their overall camporee score—so gather your kindling and let the sparks fly!

2. **A Knight's Laundry: Knots & Lashing**
   Step into the medieval challenge of a knight's laundry! Four patrol teams will put their knot-tying knowledge to the test setting up a laundry line. Each scout will have an opportunity to demonstrate essential scout knots and proper application. From proper selection to precise tying and correct usage, patrols will be evaluated on skill, accuracy, and teamwork. Every knot counts toward the patrol's overall score for the camporee competition. Sharpen those rope skills, tighten those hitches, and prove your patrol is truly fit for knighthood!

3. **Siege the Castle: A Medieval Team Relay** Prepare for glory in Siege the Castle! Patrol teams will embark on a daring quest across challenging terrain, following precise instructions to overcome obstacles, advance upon and take down the fortress. Success demands strong communication, flawless coordination, and swift execution as patrols race against the clock. Bonus tokens can be picked up along the way to shave seconds off the clock. Every move must be deliberate, every command clear. This timed trial will test unity and determination, with scores counting toward the overall camporee standings. Rally your patrol, storm the field, and claim your victory!
   .

4. **Archery**
   Take your stance at the line for the noble contest of archery! Patrol teams will channel their inner long bowmen as each scout steps forward to test strength, focus, and coordination. Arrows will fly toward the target as every member contributes to the patrol's success. Individual scores will be combined and averaged to determine the final patrol

RANKING FOR THE CAMPOREE. DRAW STEADY, AIM TRUE, AND LET YOUR ARROWS CARRY YOUR TEAM TO VICTORY AND HONOR!.

~~5.~~ **BATTLEFIELD TRIAGE: FIRST AID**
HEAR YE, HEAR YE! IN BATTLEFIELD TRIAGE, FOUR PATROL TEAMS WILL CHARGE INTO A BATTLEFIELD TO AID A FALLEN KNIGHT. SCOUTS MUST SWIFTLY BANDAGE WOUNDS, DEMONSTRATE PROPER FIELD DRESSING TECHNIQUES, CONSTRUCT A STURDY STRETCHER, AND CARRY THEIR COMRADE TO SAFETY. EVERY PATROL MEMBER WILL PLAY A VITAL ROLE IN THIS RACE AGAINST TIME. TEAMS WILL BE JUDGED ON SKILL, PROPER TECHNIQUE, TEAMWORK, AND STRETCHER CONSTRUCTION. EARN HONOR—AND VALUABLE CAMPOREE POINTS—THROUGH COURAGE, CARE, AND COORDINATION!

~~6.~~ **SCOUT TRIVIA**
GET READY TO TEST YOUR SCOUTING KNOWLEDGE! IN THIS EVENT, FOUR PATROLS WILL COMPETE IN A BATTLE OF THEIR PROFICIENCY OF KNOWLEDGE AND TRIVIA COVERING QUESTIONS ON OUTDOORS AND NATURE RELATED QUESTIONS. EVERY MEMBER PLAYS A ROLE, AND EVERY POINT COUNTS. BRING YOUR PATROL SPIRIT, SHARPEN YOUR SKILLS, AND GET READY FOR A FUN, ENERGETIC COMPETITION! THIS IS A TEAMWORK SKILLS EVENT WHERE EACH PATROL MUST WORK TOGETHER AND COLLABORATE IN THE TIME PERMITTED AND SUBMIT A SINGLE ANSWER SHEET FOR THE PATROL. THE PATROL SCORE WILL BE ADDED TO THEIR OVERALL SCORING IN THE CAMPOREE COMPETITIONS.

7. **CATAPULT** MAKE READY THE SIEGE ENGINES FOR THE CATAPULT COMPETITION! FOUR PATROL TEAMS WILL UNITE THEIR WITS AND CRAFTSMANSHIP TO CONSTRUCT A WORKING CATAPULT FROM THE MATERIALS PROVIDED. ONCE BUILT, THEY'LL TAKE AIM AT TARGETS, LAUNCHING THEIR PROJECTILES IN PURSUIT OF GLORY AND POINTS. SUCCESS WILL REQUIRE TEAMWORK, STRATEGY, AND STEADY HANDS. EVERY SHOT COUNTS TOWARD THE PATROL'S OVERALL CAMPOREE SCORE—SO BUILD BOLDLY, AIM TRUE, AND LET YOUR SIEGE SKILLS REIGN SUPREME!

