

FUN, FUN, FUN - Itinerary - 2025 Pack 378 Family Campout

– Please No Pets, No Firearms and No Alcohol

Checkout images from last year Pack 378 Family Campout 2024 – <http://www.pack378.com>

When: **Friday** evening to **Sunday** morning is the official **PACK 378 FAMILY CAMPOUT** – August 22, 23, 24 - 2025.

Where: Camp Geronimo - Campsite 19 (see Camp Geronimo map)

How much: \$15 for the first Family member, \$10 per additional Family member. (Example - Cub+Mom+Dad+Sis=\$45)

** Please alert Margie ahead of time to when you are expecting to arrive and leave Geronimo & how many hot dogs and hamburgers and estimate on pancakes your total family will eat. (we must buy this stuff ahead as you would expect)

** Please check in when you arrive and check out when leaving Geronimo with Margie.

** This is **REAL** Camping - expect to get WET & DIRTY / MUDDY!!! Camp Geronimo mud does **NOT** wash out 100%.

** Since this is a Family Campout, Families will organize their own transportation and the meeting point will be Camp Geronimo.

Note that all vehicles must return to the parking lot after unloading at the campsite. Greszler & Kwilosz will have their vehicle at the campsite for emergencies. **Drive slower than 10mph within camp, all riders need to be in seatbelts please – NOT in the back of a pickup !!**

We do have flush toilets (most likely) and maybe even showers !!

Friday, August 22, 2025 ** Please make sure to check in with Margie **

4:00 PM Early Camp arrivals & some leaders - Begin to set up and establish camp.
Families will continue to arrive throughout the day & evening. They must check in with Margie before setting up their campsite. – have fun & relax a bit

9:30 PM **Adult** meeting at Ramada - at least one adult from each Family should attend. Details for Saturday's agenda will be reviewed. (Kids welcome, although may be “boring”)

10:30 PM Lights out - Noise level needs to drop to zero. Anyone arriving Friday after Adult meeting should be sensitive to the noise level.

Saturday, August 23, 2025 (sunrise 5:57 AM, sunset 7:02 PM) (day's activities and times subject to change)

NOTE: For those arriving Saturday morning, once you arrive, drop off all your stuff, **bring vehicle to parking lot, THEN set up.**

Jim or John can follow you down to the parking lot and ferry you back to camp

Your Scouts (and you) can join in the FUN at anytime during the morning.

6:30 AM For those already at Camp - Reveille - Get up, get moving, eat your breakfast.

8:30 AM Flag ceremony – **EVERYONE ATTENDS**

9:00 AM Kickball (bring water bottles)

10:15 AM Water and bathroom break back at Campsite

10:45 AM Skill Challenge or Treasure Hunt

12:00 PM Lunch hour - back at your campsite - Families coordinate their own lunch.

1:15 PM Frisbee Golf

2:30 PM Water and Bathroom Break

3:00 PM Horseshoe competition & informal Checker & Chess matches at Ramada (bring your boards & pieces)

5:00 PM Official events conclude - free time
Practice skits & Volunteers to collect firewood. (Subject to fire restrictions – may use Propane Fire Ring)

5:45 PM Flag ceremony - Lowering of the Colors – then head to dinner

6:00 PM Dinner - burgers, hot dogs & buns on the grill - Pack supplied – bring sides for yourself and maybe a little extra

7:30 PM Campfire – (Subject to fire restrictions) Skits, songs, stories, marshmallows

9:00 PM Optional if sky is clear – Star Gazing – Bring your telescopes and binoculars

9:30 PM Lights out - noise level reduced – **All youngsters into tents**

10:00 PM Campfire out - noise level drops to zero – **Adults may enjoy campfire quietly until out**

Sunday, August 24, 2025

6:30 AM Reveille - Get up, get moving , get ready for breakfast.

