



BOY SCOUTS OF AMERICA®
RIO GRANDE COUNCIL

FARM TO MARKET-1420
RIO HONDO, TX 78583

INTERNATIONAL CAMPOREE

GUIDEBOOK





**CHARLES F. PERRY SCOUT CAMP
FM 1420**

**Rio Hondo, TX 78583
(956) 423-0250**

Website: www.RioGrandeCouncil.org

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Dear Leaders:

The International Camporee will be held on September 13,14,15 2024 at Camp Perry. This years' Camporee will be open to all U.S. and Mexican Troops, Crews, Ships and Posts to participate in. Youth will be divided into mixed patrols for the participation of the Camporee. Each patrol will consist of 8 participating youths. The competition is based on the skills contained in the Scouts BSA Handbook. We hope that the youth apply their learnings while having fun throughout this event and beyond.

We're looking forward to a yet again exciting and successful International Camporee this year. The cost for this years' camporee is \$50 per person which includes all 5 meals and a patch. And all supplies for events. If you have any questions, please contact the Camporee Chair.

**Yours in Scouting,
Tony Garza
International Camporee Chair
956-536-6938
antoniocgarza@yahoo.com**

How to Register Your Troop

Registration for Summer Camp is done online at [\[CLICK HERE\]](#). The site accepts all major credit cards and also accepts e-checks.

\$50.00 per Scout before September 1, 2024 / midnight deadline

\$50.00 per Adult before September 1, 2024 / midnight deadline

(Fee includes all meals + Patch)

- After September 1st, 2024, a \$XX Administrative Late Fee will be imposed on all registrations.
- NO Walk-in Registrations will be accepted.
- All fees must be paid on-line prior to the start of camp.

Campsites are assigned based on Troop size and need. You will receive your campsite assignment at check-in. For assistance, email antoniocgarza@yahoo.com.

LEADERSHIP REQUIREMENTS

Each Troop must have two registered adult leaders in camp at all times. LEADERS MUST BE AT LEAST 21 YEARS OLD. Scouting America requires "two deep leadership" for the safety of your Scouts. We recommend a ratio of 8 scouts or less per leader. No adults will be allowed into camp without a cleared Criminal Background Check conducted by the Rio Grande Council. (Submit no later than September 1st 2024).

All adults attending camp and staying overnight with a troop must comply with the following:

- Be a registered member of the Scouting America.
- Complete Youth Protection Training (YPT) training and bring a copy of the certificate.
- Complete Health Form- Part A, B



GENERAL CAMP FACILITIES INCLUDE:

- Dining Hall
- Health and Fitness Center
- Trading Post
- STEM Building
- Order of the Arrow Lodge
- Archery Range
- Rifle Range
- Shotgun Range
- Fishing Dock
- Aquatics Dock
- Swimming Pool
- ADA Campsite
- Shower / Latrine Facilities
- Gaga Ball Pit
- OA Amphitheater
- Quartermaster's Storage
- Basketball Court
- BMX Course





General Information

UNIFORMS

Please be in full official Scout uniform (all Scouts and adult leaders) for only Morning/Evening Flag Ceremonies and each evening meal. Activity shirts, i.e. Camp T-Shirt, may be worn all other times.

VEHICLES IN CAMP

Vehicles are only allowed inside campground for vendor business, medical disability, or quartermaster duties. These authorized vehicles are to remain on the blacktop pavement. Handicap vehicles will be able to park in the handicap parking spots at the Health and Fitness Pavilion and the horseshoe parking area. All trailers will be stationed in the main parking lot area. All other vehicles will also be parked in the main parking lot area. **ABSOLUTELY NO CARS ARE ALLOWED PAST THE MAIN PARKING LOT.** Vehicles will not be allowed on camp trails.

SCOUT CONDUCT

All adults and youth are to follow the Scout Oath and Law during the Camporee. Inappropriate conduct will NOT be tolerated and will result in asking the participant(s) to be removed from camp grounds.

CAMPSITES

Campsites will be assigned by the staff, each troop/venture/explorer units are asked to use the minimal space for its campsite. Due to a large expected attendance, more than one troop may be assigned to each campsite. Please be courteous to your fellow campsites mates. All troops/units must remove garbage from their campsites and place it in the dumpster prior to departure.

Lights Out will be at 11:00pm each evening, Reveille will be at 6:30 am in the each morning. Quiet hours are between those times. Units should arrive with enough time to set up campsites by Lights Out.

All troops/units will be assigned cleanup assignments and should complete them prior to departure. (Camp Staff will give the final approval).

