

Texas Junior Orienteering Camp (TJOC)

TJOC is an orienteering camp for experienced junior orienteers. Our goal is to field competitive junior orienteers from the Southwest and around the United States who can compete and win at the National and International levels! The camp is a joint effort by the North Texas Orienteering Association (NTOA) and the Boy Scouts of America (BSA) Longhorn Council.

The camp will be from 4-10 June 2017 at Sid Richardson Scout Ranch (SR²) near Bridgeport, Texas.

The camp is for any experienced junior orienteer (ages 13-19 years) in excellent health and physical condition, who has competed on/completed at least one orange, brown or green orienteering course. See the prerequisites for each level of training. Applicants will be categorized based on their orienteering experience. Those at the orange level will undergo *Intermediate* training. Those who are at the brown or green level will undergo *Advanced* training.

The cost for the camp is \$300. The camp fee includes lodging, meals, a TJOC T-shirt, training materials and maps, all orienteering training, as well as other adventure training activities. TJOC does not currently offer any scholarships/discounts. If needed, check with your orienteering coach to see if your local club can help with camp fees.

You (and/or your coach) must provide:

1. Transportation to and from TJOC
2. A vehicle and driver/coach/chaperone that can remain with you during camp
3. Individual orienteering equipment and supplies (see equipment list)
4. Personal clothing and equipment

Junior orienteers: You are expected to participate in all training and to assist with cleaning, laundry and similar duties. This is not a relaxing, laid-back camp. You are going to work your tail off—and you are going to have a **TEXAS-SIZED** adventure you'll always remember!

Coaches: You are responsible to prepare your orienteers to be successful at TJOC and to arrange any necessary transportation, vehicles to remain on site, chaperones, orienteering equipment, or other requirements.

If you want to know more, contact the TJOC Camp Director: Lieutenant Colonel William Malpass, wmalpass@pasadenaisd.org.

Prerequisites, Individual Equipment and Skills

All Levels:

Prerequisite: Positive attitude! And no couch potatoes! Be physically active, as demonstrated by running 5K in 28 min (male); 32 min (female). (Certified by coach.)

Clothing & Equipment: All participants must bring at least 4 complete changes of clothes, and an extra pair of closed-toe shoes (3 total pairs of shoes). All clothing must be school-appropriate. Check with your coach if you have questions. T-shirts, shorts and running shoes are appropriate for most non-orienteering activities; however, at least one pair of long pants is required for the rappelling tower. ABU trousers are ideal. (NOTE: Shorts are NOT RECOMMENDED for orienteering events. See the orienteering equipment list below.) CONSERVATIVE swimsuit (Boys: no speedos; Girls: one-piece suit). Wet weather gear (poncho, ball cap, etc.) recommended. Sandals, flip-flops (shower shoes), wraps, pajamas, and other casual clothing are permitted for some after-hours activities, but are not required.

General Equipment: Insect repellent, sun block, glasses and/or sunglasses, duct tape, toiletries, aspirin or ibuprofen (check with your coach before bringing), small first aid kit, soap, shampoo, laundry detergent, mesh laundry bag, sleeping bag/pillow, washcloth, at least 2 towels, flashlight or headlamp, extra batteries. Pencils, pens, colored pencils, markers, pencil sharpener, spiral notebook, 3-ring binder, notebook paper, etc. recommended.

Orienteering Equipment:

- Hands-free water carrier (required on all courses)
- Whistle (required on all courses)
- Watch w/ lap timer (required on all courses)
- 2 compasses (1 spare)
- E-punch (A limited number will be available at camp if you don't have one)
- Running/Trail/O-shoes; 2 pairs
- Eye protection
- Gaiters
- Thornknickers, running pants, long-sleeve t-shirts and other protective clothing
- Punch card holder
- Clue card holder

Other Equipment: Cell phones, devices, charging cords, cameras, etc.: Check with your coach before bringing. (Note: There is typically very limited 4G LTE signal strength at Sid Richardson Scout Ranch and no WiFi access for junior orienteers.) Scissors, pocket knives, etc.: Check with your coach before bringing.

