

# Christmas

# At Camp

Brought to you by  
Four Rivers District, LHC

and

Pfeffer Scout Reservation

December 6th, 2025

\*All contents in leader guide are subject to change!

## **Event Basics:**

**Who:** This event is open to all scouts (Packs, Troops, Crews, Ships, Posts)

**What:** Scouts are welcome to sign up as individual families (at least one adult per family is required to attend with Cub Scouts) or as a unit

**Where:** Pfeffer Scout Reservation, 1531 Cross Rd, Benton KY 42025

**When:** December 6th, 2025

**Why:** Scouts get the chance to spread Holiday Cheer by making Christmas Cards to be delivered to local nursing home residents, enjoy holiday themed games and crafts, and really get into the holiday spirit by watching a Christmas movie. Concessions will be available and consist of popcorn, hot chocolate, and apple cider. They will be \$0.50 each or bring a winter hat, scarf, or gloves to be donated to those in need this winter season and get your concessions for free.

### **For questions contact:**

Shannon Hollingsworth, Event Chair  
holl4441@gmail.com

or

Maegan Blodgett, Four Rivers Senior District Executive  
maegan.blodgett@scouting.org 402-469-6169

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## Registration Information:

### Key Dates:

Registration Opens: November 1, 2025

Registration Closes: December 4, 2025

Event Date: December 6, 2025

### Fees:

Youth: \$5

Adults: \$5

Staff: \$5

**Register At:** <https://lh.tentaroo.com/admin2/events/8103/35176/2025-Christmas-at-Camp>

**Refunds:** A refund will be made to an individual or group that cancels program attendance/registration, less a 15% administrative charge as long as a written request is made at least 30 days prior to a council or district program/activity.

No refunds will be given to an individual or group that cancels program attendance/registration within 30 days of a scheduled council or district program/activity. Exceptions for medical situations or family emergencies can be made but must be submitted in writing within 7 days after the program/activity.

Fees are transferable to other scouts but not refundable. All requests for refunds must be submitted in writing with a copy of the receipt or cancelled check.

**Adult Leaders:** In accordance with Youth Protection policies, two registered adult leaders 21 years of age or over are required at all Scouting activities. There must be a registered female adult leader 21 years of age or over in every unit serving females. A registered female adult leader 21 years of age or over must be present for any activity involving female youth. Notwithstanding the minimum leader requirements, age- and program-appropriate supervision must always be provided. If your unit cannot meet these requirements, please contact the event staff advisor.

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## Check-In Procedures:

1. Park in parking lot and check-in at Dining Hall
2. Get Ready to have some fun!

## Check-Out Procedures:

1. Clean up your area, including returning any craft supplies to the craft table and throwing away any trash
2. Make sure you have all your crafts ready to take home with you
3. Have a safe trip home!

## Schedule

10:30am Check-In

10:45am Crafts

11:15am Games

11:45am Movie with concessions (popcorn, hot chocolate, apple cider, all are \$0.50 each or free with donation of winter hat, scarf, or gloves)

1:45pm Games

2:15pm Crafts

2:30pm Check-Out

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## **Crafts could include:**

- Make your own patch with Shrinky Dinks
- Christmas Cards for Nursing Home Residents
- DIY Christmas Ornaments
- Plate Trees
- Paper Chain Garlands

## **Games/Activities could include:**

- Snow Angels (if snow outside)
- Snowman building (if snow outside)
- Jingle Bell Toss
- Pin the nose on Rudolph
- Memory
- Christmas Tree Bowling
- Christmas Bingo
- Gingerbread Derby

## What to Bring:

Participant: Please distribute copies of this page to each Scout.