CAMP SAFETY

Follow all rules regarding knife safety, proper handling of knives and tools. All campsites have a fire ring. Practice sensible fire safety, please make campfires in the designated fire rings located in each campsite. Please do not remove fire rings from other campsites. Liquid fuels are not recommended. Please follow BSA policy on handling, use and storage of such fuels. Please do not cut down any live trees for firewood. Any cutting down of live trees will require permission. Please keep out of the Camp Ranger house, Ranger Shop, and all other buildings unless instructed to do so.

CAMP PROGRAM

Scoutmasters and Assistant Scoutmasters maybe requested to assist in some of the events. Skits, songs, etc must conform to Scouting standards and must be submitted to the Camporee Program Director in the office for screening prior to 5:00pm Saturday. Please come by and tell us what you'd like to do. We encourage all units to participate.

CONTACT INFORMATION

EMERGENCY NUMBERS

Area Code: 956

CAMP:..... 999-9999
HEALTH LODGE:..... 999-9999
Cameron County Sheriff554-6700
Cameron County Constable.....361-8228
STX Emergency Care EMS.....364-2711
Harlingen Medical Center365-1000
Valley Baptist Medical Center.....389-4382
Poison Control800-222-1222
US Coast Guard - SPI Base.....364-7400
Texas Game Warden.....361-746-1842

Program Director.....Tony Garza
Quartermaster.....John McGinnis

Health Officer.....Lissette Enriquez
Health Officer Adviser.....Art De Luna
Doctor on Call.....Dr. Jake Margo

Scout Executive.....Luis Rodriguez
Rio Grande Council Office.....423-0250
Scouts First Helpline.....844-726-8871

NATIONAL CAMP STANDARDS

Camp perry scout reservation is inspected annually by a team that represents the Scouting America. The camp meets or exceeds all standards and regulations. We are also inspected regularly by the Texas Health Department. We feature a Health Lodge staffed by qualified professional provider for routine health checks and problems. Strict health and safety standards are maintained at all times.

FRIDAY CHECK-IN

CHECK IN TIME BEGINS AT 4:00PM.

Check-in is completed at the health & fitness building before your troop has received their campsite assignment.

Camp staff will be checking in Troops between 4PM - 7PM. on Friday September 13th 2024. Please plan your arrival at Camp Perry as close as possible to check-in on time.

Early arrivals are asked to wait in the parking lot area with their adult supervision until the check-in process begins. Any maverick scouts should be accompanied by an adult until the scout is checked in and given their campsite assignment. Campsites are assigned based on Troop size and need. You will receive your campsite assignment at check. For assistance, email antoniocgarza@yahoo.com.

Wrist Bands will be provided for all attendees. Leaders, Scouts and guests arriving/leaving camp during the weekend must stop at the camp office to sign in or out. Any changes to campsite adult leadership must be provided to the Camp Director when it occurs. This allows staff to account for all persons on site in case of an emergency.

A Troop Guide, will inform leaders of the check-in procedure. This Troop Guide will also lead your Scouts to their campsite and facilitate setting up your camp, while adult leaders remove any empty vehicles and trailers to the parking area.

MEDICATIONS

All medications brought to camp will be kept in the Health Lodge. Medication will be checked in with the Health Officer, who will see that medications are made available to campers at the prescribed times. It is the scouts responsibility check in with Camp Health Officer for medication distribution. Be sure that medications are clearly labeled with camper's name and troop number on each container. No medications will be kept in campsites, other than those approved by the Camp Health Officer.

CHECK-IN REQUIREMENTS

- ALL YOUTH AND ADULTS MUST BE REGISTERED WITH BSA.
- ONE COPY OF UNIT ROSTER WITH ADULT CELL NUMBER
- BSA HEALTH FORM PART A / B FOR YOUTH AND ADULTS
 - PART A, YOUTH SIGNATURE REQUIRED
 - PART A, PARENT SIGNATURE REQUIRED
- A PRINTED COPY OF EACH ADULT'S YPT CERTIFICATE
- OUT OF COUNCIL TROOPS WILL NEED PROOF OF INSURANCE.

CAMPOREE CHAIR TIPS

- Medications must be in original prescription container with pharmacy label.
- Make sure your parents have signed the medical forms and accompanying notes before you arrive to camp.
- Photocopy forms and keep the originals in a safe space at home.
- Keep an extra copy of special dietary & medical needs roster with a unit adult leader for quick reference while at camp.

Sunday Check Out

Departure is scheduled for Sunday September 15th 2024 12pm (or earlier).

Each troop is expected to complete a camp clean up assignment before check out can be started. This area will be assigned to your troop on Friday. Please speak with office staff if you have not received this assignment.

Each troop is expected to return all camp provided items to the Quartermaster. These items include tools. Flags, water jugs, etc, that are used during the week in your campsite or for service projects. Any items missing will be accounted for before a troop is allowed to check out. Units will be charged for each rip that occurs on camp tents, if any tents that are deemed unreparable by the camp director, the troop will be charged for replacement.