7:30 AM Breakfast - Pancakes & syrup supplied by Pack at Ramada, any extras bring for yourself

8:30 AM **We will have an informal meeting at Ramada.**

9:00 AM End of all activities - **Pack up, CLEAN YOUR CAMPSITE AREA, get inspected & check out with Margie.**

Pack 378 Family Campout– Camp Geronimo – August 2025 - General Information and Guidelines

- Detail of Dates and Times are in the separate ITINERARY document. Location is in the MAP document
- For the purpose of brevity in this document, “Parent” also refers to **legal** guardian.
- Please refer to the “Guide to Safe Scouting” <http://www.scouting.org/filestore/pdf/34416.pdf> for further details. Scouting America youth protection guidelines must be followed.
- Lions, Tigers, Wolves, Bears and non-Scout children below the age of twelve must have a Parent present to attend.
- Webelos or non-Scout children from twelve to eighteen may attend without a Parent present, but must have an attending adult accept responsibility & signed permission slip from legal guardian naming them as temporary guardian. Attending adults should not be responsible for more than one child who is not their own.
- Adults cannot share a tent with children who are not direct Family members. If you have been given responsibility for the weekend for a child who is NOT yours (must meet above guidelines), the child **cannot** share your tent.
- Any child under eighteen who is eligible to attend without a Parent and no Parent attends, must have a permission slip signed by the Parent. Completed permission slip must be in the hands of the assigned responsible adult or Cubmaster by the time Parent hands off child.
- All participants must complete parts A & B of the medical form and deliver to MARGIE (480-980-5426) PRIOR to departing for Geronimo.
- Contact Margie for availability of permission slip or medical form. They are also available on <http://www.pack378.com>
- Camp Geronimo is one of the premier Boy Scout Camps in the nation. It is the largest and offers the most activities for Grand Canyon Council Boy Scouts. It has been located on the site of the Old Spade Ranch since 1956, covering more than 200 acres and includes twenty nine campsites. Each year, it is host to many thousands of Scouts and Scouters, continuously being improved and upgraded for the benefit of our youth.
- The main purpose of this Family campout is for our Scouts to have FUN in a safe and friendly environment. Remember that you and your Family are responsible for **all** your own personal needs so make sure to BE PREPARED. Each adult is ultimately responsible for the safety of themselves and their extended Family.
- We encourage Families to arrive between **Friday** afternoon and evening if they can to enjoy as much time in the cool country as possible. Arriving early **Saturday** morning will still allow time to participate in ALL the planned activities.
- On Saturday evening the Pack is supplying Burgers, dogs, buns – bring enough side dishes for yourselves, a little extra wouldn’t hurt in case someone is short. Sunday morning the Pack is supplying Pancakes & Syrup, you supply the rest for your Family. If not to your taste buds, bring your own. Bringing your own serving and eating utensils would be helpful.
- Ranger Ramon requests a minimum of vehicles stay at the campsite so .. Greszler & Kwilosz will have vehicles at campsite for shuttle purposes if required (just ask). **NO RV’s, tent trailers at the campsite. Vehicles must return to the parking lot** which is about a 2/3 mile walk (Site 19), after you drop off your camp items. Our campsite has water spigots, and latrines, maybe even flush ones. Note that there is always the possibility of breakdowns, so emergency water and at least toilet paper should be included in your packing. There is a covered Ramada at our campsite to help protect us from the sun or rain while enjoying each other’s company during meals and down time. For issues of privacy and sleeping, your personal tent must be used.
- Note that if you must smoke or vape, it must be done at a campfire ring or on the road a reasonable distance from children, and be respectful of others in attendance. Any item that produces an open flame must be used in or next to the MAIN campfire ring. Stoves should be used under or next to the Ramadas. Absolutely NO items producing a flame in or next to tents (reasonable distance)
- Items that are **NOT** allowed: (If you are not sure about an item, read the guide to safe scouting or ask ahead of time) **NO pets, firearms, alcohol, BB guns, personal sling shots, archery equipment, fireworks.** Leave the electronic toys and games, and music devices at home or in the car. Cell reception has improved over recent years, but is spotty at best.
- Our campsite is at an elevation of 5,600’. Based on current extended weather forecasts, we can expect to see temperatures of around 85-90 degrees for the high, and around 55-60 degrees at night. If a storm moves in, those temps can easily drop 15 to 25 degrees. Bring appropriate layers and variety of clothing – from shorts to jacket & rain gear.
- For those interested in what’s up in the night sky, and if you have any energy left, we will do some star gazing after dark down in the meadow below our campsite, weather permitting. So if you have a telescope, binoculars, or a young set of eyes, set time aside for this activity. Expertise in this area will be appreciated by the bulk of us.

