

Lincoln Heritage Council
Four Rivers District
Viking Roll



Pfeffer Scout Reservation
September 5th - 7th, 2025

Event Basics:

Who: This event is open all Scouts, BSA

What: This is a weekend event for Troops in patrols of 5-8 youth members. Must registered as a Unit.

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

When: September 5th-7th, 2025

Why: Viking Roll is a competition event where Patrols will travel across camp where they will tested on different skills to earn "glory."

For questions contact:

Jason Lawrence, Event Chair
snafumonkey79@yahoo.com

or

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

Registration Information:

Key Dates:

Registration Opens: May 12th, 2025

Registration Closes: September 3rd, 2025

Event Date: September 5th-7th, 2025

Fees:

Youth: \$30

Adults: \$5

Register At: <https://lh.tentaroo.com/admin2/events/7636/33997/Viking-Roll>

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.

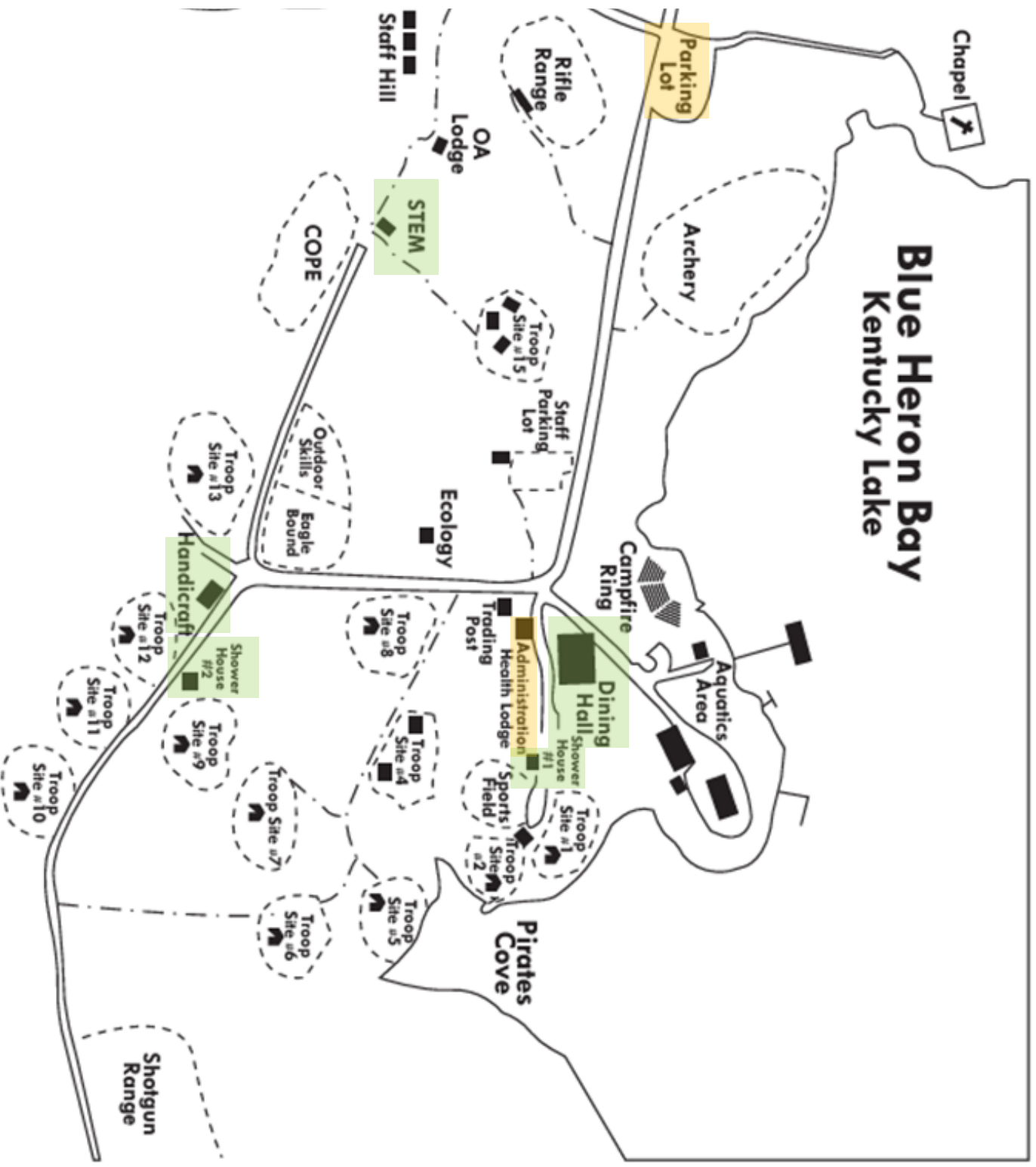
Schedule-New

Friday		
5 – 8 pm	Check-In	Admin Building
8:30 pm	Leader's Meeting	Admin Building
11 pm	Lights Out	All Camp