A final campsite inspection will be made to insure no waste articles are left for the next occupants to clean up.

All Medical forms will be returned at check-out time. If a medical binder is left behind, please note that administrative staff will destroy all documentation to prevent violation of HIPAA laws.



2024 CAMPOREE SCHEDULE

Friday

4:00pm - 9:00pm Check-In and Campsite Assignment
8:00pm - SPL and Adult Leader Meeting
11:00pm - Lights Out

Saturday

7:00am - Breakfast in Dining Hall
8:00am - Morning Flag
8:30am - Event Chair Check In at Office
9:00am - Camporee Events (AM Sessions)
12:00pm - Lunch in the dining hall
1:00pm - 6:00pm - Camporee Events (PM Sessions)
6:15pm - Evening Flag
6:30pm - 8:15pm Dinner in the dining hall
8:30pm - Campfire

Sunday

6:30am - Breakfast in Dining Hall
8:15am - Flag
8:30am - Religious Service, (Chapel)
9:00am - Complete Cleanup Assignments / Break Camp
Check Out by 12pm



Saturday Night Program

Saturday night everyone will get together at The Bowl for fun and fellowship as we gather for a campfire program. Please remember that each troop is expected to participate in the campfire program. Please come to the office by 5pm and get on the campfire program list with your song or skit.



Sunday Program / Check Out

Interfaith Service: There will be an interfaith service on Sunday. Please make plans to attend.

Cleanup Assignments: All units are expected to clean up their campsite areas along with areas of camp. Units will draw from a hat their cleanup assignments at the SPL meeting Friday night.

Check Out: Come by the office to turn in your evaluations (one per unit), checkout and pick up your t-shirts and patches prior to leaving. The goal is for all to be checked out and leave camp by 11:30am.

Pioneering (A Frame Race)

Scouts familiar with the shear lashing and square lashing, can make an A-Frame to serve as a simple chariot structure.

Team Pulley

Groups of four can be challenged to balance the log for five seconds on as many discs (or blocks) as they can.

Tomahawk Throwing

Scouts will attempt to throw Tomahawk axes at a bullseye target in order to gain maximum points for their patrol/team.

Rifle Shooting

Scouts will attempt to rifle shoot at a bullseye target in order to gain maximum points for their patrol/team.

Archery

Scouts will attempt to shoot arrows at a bullseye target in order to gain maximum points for their patrol/team.

Push Car Race

A pair of scouts (Pusher & Driver) will race with a pre-made push car on a designated course. Shortest times completing the course wins.

All-Day Relay Race

Scouts may participate in the All-Day Race which includes: Cherry race, step, log race, log pull, spider web course.

Mountain Biking

Camp Perry offers a BMX course for scouts to utilize our complete set of mountain bikes.

Knife Throwing

Scouts will attempt to shoot throwing knives at a bullseye target in order to gain maximum points for their patrol/team.

Sling Shot

Scouts will attempt to shoot at a small target in order to gain maximum points for their patrol/team.

Monkey Bridge

AND MUCH MUCH MORE!!!!!!!





CAMP CHARLES F. PERRY
FM 420
Rio Hondo, Texas
Est. since 1927

- 1. Health and Fitness Building
- 2. Shot Gun Range
- 3. Archery Range
- 4. Rifle Range
- 5. Handicraft Pavilion
- 6. Quartermaster Building
- 7. North Latrines

- 8. Dining Hall
- 9. STEM Building
- 10. Flag Pol
- 11. Fishing Dock
- 12. Boating Docks
- 13. Amphitheater
- 14. OA Lodge

- 15. Old Dining Hall
- 16. Swmming Pool
- 17. Metalwork Building
- 18. BMX Stodge Building
- 19. South Latrines
- 20. Nature Pavilion
- 21. East Parking

- 22. Huisache Camp
- 23. Indigo Camp
- 24. Javalina Camp
- 25. ADA Camp
- 26. Armadillo Camp
- 27. Bobcat Camp
- 28. Chachalaca Camp

- 29. Dove Camp
- 30. Ebony Camp
- 31. Falcon Camp
- 32. Killdeer Camp
- 33. Lone Pioneer Camp
- 34. Mesquite Camp

Assigned Campsite: _____

Camp Perry Unit Roster

ADULTS IN CAMP

Adult	Cell Number
1.	
2.	
3.	
4.	

SCOUTS IN CAMP BY PATROL

Senior Patrol Leader: _____

Asst. Senior Patrol Leader: _____

Patrol Name:

Patrol Name:

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

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: _____



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
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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 <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		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
		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: _____



Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate			

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Skin issues			
Other			

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
		Meets height/weight requirements.
		Has no uncontrolled heart disease, lung disease, or hypertension.
		Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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