Intermediate Level:**Prerequisite:**

Experienced Orange Level or higher

Competed at Orange level in at least one meet the past year

Sample Skills:

- Read Clue cards in IOF symbols
- Map folding
- Taking a bearing
- Know basic IOF map symbols
- Pace count (walk/run/uphill, etc.)
- Applying "a system"
- Understand O-jargon/vocabulary

Advanced Level:**Prerequisites:**

Experienced Brown Level or higher

Competed at Brown level in at least one meet the past year

Sample Skills:

- Route choice strategies
- Navigation techniques
- Able to stay in contact w/map
- Be able to Mentor/Teach

TJOC starts Sunday, 4 June 2017 at 12:00 noon and ends at 9:00 am on Saturday, 10 June 2017.

- Please make your transportation plans accordingly.
- Location is Sid Richardson Scout Ranch (SR2) near Bridgeport, Texas. See http://www.longhorncouncil.org/wp-content/uploads/2014/10/sid_large2004.gif. We will be located at **Lakeview Lodge**.
- There are no arrangements for food or lodging for those arriving before or leaving after the dates above.

Application Checklist and Timeline

Application Deadline: Pages 5-10 of this application must be completed, signed, witnessed, SCANNED AND EMAILED (preferred), faxed, or postmarked no later than 21 April 2017.

1. Scan and email to wmalpass@pasadenaisd.org. If not emailed,
2. Fax to Lt Col William Malpass at 1-713-740-4158. If not faxed,
3. Mail to payment address:

TJOC Payments
 c/o Mary Lynn Genovesi
 883 St James Dr
 Fairview, TX 75069

Payment Deadlines: \$300.00—checks/money orders ONLY made out to “TJOC” (*DO NOT SEND CASH through the mail!*) according to the following payment schedule:

Payment in full of \$300 or \$100 depositPostmarked no later than 21 April 2017.
 Remaining payment of \$200.....Postmarked no later than 12 May 2017.

Mail ALL PAYMENTS to this payment address:

TJOC Payments
 c/o Mary Lynn Genovesi
 883 St James Dr
 Fairview, TX 75069

PLEASE NOTE: ALL PAYMENTS MUST BE MAILED TO THIS PAYMENT ADDRESS. OTHER ADDRESSES FROM PREVIOUS CAMPS WILL NO LONGER WORK!

Pages 5-10 are these forms:

- Application - Texas Junior Orienteering Camp (2 pages)
- Parent/Guardian Agreement/Release/Permission
- Covenant Not to Sue
- Consent to Medical Treatment Form
- Individual Health and Medical Record

Check your application package before sending:

- If you are under 18 years old, a parent or guardian must sign the appropriate forms!
- There is ***no requirement for a Notary Public***. The witness can be any adult.
- ***You must have a coach, instructor or adult group leader certify*** that you meet the prerequisites for attending TJOC.
- All forms must be legible, complete and properly filled out.

**Texas Junior Orienteering Camp (TJOC)
Parent/Guardian Agreement/Release/Permission**

I give my permission for my son/daughter _____, to participate in the Texas Junior Orienteering Camp. I understand activities will include orienteering training (70% of the camp), physical fitness activities, rappelling, aquatics and other physically demanding activities. I understand that if my participant is unable to meet the physical requirements of camp that I may be notified to come and pick up my participant.

I understand that a Zero Tolerance policy on participant conduct and behavior (conduct, drugs, tobacco, public displays of affection, etc), similar to most school districts, will be in effect at all times during this camp. It will remain in effect until the participants are released from camp. If a participant should violate the rules, the parent/guardian may be notified to come and get their participant.

I understand that I may be charged for any damage to the camp facilities and I accept full responsibility for my participant's actions during this camp.

I understand that all participants will share in common camp tasks such as cleaning of common areas. The Camp Director and Staff will make these assignments and all participants are expected to do their share.

To the best of my knowledge, my son/daughter is in good physical condition. Participation in TJOC, in my opinion, will not have an adverse effect on his/her health and well-being. I will inform the Camp Director of any changes.