Contact list:

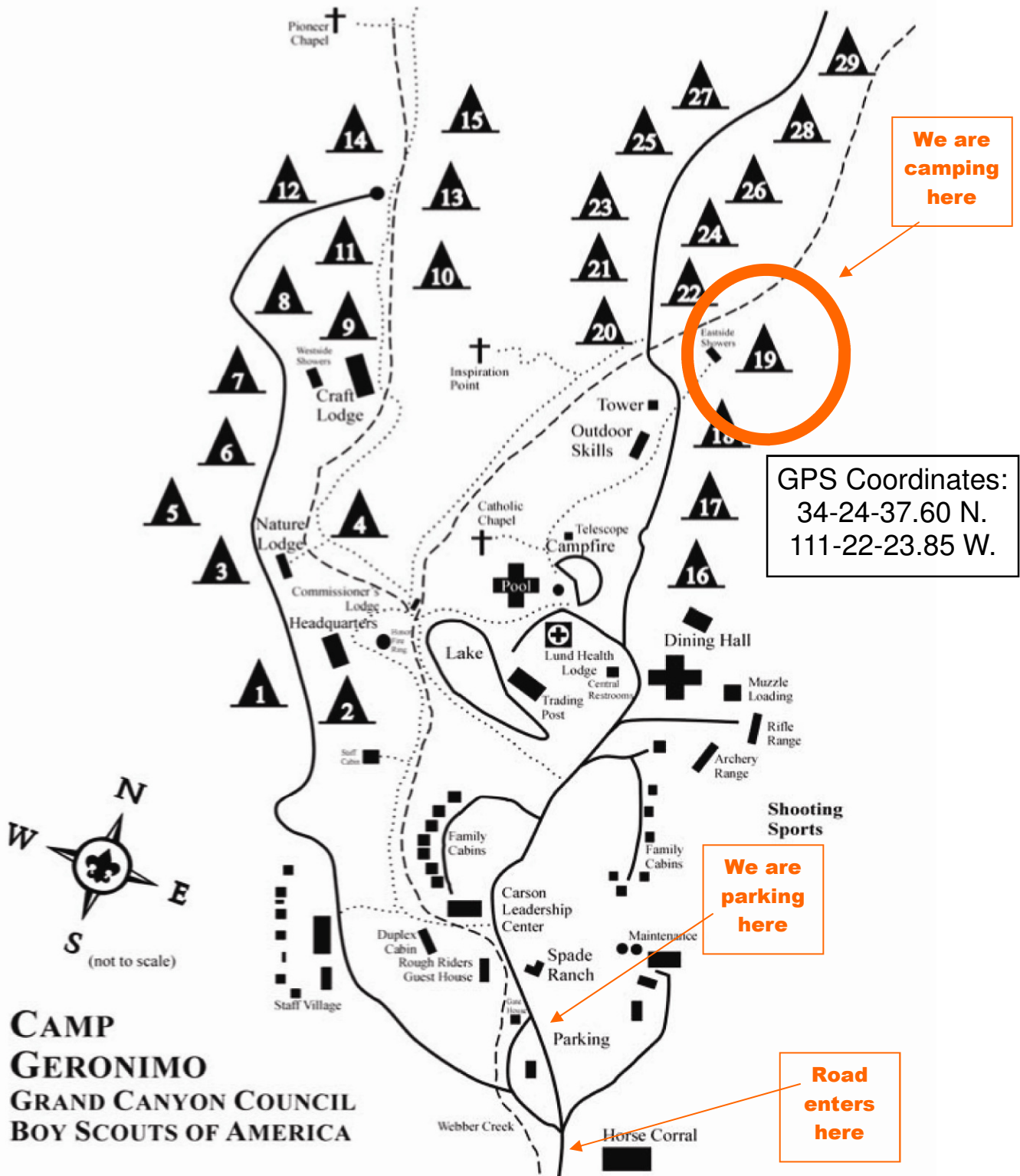
Cubmaster – Jim Greszler – 480-292-3003 – jamesg.scouts@gmail.com

Committee Chair – Margie Kwilosz – 480-980-5426 – Margie@recycledmicro.com

Committee Member – John Kwilosz – 480-980-5429 – john@recycledmicro.com / Website – <http://www.pack378.com>

