

THE BLACK WARRIOR COUNCIL PRESENTS:

**CUB HAUNTED:
SCOUTING ^{TO}THE FUTURE!**



2021 UNIT LEADER GUIDE

OCTOBER 29TH - 31ST, 2021

**CAMP HORNE
AND
CAMP O'REAR**

THE BLACK WARRIOR COUNCIL PRESENTS: **CUB HAUNTED:** **SCOUTING TO THE FUTURE!**

Dates

Session 1- October 29-30 Camp Horne - Cottondale, Alabama
Session 2- October 29-30 Camp O'Rear - Jasper, Alabama
Session 3- October 30-31 Camp Horne - Cottondale, Alabama

Cost

**\$15.00 per person. One adult needs to attend with each Cub Scout,
but the whole family is welcome!**

**There will be a late fee on \$20.00 per person after October 1st
Then after October 15th the late fee will be \$25.00 per person!**

Time

Each session lasts from 5:00 p.m. day 1 through 11:00 a.m. on day 2

What's Included

- **A night and day of family fun with games, hikes, songs, costumes, and more! Plus the added bonus of sleeping under the stars, like Scouts, with your whole family!**
 - **Evening and morning activity programs!**
 - **Participant patch!**
 - **Hot Dinner and Breakfast served!**

TENTS ARE NOT PROVIDED AT CAMP O'REAR SESSION

**If your pack is not attending, you may attend with your Scout!!!!
Contact the Scout Office to register! 205-554-1680**





August 2nd, 2021

Dear Cubmasters and Unit leaders,

Cub Haunted is just around the corner and I hope you and your pack is ready to attend. For the new leaders, Cub Haunted is an overnight camp-out for Cub Scouts at Camp Horne (River and Prairie Districts) and Camp O'Rear (Mountain District). It is a weekend full of games, crafts, good food, hayrides, BB guns, archery, costume contests, and FUN for the whole family! The ENTIRE family is welcome to attend!

Instructions on How to Register your Pack:

1. Go to [ScoutingEvent.com](https://scoutingevent.com) to register for Cub Haunted this year!
 2. Follow the process on how many Scouts and Adults are coming to camp.
 3. See if you Pack will be bringing your own food or choose to dine in the Dining Hall
 4. Make sure Health Form Parts A and B are completed (NCAP Standard for Short Term Camping). Be sure to turn in to the Health Officer when you check in on Friday (Session 1) or Saturday Night (Session 3).
- Units who register in the August 3rd – October 1st time frame your payment of \$15.00 per person is due by **October 1st! After October 1st the fee will be \$20.00 per person!**
 - Units who register in the October 1st – October 15th time frame your payment of \$20.00 per person is due **October 15th! After October 15th the fee will be \$25.00 per person!**
 - Units who register in the October 15th – October 21st time frame your payment of \$25.00 per person is due **October 21st! After October 21st Registration Closes @ 4:00pm!**

All paperwork is due to the scout office no later than **October 21st, 2021 @ 4:00pm!**

Please let me know if you have any questions or concerns by email justin.hayes@scouting.org or by phone 205-554-1680.

Look forward to seeing everyone at Cub Haunted!

Yours in Scouting,

Justin Hayes | Council Program Director

BOY SCOUTS OF AMERICA
Black Warrior Council

Black Warrior Council
2700 Jack Warner Parkway NE
Tuscaloosa, AL 35404
205-554-1680
www.bwc-bsa.org

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EVENT DATES AND REGISTRATION

This year we will be holding two sessions of Cub Haunted Weekend (overnight campout). The dates for these sessions are:

- Friday, October 29th-30th at Camp Horne and at Camp O'Rear (from 5 pm till Saturday Morning at 11:30 am)
- Saturday, October 30-31st at Camp Horne (from 5 pm till Sunday Morning at 11:30 am)
- Located at Camp Horne at 13633 Keenes Mill Road, Cottdale, AL
Camp O'Rear at 2180 Curry Hwy, Jasper, AL

Registration for Cub Haunted is now open. Registration fee for Cub Scout, parent, sibling or leader is \$15 per person. After October 1st is a fee of \$20 per person. After October 15th the late fee is \$25.00 per person.

This year we offer electronic registration through our council website <https://scoutingevent.com/006-cubhaunted2021> . Registration can be completed in person at the council office. To help keep the cost of this activity low, please mail CHECK payable to Black Warrior Council to:

Black Warrior Council
Attn: Cub Haunted Weekend
PO Drawer 3088
Tuscaloosa, AL 35403

A Word about Our Staff

The Staff for Cub Haunted and other Cub Scout Camping Events hosted by Black Warrior Council are volunteers just like you. We strive to put on a quality event and rely on individual youth and adult scouters to volunteer their time before, during and after the event to ensure you have a memorable experience. "A Scout is Friendly, Courteous & Kind." Please show appreciation to our staff by following the Scout Oath and Law while at camp.