8. **AXE THROWING** STEP UP FOR AXE THROWING! IN THIS EVENT, FOUR PATROL TEAMS WILL TEST THEIR STRENGTH, COORDINATION, AND FOCUS AS THEY TAKE AIM AT TARGETS IN THIS EXCITING CAMPOREE COMPETITION. EVERY SCOUT WILL GET A CHANCE TO STEP TO THE LINE AND PARTICIPATE BY THROWING AXES. THE INDIVIDUAL SCORES WILL BE COMBINED AND THEN AVERAGED TO DETERMINE EACH PATROL'S OVERALL EVENT SCORE—SO EVERY THROW COUNTS! BRING STEADY HANDS, SHARP EYES, AND STRONG TEAM SPIRIT AS YOUR PATROL COMPETES FOR ACCURACY, BRAGGING RIGHTS, AND CAMPOREE POINTS!

"DUTCH OVEN COOKING "

DISHES WILL BE JUDGED ON: OVERALL TASTE, CREATIVE/ORIGINAL USE OF INGREDIENTS, COOKING SKILLS PERCEIVED FROM THE DISH PRESENTED AND OVERALL PRESENTATION OF THE DISH, ALL WEIGHTED EQUALLY AT 25% OF THE TOTAL SCORE.

CRITERIA FOR CAMPSITE INSPECTIONS

THE FOLLOWING ARE THE GUIDELINES USED BY THE CAMPSITE INSPECTION TEAMS. DESPITE THE SPECIFICITY, SOME OBJECTIVITY IS STILL INVOLVED. HOWEVER, THIS SHOULD PROVIDE A PATHWAY TO A BETTER UNDERSTANDING AND MORE CONSISTENT EXPECTATIONS.

1. DUTY ROSTER POSTED

5 POINTS – ROSTER IN CAMPSITE AREA WITH ASSIGNMENTS FOR FRIDAY, SATURDAY AND SUNDAY.

3 POINTS – THIS DOCUMENT LISTS A SCOUT FOR THE FOLLOWING CAMP DUTIES; EQUIPMENT PREPARATION, SITE CLEANUP AND WATER.

2 POINTS – DOCUMENT IS COMPLETED AS ABOVE AND PROTECTED FROM ELEMENTS.

2. TENTS PROPERLY PITCHED

3 POINTS - TENTS ARRANGED IN AN ORDERLY ORGANIZED FASHION AND PITCHED CORRECTLY.

2 POINTS - WINDOWS AND DOORS ARE IN PROPER USE.

3. FIRE PROTECTION

5 POINTS –PROPER FIRE PROTECTION IS IN ACTIVE USE AT TENTS LOCATIONS.

5 POINTS – PROPER CAMPSITE COOKING LOCATION FIRE PROTECTION IS AVAILABLE FOR USE.

4. FLAGS PROPERLY DISPLAYED

5 POINTS – AMERICAN FLAG DISPLAYED IN CAMPSITE.

5 POINTS – AMERICAN FLAG DISPLAYED ON LEFT AND UNIT FLAG DISPLAYED ON RIGHT WHEN ENTERING THE CAMPSITE.

5. TROOP FIRST AID KIT AVAILABLE

5 POINTS – KIT PROPERLY IDENTIFIED AS FIRST AID KIT IN AREA.

5 POINTS – FIRST AID KIT OPEN FOR INSPECTION AND CONTAINS ITEMS SUCH AS BANDAGES/BAND- AIDS, LATEX GLOVES, ALCOHOL SWABS, ETC.