Saturday		
6:30 – 7:30 am	Late Check-In	Admin Building
7:45 am	Opening Ceremony	Flag Pole
8:15—11:30 am	Morning Stations	Station Locations
11:35 am—12:25 pm	Lunch	Dining Hall
12:30 – 3:45 pm	Afternoon Stations	Station Locations
4:00 pm	Glory Due	Admin Building
7 pm	FEAST	Dining Hall
11 pm	Lights Out	All Camp

Sunday		
10 am	Campsite Clean-up, Check-out	Admin Building

- 👉 Dining Hall
- 👉 Shower House 1
- 👉 Handicraft
- 👉 Shower House 2
- 👉 STEM



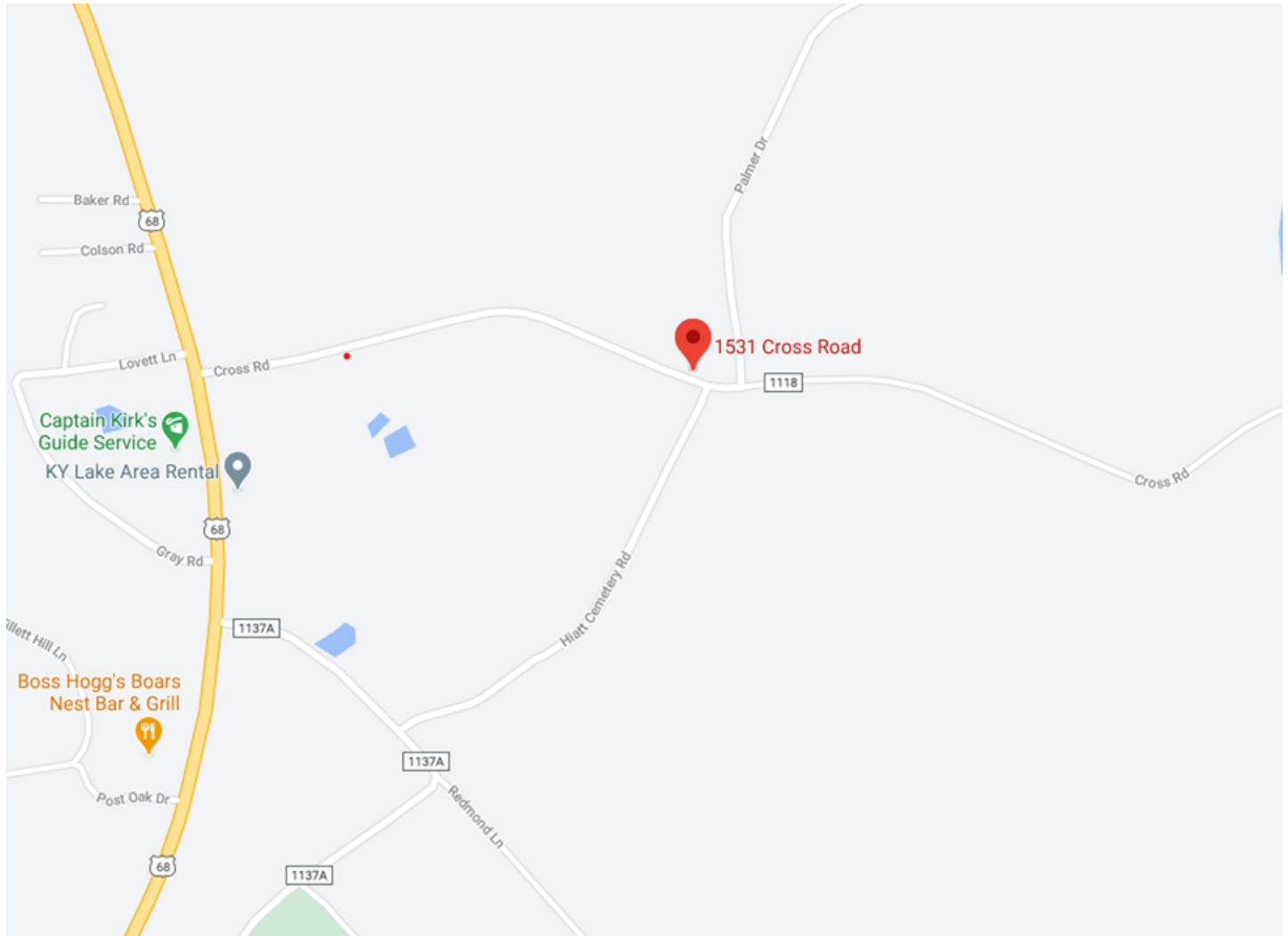
Check-In Procedures:

1. If camping on Friday night, check-in at the Admin building anytime between 5:00pm and 8:00pm to get your camping assignment.
2. If not camping on Friday night, you must arrive and check-in between 6:30am-7:30am Saturday morning
3. Units will gather in the parking lot until all participants arrive, please have a roster with you to make off who is there. ONLY the vehicle pulling the unit trailer will be allowed into camp. The vehicle may stay in camp as long as stays attached to the trailer. All participants will either need to carry in their gear or load it into the trailer/vehicle pulling the trailer.
4. One Adult leader from each unit will proceed to the Admin building to check-in and receive your packet. The packet will contain maps of camp, schedules, and each unit's itineraries for the weekend. The itineraries are carefully laid out to minimize congestion at each station.
5. After checking in, you will be free to set up camp and enjoy your free time until the leader meeting at 8:30pm back at the admin building.