Rules and Regulations

GENERAL POLICIES

- Units must maintain two-deep leadership at all times while at camp. No exceptions!
- One-on-one contact between adults and youth members is not permitted
- Youth are only permitted to tent with other youth or their own parent/guardian
- All adults staying in camp must provide proof of Youth Protection certification
- All cars must be parked in designated parking areas, not campsites
- Throwing rocks, pebbles, sand, etc. is strictly forbidden
- No running in camp.
- No flames, fires, or fuels of any kind are permitted inside tents
- No alcoholic beverages or illegal substances are allowed on camp property
- All guests are required to immediately check in at the Hulsart Center
- No fireworks of any kind are permitted on camp property
- No pets are allowed at Camp Properties.

PROHIBITED ITEMS

Sheath knives, personal rifles or other firearms, ammunition and archery equipment are not allowed in camp; only those supplied by the Shooting Sports area are to be used. Pocket knives are allowed while carrying a Totin' Chip. Any prohibited items found will be confiscated until the unit's departure. It is the responsibility of the unit leader in charge to retrieve these items before departure. Alcoholic beverages and illegal drugs are strictly prohibited at Camp Horne. If any participant is caught with one or both substances, he will be sent home.

It is recommended that Scouts not bring valuables to camp as they may be lost or damaged.

RIFLES, SHOTGUNS, AMMUNITIONS, AND ARCHERY SUPPLIES

Camp Horne is fully equipped to handle your Scouts' need for rifles, shotguns and archery, including ammunition. There is no need for any of this equipment to be brought to camp by Scouts or leaders. **Personal firearms and ammunition are prohibited at Camp Properties.** Anyone found in possession of a personal firearm or ammunition, will be asked to leave the property and will forfeit the remainder of their time at camp. The Scout Executive will be notified and additional action may be taken by him at any future date.

TRANSPORTATION AND VEHICLE PARKING

Each unit is responsible for the safe transportation of its members to and from camp, and for making sure that all vehicles meet BSA national insurance requirements. Vehicles are not allowed in campsites or any program areas; however, **one** vehicle will be allowed in the campsite to drop off gear on Sunday and allowed back in on Saturday morning to pick-up gear. All vehicles must be parked and remain in the designated camp parking areas. The parking lot in front of the Hulsart is for visitor parking only, not for adult leaders to use while staying at camp. **UTVs (Side by sides) cannot be on camp property without the proper certification and approval by the Council. For golfcarts need to read the manual on training criteria.** Golf carts are allowed only with **WRITTEN ADVANCE** permission of the Camp Director and/or the Ranger and must include headlights, first-aid kit, fire extinguisher and horn. Golf carts **MUST** be inspected by the **RANGER** before unloading.

Transporting anyone in the bed of a pick-up or trailer - covered or not - IS PROHIBITED!

CUB HAUNTED PRESENTS: **SCOUTING ^{TO}THE FUTURE!**

CIRCLE SESSION:

SESSION ONE: OCTOBER 29-30, 2021 CAMP HORNE
SESSION TWO: OCTOBER 29-30, 2021 CAMP O REAR
SESSION THREE: OCTOBER 30-31, 2021 CAMP HORNE