Family Campout - Pack 378 - 2025 - August 22, 23, 24 - Checklist				rev.2025 07 17	
	Items you may want to bring				
Questions? Contact Kwilosz			* Assumes campfires allowed *		
480-980-5429		Dbl.			Dbl.
	Packed	Chkd.	Clothes (weather appropriate)	Packed	Chkd.
Camp Gear (**=shared items)			(besides what you wear up)		
Cot (optional)			1 or 2 pants		
Ground Cloth (under tent?) ***			1 or 2 T-shirts		
Lantern / Flashlights ***			2 extra underwear		
Sleeping bag or bed roll			2 pairs socks		
Tent(s) ***			baseball cap or sun hat		
5 gallons emergency water ?? ***			extra pair of shoes		
			light jacket		
Personal items			long sleeve shirt		
Comb / pocket knife			pair of boots		
Deodorant			pajamas - if you wear them		
Hand Sanitizer			RAIN GEAR !!!		
Handkerchief			shorts (if you wear them)		
Kleenex			warmer hat		
Liquid soap- campsuds is great			windbreaker		
Sunglasses					
Toilet paper / handi-wipes			Food Stuff		
Tooth brush & paste			Note: MiniBears love people food		
Towel - small			Small bottles of water (to carry)		
Wallet/money/change			Favorite beverages (no alcohol)		
			Friday dinner?		
Extras			Saturday Breakfast		
Some Dry Firewood (if you have)			Saturday Lunch		
Bow saw (small for firewood)			Sides for Sat.eve.potluck		
Camera			(we supply burgers & dogs)		
Camp Stool / Chair			Sunday breakfast		
Compass			(we supply pancakes)		
Duct Tape (fixes everything)			Favorite goodies & snacks		
Garbage Bags - small / large			Coffee / hot chocolate fixins		
Matches			Marshmallows (smores stuff)		
Paper Towels					
Pencils & notepads			Other Mealtime Items		
			Cookware (if you need)		
Rope (emergency)			Cups		
Safety pins/Thread/Needles			Eating utensils		
Tarp (for real leaky tent)			Paper plates		
Binoculars / Telescope			Personal stove (if you need)		
First Aid Supplies					
First Aid Kit					
Personal medications					
Sun Screen					

Driving directions to Camp Geronimo: Drive to Payson, continue North *towards* Pine. About 12 miles North, watch for the turnoff to the right marked "Control Road" (right near mile marker 265, and about a mile or so past the turnoff to the "Natural Bridge") Turn onto, "Control Road" and drive for about 6 miles. Watch for the turn to the left marked "Webber Creek Road" and take it for about 1.5 miles into the Geronimo Parking Lot.
If the gate is open on the North end of the parking lot, continue to the campsite slowly to unload and return your vehicle to the parking lot



Pack 378 Driver and Vehicle Information

Driver's Name: _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Is vehicle covered by at least minimum required liability insurance for Arizona ?

Circle one: Yes / No

Pack 378 Family Camp Information

Information for Your Family—Best Estimate

Arriving: (Circle one) Friday / Saturday—Approx. Time: _____

Circle one Adult or Child under 18 — NAME	Food Estimate Hamburgers / Hotdogs / 4" Pancakes
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Adult/Child _____	_____	_____	_____
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Adult/Child _____	_____	_____	_____
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Adult/Child _____	_____	_____	_____
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Adult/Child _____	_____	_____	_____
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Adult/Child _____	_____	_____	_____
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Adult/Child _____	_____	_____	_____
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Adult/Child _____	_____	_____	_____
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Adult/Child _____	_____	_____	_____
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Total Estimated Food -	_____	_____	_____
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Useful Comments: _____

Pack 378 Outing Permission Slip

NOTE: Use this slip for Wolfs, Bears, Webelos local day outings, and for Webelos overnights. Don't forget, a Council filed Tour Permit may also be necessary. Tigers must always have a parent or legal guardian present. Only Webelos may attend overnights without a parent or legal guardian.(some exceptions)

Child's Name: _____

Parent / Name: _____

Guardian's (print here, read thoroughly, sign at bottom left)

Current Health Condition / Problems / Limitation

Outing Name: _____

Destination: _____

Outing Dates:

From: _____

To: _____

Name: _____

Primary assigned adult

Current Medication List

Emergency Phone Number List

Name:

Number:

Need more room? Write on the back. This properly filled and signed permit must be in the possession of the attending outing leader.

Hold Harmless Agreement:

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

I give the Leaders and other responsible adults of Pack 378 attending this outing full permission to handle all disciplinary and medical emergencies that may arise on this outing. They may use their best judgement in handling all matters pertaining to the child listed above.

Signed:

Date:

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: _____



Prepared. For Life.®

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: _____