Medical support on site will be first aid provided by Camp Staff which includes a registered nurse or EMT. Any participant requiring medical care beyond first aid will be sent to local hospitals and clinics. Participants will be financially responsible for any medical requirements beyond that provided by camp staff.

All medications that the participant is taking should be given to the camp medical officer for appropriate dispensation according to the instructions from the parents and/or doctor.

I understand that my child will be unable to attend the camp without this signed agreement/ release form and agree to the provisions outlined above.

Signature of participant: _____

Signature of parent: _____

CONSENT TO MEDICAL TREATMENT

STATEMENT REQUIRED BY PRIVACY ACT OF 1974

(1) PRINCIPAL PURPOSES: A statement authorizing medical care in civilian or government medical facilities while attending Texas Junior Orienteering Camp.

(2) ROUTINE USES: Normal personnel actions: Disclosure of information may be provided to proper authorities in actions regarding medical treatment, legal actions as a result of injury or death, and investigation of accident resulting from Texas Junior Orienteering Camp.

(3) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Voluntary. Failure to complete form will disqualify applicants from participating in Texas Junior Orienteering Camp.

I _____, consent to be treated in any government or civilian medical facility, near or enroute to the Texas Junior Orienteering Camp near Bridgeport, Texas during the period 4-10 June 2017. This consent encompasses all procedures and treatments as are found to be necessary or desirable, in the judgment of the professional staff of any of the above-named medical facilities. I understand that this consent is of a general nature and accordingly list the following exceptions to this consent (if no exceptions, please write "No Exceptions")

I (am) (am not) on medication. (List type, if on medication)

I (am) (am not) allergic to medication. (List type, if allergic)

It is understood that this consent can be withdrawn in writing or orally at any time.

Signature of Witness

Signature of Participant

Print Name of Witness

Print Name of Participant

PARENT OR GUARDIAN: (When participant is a minor or unable to give consent), I

_____, parent/guardian of _____ have read and understood the above consent to treatment and hereby expressly consent to the above-described treatment.

Signature of Witness

Signature of Parent

Print Name of Witness

Print Name of Parent

Individual Health and Medical Record: TJOC					
Please PRINT all information LEGIBLY. Use back of form if necessary.					
IDENTIFICATION				Date:	
Full Name and Birthdate					
Name of Emergency Contact					
Work Address and Phone #					
Home Address and Phone #					
ALTERNATE EMERGENCY CONTACTS					
1	Relationship:		Phone:		
2	Relationship:		Phone:		
Name of Family Doctor:			Phone:		
Name of Dentist:			Phone:		
PERSONAL INSURANCE CARRIER					
Name of Insurer:		Provide a copy of Front & Back copy of Insurance Card			
Address:					
Phone:		Policy #:			
Name of Insured:					
MEDICAL HISTORY					
Circle all items that apply, past or present, to your health history. This will NOT effect your TJOC eligibility.					
ALLERGIES:					
		Plants	Insects	Medicines	Food
ADHD		Back Pain/Injury		Digestive Problems	
Asthma/Wheezing		Chest Pain		Dizziness/Fainting	
Bleeding Disorder/Nosebleeds		Convulsions/Seizures		Headaches/Migraines	
Bone Fracture/Joint Injury		Diabetes		High Blood Pressure	
Skin Problems		Other			
Explain any circled items:					
MEDICATIONS					
Please list ALL medications taken in the 30 days prior to arriving at TJOC:					
List any medications, dosage and schedule to be taken at camp:					
List any physical or behavioral conditions that may affect or limit full participation in swimming, running, hiking long distances, or playing strenuous physical games:					
List equipment needed such as supports, braces, glasses, contact lenses, etc					
IMMUNIZATIONS		(Give date of last inoculation.)			
Diphtheria, Pertussis, Tetanus (DPT)		Tetanus Booster			
Measles, Mumps, Rubella (MMR)		Hepatitis B Vaccine			
Polio		Other (Specify)			