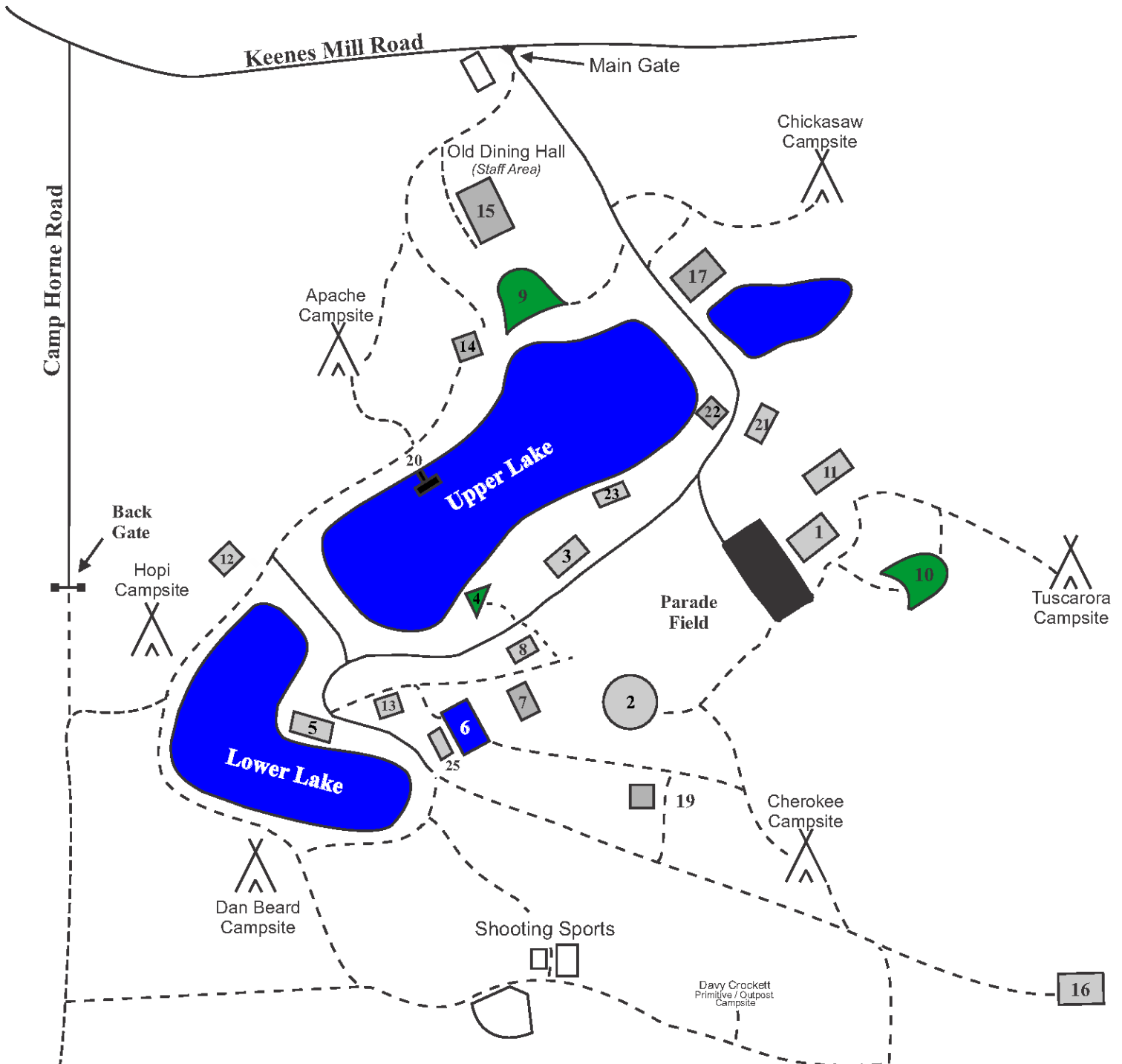
PACK NUMBER: _____ CUBMASTER: _____ EMAIL ADDRESS: _____
COST PER PERSON: 15.00

CUB SCOUT S NAME	ADDITIONAL ATTENDING W/ SCOUT	TOTAL ATTENDING	RANK OF SCOUT	TOTAL PAID	MEDICAL FORM Y/N

TOTAL: _____

Camp Horne

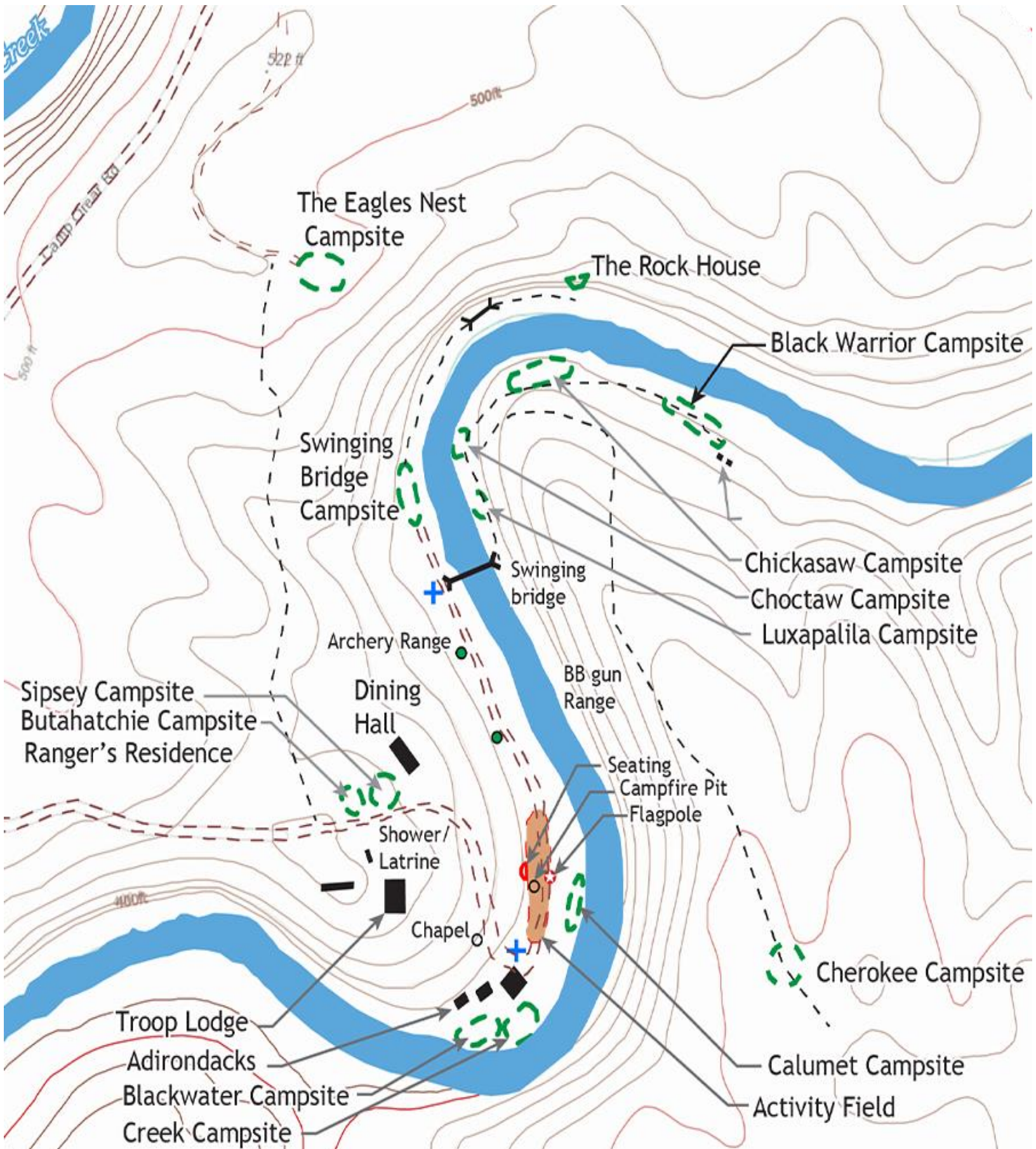
Black Warrior Council, BSA



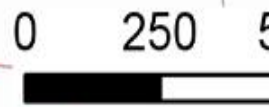
1. Hulsart Training Center / Museum
2. Dining Hall
3. Program Storage Building (PSB)
4. Livingston Chapel
5. Trading Post
6. Swimming Pool / Central Showers
7. Health Lodge
8. Health Lodge Pavilion
9. Warren G. Finney Council Ring
10. Sunday Night Campfire Ring
11. OA Lodge
12. Hopi Cabin

13. Blackfoot Cabin
14. Ecology Cabin
15. Old Dining Hall (Staff Area)
16. Climbing/Repelling Tower
17. Warehouse
19. Scoutcraft Area
20. Boating Area
21. Trailblazer Pavilion
22. Boat house
23. Lakeside Pavilion
24. Shooting Sports Complex
25. Pool Pavilion





Camp O'Rear



ESRI, HERE, Garmin, INCRE



2021 CUB HAUNTED WEEKEND CAMPSITE REQUEST FORM

PACK : _____ DISTRICT : **MOUNTAIN** DATE SUBMITTED : _____

CUB HAUNTED SESSION CHOICE:
SESSION 2: OCTOBER 29-30

CAMPSITE REQUEST:

----- **BLACK WATER [20 MAX]**
----- **CREEK [20 MAX]**
----- **CALUMET [20 MAX]**
----- **BUTTAHATCHIE [20 MAX]**
----- **SIPSEY [20 MAX]**
----- **LUXPILIA [15 MAX]**
----- **CHICKASAW [20 MAX]**
----- **CHERDKEE [25 MAX]**
----- **BLACK WARRIOR [20 MAX]**
----- **SWINGING BRIDGE [25 MAX]**
----- **EAGLES NEST [25 MAX]**

PARTICIPANTS EXPECTED

**YOUTH ATTENDANCE
EXPECTED: _____**

**ADULT ATTENDANCE
EXPECTED: _____**

**[THIS NUMBER IS AN
ESTIMATE,
A FULL ROSTER WILL BE
REQUESTED.]**

PRINT ALL OF THE FOLLOWING INFORMATION CLEARLY:

NAME OF CUBMASTER: _____ **CELL PHONE:** _____

MAILING ADDRESS:

EMAIL: _____

SCOUTING TO THE FUTURE!

Part A: Informed Consent, Release Agreement, and Authorization

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

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 (angina)/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/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
<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 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)
<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: _____