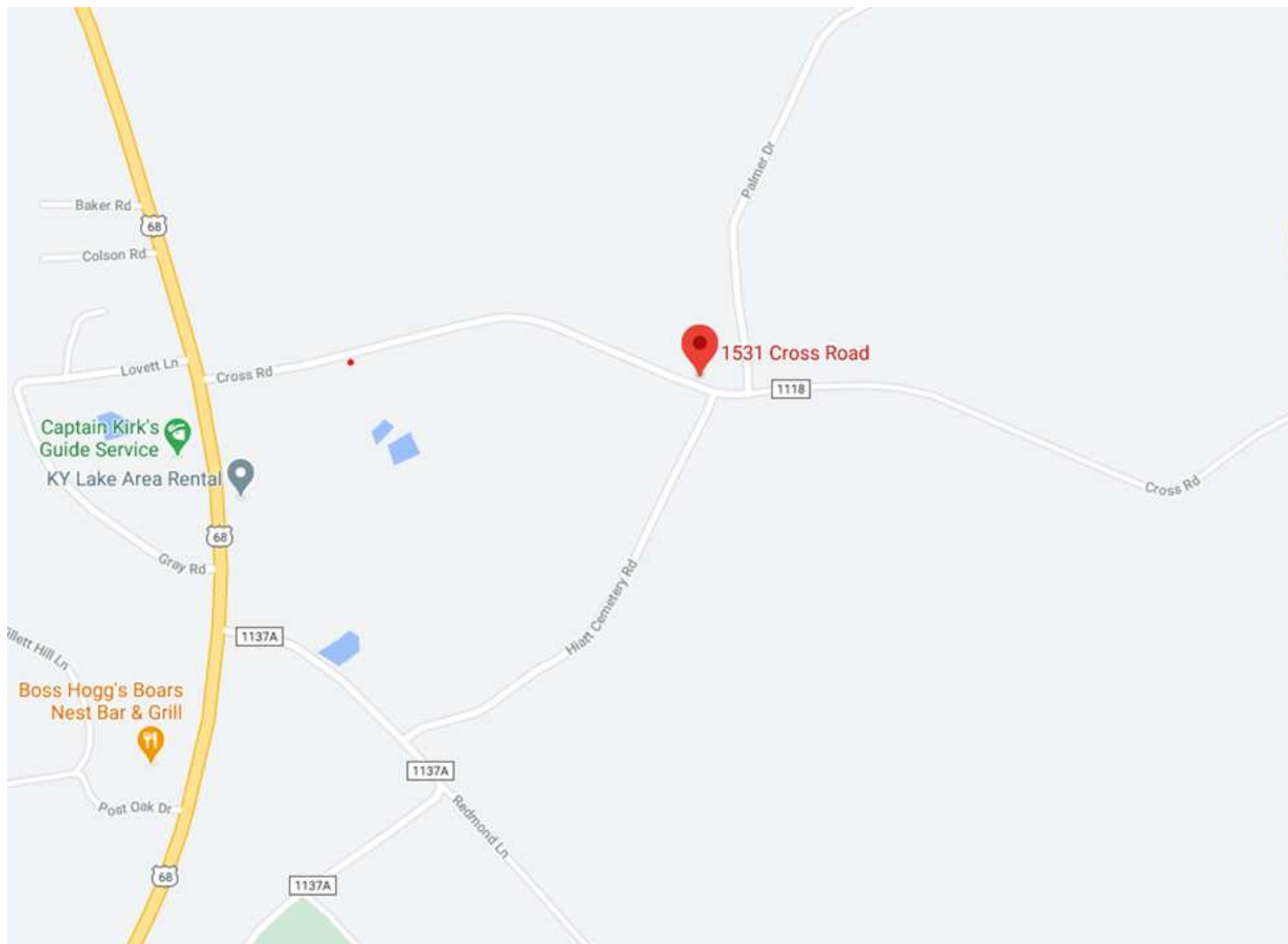
- Medical Form (MANDATORY)
- Winter Clothing to be outside in
  - Hats
  - Gloves
  - Snow Pants
  - Heavy Coat
- Best Who-ville outfit and hair-do!
- For free concessions-a winter hat, scarf, or gloves (optional)

## What **NOT** to Bring to Camp:

- Pets (service animals should be reported to camp admin prior to arrival)
- Bikes
- Roller Blades/Skates
- Skateboards
- Sheath Knives
- Butterfly Knives
- Range equipment (bows/arrows, bb guns, slingshots will be provided in range areas)
- Nerf Guns and Swords (or other toys styled after weapons)
- Fireworks
- Alcohol
- Valuables
- Pornography
- Illicit drugs
- Excessive jewelry
- Inappropriate clothing
- Laser pointers
- ATV/ROHV/UTV (special certification is required to operate one of these on ANY BSA property)

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**Map and Directions to Camp:** Pfeffer Scout Reservation, from Louisville take I-64 East then take gene Snyder South to I65 S follow 65 until you exit on Western Kentucky Parkway, I69 S and I24 W to US 68 in Marshall County. Take exit 47 from 69, follow US68 to Cross Rd.



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## The Camp Policies and Procedures:

Anyone participating in this event will be expected to follow BSA National Guidelines as outlined in the Guide to Safe Scouting.

**Youth Protection:** All Lincoln Heritage Council events follow all Youth Protection Policies of Scouting America at all times.

**Scouting America's Commitment to Safety:** We want you to know that the safety of your youth, volunteers, staff, and employees is an important part of the Scouting experience. Youth develop traits of citizenship, character, fitness, and leadership during age-appropriate events when challenged to move beyond their normal comfort level, and discover their abilities. This is appropriate when risks are identified and mitigated.

The Scouting program, as contained in our handbooks and literature, integrates many safety features. However, no policy or procedure will replace the review and vigilance of trusted adults and leaders at the point of program execution.