6. PATROL METHOD EVIDENT (CAMP GADGET, PATROL BOXES, ETC.)

5 POINTS – CAMP GADGET THAT DEMONSTRATES LASHINGS.

5 POINTS – PATROL AREA NEAT, FREE OF TRASH WITH TENTS IN ORDER, PATROL BOXES CLEAN.

7. PATROL COOKING UTENSILS CLEAN AND ORGANIZED/ FOOD STORAGE

4 POINTS. – ALL EQUIPMENT IS CLEAN AND PUT AWAY IN PATROL BOX OR CONTAINER

3 POINTS. – ALL FOOD IS PROPERLY STORED AWAY FROM ANIMALS

3 POINTS - COOLER IS PRESENT (IF NEEDED) AND ICE IS ADEQUATE FOR SAFE FOOD STORAGE

SCOUTMASTER'S CORNER

- THE BUDDY SYSTEM MUST BE FOLLOWED AT ALL TIMES. **PLEASE REINFORCE THIS WITH YOUR UNIT IN THE WEEKS LEADING UP TO THE CAMPOREE.**
- PATROL LEADERS WILL BE RESPONSIBLE FOR THEIR PATROLS DURING THE EVENTS, COMPETITIONS, AND ACTIVITIES.
- **DURING COMPETITIONS ANY ADULTS OBSERVED INSTRUCTING, HELPING, OR LEADING WILL CAUSE A DEDUCTION OF POINTS FOR THAT COMPETITION.**
- BE SURE TO BRING AND APPLY SUNSCREEN AND DRINK PLENTY OF WATER.
- NO WHEELED CAMPERS, RV TRAVEL TRAILERS, OR SIMILAR VEHICLES WILL BE ALLOWED IN CAMPSITES. PARKING IS LIMITED, SO PLEASE CARPOOL.
-

ADULT LEADERS – WE NEED YOUR HELP!

IT TAKES MANY ADULT LEADERS TO MAKE A SUCCESSFUL EVENT OF THE SIZE AND MAGNITUDE OF THIS CAMPOREE. WE WILL NOT BE ABLE TO HAVE ALL THE COMPETITIONS FOR THE SCOUTS WITHOUT YOUR HELP.

PLEASE SIGN UP OR PROVIDE AT LEAST ONE (MORE IF POSSIBLE) OF YOUR ADULT LEADERS TO ASSIST WITH THE EVENT AS SUPPORT STAFF, MOSTLY DURING THE

EVENTS ON SATURDAY. PLEASE CONTACT THE EVENT CHAIR OR CO-CHAIR LISTED ON PAGE 5 OF THIS PAMPHLET IF YOU CAN HELP. THE LAST THING WE WANT TO DO IS TO DROP ANY OF OUR EVENTS.

ALL STAFF AND UNIT LEADERS SHOULD ATTEND THE FRIDAY NIGHT ADULT CRACKER BARREL TO GET FURTHER INFORMATION AND FINAL ARRANGEMENTS. WE WILL GO OVER THE EVENTS THAT NIGHT.

NO WHEELED CAMPERS, RV TRAVEL TRAILERS, OR SIMILAR VEHICLES WILL BE ALLOWED IN CAMPSITES. THE ONLY EXCEPTION IS ADA DISABILITY VEHICLES. PARKING IS LIMITED, SO PLEASE CARPOOL. INSTRUCTIONS FOR PARKING WILL BE GIVEN AT CHECK-IN. THIS IS A TENT CAMPING, SCOUTING EVENT! PACK LIGHTLY, BUT "*BE PREPARED*" – WEATHER CHANGES UNEXPECTEDLY.

FORMS

PLEASE PRINT OUT THE FOLLOWING SEVERAL PAGES AS NEEDED FOR YOUR UNIT:

NO FORMS, NO PARTICIPATION, NO EXCEPTIONS!

- **BSA MEDICAL FORMS:**
  PAGES A, B1 AND B2 MUST BE FILLED OUT IN THEIR ENTIRETY AND DATED NO LONGER THAN 12 MONTHS FROM THE CLOSING DATE OF THE EVENT. BE SURE A COPY OF THE PARTICIPANT'S MEDICAL CARD IS ATTACHED AND THAT AT LEAST ONE ADULT ATTENDING THE EVENT IS NAMED AS SOMEONE WHO CAN TRANSPORT THE SCOUT IN AN EMERGENCY.
  FILLABLE FORM CAN BE FOUND HERE: HTTPS://WWW.SCOUTING.ORG/HEALTH-AND-SAFETY/AHMR/
- **PARENTAL INFORMED CONSENT FORM TWO (2) COPIES:**
  ONE COPY OF THE FORM MUST BE TURNED INTO THE REGISTRATION DESK UPON CHECK IN AND A COPY MUST BE IN THE POSSESSION OF EACH SCOUT (25 ON YOUTH ROSTER = 25 PARENTAL INFORMED CONSENT FORMS). THIS IS NECESSARY FOR LIABILITY AND REGISTRATION VERIFICATION.
- **ADULT ROSTER:**
  ON ARRIVAL, EACH TROOP WILL PROVIDE A COPY OF THE YOUTH AND PARENT ROSTER TO BE TURNED INTO STAFF AT THE CHECK-IN AREA (THIS IS THE PAYMENT VERIFICATION FOR ADULTS AND YOUTH). THE SCOUTMASTER SHOULD HAVE HIS OWN COPY OF THE SAME ROSTER.
- **PATROL ROSTER:**
  LARGE TROOPS WILL NEED TO BREAK DOWN THEIR UNITS INTO PATROLS WITH A MINIMUM OF 4 AND A MAXIMUM 8 SCOUTS FOR THE COMPETITIONS.
- **REGISTRATION CHECK SHEET**