Check-Out Procedures:

1. Clean up your campsite and leave it better than you found it. Trash must be taken to the large dumpster near the Dining Hall.
2. Stop by the check-out table in the parking lot before you leave.
3. Have a safe trip home!

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.



Viking Patrols

Due to the popularity of Viking Roll, we will be limiting the participation to the first 20 Patrols Registered. **Each patrol must include at least 5 patrol members but no more than 10.** A good patrol size for the event is 5 to 8 members. Each unit can register more than 1 patrol if each patrol meets the minimum patrol member requirement. **If a patrol has less than 5 members they will be combined with another unit/patrol to maximize the number of participants for the event.

Each Patrol will need a wheel barrow to act as their Viking Ship to tote around the materials they might need at the different stations. It is recommended to decorate the wheel barrow as well as come in your best Viking Costume (remember to keep it Scout appropriate). Patrols do not need a patrol flag as they will be making one at the event.

Possible Scout Skills Needed:

- Knots
- Lashings
- Fire Building
- Tribal Communication
- Patrol Method
- Team Work
- Orienteering

What to Bring to Camp:

Participant: Please distribute copies of this page to each Scout. Camping will be in your own tents.

- Scout Uniform
- Medical Form (MANDATORY)
- Scout Appropriate Viking Attire (Optional)
- Handbook
- Weather Appropriate Clothes
 - T-shirts
 - Pants
 - Socks and Underwear
 - Footwear (Waterproof)
 - Rain gear/jacket
- Sleeping Bag
- Sleeping Pad (Optional)
- Toilet Kit (Toothbrush, Towel, Soap, Etc.)
- Water Bottle
- Insect Repellent
- Flashlight (Extra Batteries)
- Pen and Paper
- Be Prepared for the Weather
- Pocket Knife (If you have your Whittlin Chip or Toten Chip Card)
- Watch (Optional)
- Sunglasses (Optional)
- Tent (If your unit doesn't have one for you)

What to Bring to Camp Continued:

Each Patrol Packing List: Each crew (patrol) of intrepid Vikings will need a single-wheel garden style wheelbarrow to haul their provisions between challenges. The wheelbarrow will be needed to progress through the day's trials. It should be understood, wheelbarrows are typically adorned with clan markings.

- 10 Scout Essentials (as found in your Scouts BSA Handbook)
- Scouts BSA Handbook
- One Wheelbarrow
- Four, 8 foot long staves
- 1 Pair Safety Glasses
- 4 pairs of work gloves
- 100 Foot of Paracord/Rope for Lashings (be prepared to whip and fuse) OR 10, 10 foot pieces
- Fire Starting Kit, including kindling
- First Aid Kit
- 1 Neckerchief or Bandana
- Small Notebook & Pencil
- 1 roll duct tape
- Compass
- Troop Flag
- Saturday and Sunday morning breakfast
- Saturday night Feast item to share

What **Not** to Bring to Camp:

What **not** to bring:

- Pets (service animals should be reported to camp admin prior to arrival)
- Bikes
- Roller Blades/Skates
- Skateboards
- Sheath Knives
- Butterfly Knives
- Range equipment
- 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)

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.

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: We ask that all Scouts be in Field (class-A) Uniform for Flag Ceremonies and Campfire Program. Scouts are free to wear whatever their unit has approved as an Activity Uniform throughout the remainder of the weekend.

Stoves and Lanterns: Follow BSA regulations according to fuels. Keep open flames out of and away from tents.

Camp: Follow BSA Guidelines for camping:

- Walk, do not run, within your campsites
- Remember tent stakes and tie downs
- Closed toed shoes must be worn at all times.
- Stay out of the creek if you are in or near old camp
- Fish may be taken with a hook and line only.
- Do not ditch or trench your tent
- Leave No Trace
- Trash your trash. It should be removed from all campsites
- No pets or bikes.

Campsites: Do not cut trees. Bring your own firewood in sealed containers, charcoal or collect dead

wood from the downed trees. No pit/trench fires use fire rings provided. Never leave a campfire unattended, especially when going to bed. ***All campfires should be extinguished according to BSA guidelines.*** Please make sure before leaving on Sunday that your campsite is completely cleaned up and all campfires are completely extinguished.

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: Your trash must be taken to a dumpster. No trash should remain in campsites over night; there are skunks and raccoons that will visit your unit if this is not done.

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. Trash can be dropped in the dumpster as you leave camp.

Meals: Units/individuals will be responsible for all meals of the event except for lunch on Saturday.

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.

Storm Shelter Locations:

Dining Hall
Shower House 1
Handicraft
Shower House 2
STEM

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).

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
		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
<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"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<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: _____