Commit yourself to creating a safe and healthy environment by:

- Knowing and executing the Scouting America program as contained in our publications
- Planning tours, activities, and events with vigilance using the tools provided
- Setting the example for safe behavior and equipment use during program
- Engaging and educating all participants in discussions about hazards and risks
- Reporting incidents in a timely manner

**Thank you for being part of the Scouting movement and creating an exciting and safe experience for every participant.**

**The Law is the Rule:** Everyone is expected to abide by the Scout Law, Oath, Slogan, and the Venturing Code.

### **Health Forms:**

- Every participant, including adults, must provide a copy of their annual health and medical form as well as a copy of their insurance card. Each unit is responsible for collecting and keeping the forms for the event.
- Medical forms will be spot checked at check-in for completeness.
- Parts A & B of the Annual Health and Medical Record must be completely filled out with all the appropriate signatures.
- A copy of the participant's health insurance card must be attached to the Annual Health and Medical Record

**Buddy System:** Everyone will use the Buddy System (pairs for safety). Adults/ Leaders should be notified before Scouts leave their campsites.

**Camp Security:** All visitors to the camp must stop at the camp office and sign in. A sign-in book for this will be maintained and positive identification is required. A visitor name tag will be given. Upon conclusion of their visit, guest will sign out so that camp administration will know who is on camp property at all times.

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**Pets:** No pets are allowed on camp property except for service animals or animals which are for a program/demonstration with the approval of the Ranger or event leadership.

**Alcoholic Beverages:** This will not be tolerated and is against BSA policy. Possession or use will result in immediate dismissal from camp.

**Smoking:** An important way adult leaders can model healthy living is by following the policies on alcohol, tobacco, and drugs. Leaders should support the attitude that they, as well as youths, are better off without tobacco in any form and may not allow the use of tobacco products at any BSA activity involving youth participants. This includes the use of electronic cigarettes, personal vaporizers, or electronic nicotine delivery systems that simulate tobacco smoking.

All Scouting functions, meetings, and activities should be conducted on a smoke-free basis, with smoking areas located away from all participants.

As outlined in the Scouter Code of Conduct, Scouting activities are not a place to possess, distribute, transport, consume, or use any of the following items prohibited by law or in violation of any Scouting rules, regulations, and policies: alcoholic beverages or controlled substances, including marijuana.

In addition, the Code of Conduct specifies that if you are taking prescription medications with the potential of impairing any functioning or judgment, you will not engage in activities that would put Scouts at risk, including driving or operating equipment.

**Vehicles:** The health and safety committee along with the camping committee has established a written policy and procedure of vehicles in camp. Each unit may leave one equipment trailer with attached vehicle at the campsite. The roads must remain clear for emergency vehicles and event activities.

- NO vehicles will be allowed to remain in campsites without pre-approval from camp administration.
- Weather permitting, trailers will be allowed in campsites. However, vehicles used to pull trailers need to be moved back to designated parking lots.
- 3 MPH (Walking speed) speed limit.
- One person per seatbelt and they must be worn. No riding in truck beds. No RV's, ATV's, golf carts or generators. Only Staff carts are permitted.

**Parking:** Park in designated parking areas only. Unit leaders need to help enforce this policy. We need to help preserve Camp.

**Uniforms:** Scouts will not need their uniforms for this event.

**Camp: Follow BSA Guidelines for camp:**

- Walk, do not run, around camp
- Closed toed shoes must be worn at all times.
- Leave No Trace
- Trash your trash.
- No pets or bikes.

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**Knives, Hatchets, Axes, Chainsaws or Firearms:** No firearms are permitted at Camp. No chainsaws are permitted. No fixed blade, sheath or survival knives are permitted. Folding or pocketknives are permitted by those Scouts that have earned their Whittlin' Chip or Toten Chip. Axes and Bow Saws are only permitted in axe yards of Scout BSA Troops / Venture Crews.

**Rocks and Sticks:** Although tempting, rocks must not be thrown or kicked and sticks may not be swung. Injury/damage to property usually results from this action. Such actions will result in your being asked to leave the campout immediately.

**First Aid:** The Health officer will be on site during the activity. Medical Emergencies should be directed through them. Units are responsible for assuring/handling all medical forms (A and B). In case of emergency notify the Camp Ranger and/or Campmaster on site.

If anyone in your crew has medical limitations/food allergies that could affect their ability to camp and participate in the activities, please contact the event organizers ASAP.

**Trash:** Please make sure all your trash is placed inside a trash can

**Cleanup:** When your unit is ready to leave camp we ask that you please clean up your area and leave it the same or better than you found it. Please take everything with you.

**Meals:** Popcorn, hot chocolate, and apple cider will be sold for \$0.50 each. Lunch will be provided.

**Camp Emergencies:** With the exception of the weather emergency, all campers are to report immediately to their campsites upon hearing an emergency signal. In the case of a weather emergency, campers should seek protective shelter. Once the weather emergency has passed, campers should report to their campsites. Campers should remain in the campsites until the "All Clear" signal has been given. Leader should review these procedures with their campers.

***The following emergency signals will be used:***

Fire Alarm: Sound the siren (two long blasts).

Weather Emergency: Sound the siren (one long blast).

All Clear: Sound the siren (four long blasts).

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## 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 (anginal)/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
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<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: \_\_\_\_\_



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