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 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

B1

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 ☐ No ☐
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/ 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 ☐ No ☐
☐	☐	List all surgeries and hospitalizations	Last surgery date:
☐	☐	List any other medical conditions not covered above	

Part B2: General Information/Health History

B2

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	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	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)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		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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Parental Informed Consent

I understand that participation in the Scouting and camping activities offered through the Long Beach Area Council, BSA, on April 17TH to 19TH, 2026, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter/self), I have given (name) (my son/daughter/self) my consent to participate in **THE IRON STAR DISTRICT 2026 SPRING CAMPOREE** on April 17TH to April 19TH, 2026.
I certify that this participant can meet the health and physical fitness requirements of the trip or activity.In the event of illness or injury occurring to my (son/daughter/self) while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made.

(Form must have signatures of both parents / guardians)

Print name_____ Print name_____

Signature_____ Signature_____

Telephone no._____ Telephone no._____

Date_____ Date_____

Hold Harmless Agreement

I understand that use of camp facilities on April 17 through April 19, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved and in view of the fact that the Boy Scouts of America is a not-for-profit organization, I hereby release and hold harmless, and waive all claims I may have against the Boy Scouts of America, Long Beach Area Council, activity coordinators, all employees, volunteers, or other organizations associated with this weekend activity

Youth signature_____ Date_____

If signatory is less than 18 years of age, this must also be signed by a parent or guardian.

Parent's or guardian's signature_____ Date_____

On behalf of the 2026 Camporee committee, we are looking forward to your involvement. Thank you for all that you do for Scouting.

BOY SCOUTS OF AMERICA

LBAC DISTRICT SPRING CAMPOREE 2026
ADULT ROSTER

TROOP NUMBER_____CONTACT NAME _____

_____

ADDRESS_____

PHONE NUMBER_____ E-MAIL _____

ADULT'S NAME	AREA OR COMPETITION THEY WOULD LIKE TO WORK.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LBAC DISTRICT SPRING CAMPOREE 2026
PATROL ROSTER

TROOP NUMBER_____CONTACT NAME _____

ADDRESS_____

PHONE NUMBER_____ E-MAIL_____

PATROL NAME:_____

SCOUT'S NAME	SCOUT'S AGE	SCOUT'S RANK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THIS ROSTER MUST BE SUBMITTED TO COUNCIL BY APRIL 15 . WE WILL USE IT TO DETERMINE THE ORDER AND AVAILABILITY OF EVENTS. HAVE YOUR PAPERWORK DONE BEFORE YOU ARRIVE.

LONG BEACH AREA COUNCIL, BSA

SPRING CAMPOREE 2026 REGISTRATION

PLEASE PRINT ALL INFORMATION LEGIBLY

THIS FORM IS TO BE FILLED OUT WITH ALL CURRENT INFORMATION AT TIME OF REGISTRATION FOR CAMPOREE. THIS INFORMATION WILL ALLOW THE COMMITTEE TO PLAN EVENT PARTICIPATION.

IF THIS IS NOT TURNED IN BY APRIL 15TH, THERE WILL BE NO GUARANTEE OF ACTIVITIES FOR YOUR PATROLS.

TROOP NO: _____

SCOUTMASTER (OR LEADER IN CHARGE):_____

PHONE _____ EMAIL: _____

SPL: _____

NUMBER OF SCOUTS ATTENDING: _____ADULTS: _____

TOTAL NUMBER OF SCOUTS BSA: _____ X $40 =_____

TOTAL NUMBER OF CREW / SEA SCOUTS: _____X $40 = _____

TOTAL REGISTERED/ADULTS LEADERS: _____ X $25 = _____

PATROL NAMES & NUMBER IN EACH PATROL:

1)_____ 4) _____

2)_____ 5) _____

3)_____ 6) _____