



## The Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp 2014

**The G.O.A.T. is an orienteering camp for experienced young orienteers. Our goal is to field competitive junior orienteers from the Southeast who can compete and win at the National and International levels!** The camp is a joint effort by the Georgia Orienteering Club (GAOC) and the U.S. Navy Junior Reserve Officers Training Corps (NJROTC).

**The camp will be from 1 - 5 June 2014 at “Hard Labor Creek State Park” (The Daniel Morgan Group Camp Site) near Rutledge, Georgia.**

**The camp is for any experienced junior (9<sup>th</sup> – 12<sup>th</sup> graders) orienteer in excellent health and physical condition. See the prerequisites for each level of training!** Applicants will be categorized based on their orienteering experience. Those with Yellow level experience will be categorized as Advanced *Beginner* and undergo Fast Start training before joining into the rest of the training. Those at the Orange level will undergo *Intermediate* training. Those who are at the Brown and Green level will undergo *Advanced* training.

**The cost for the camp is \$295.00** The camp fee includes lodging, all meals, transportation to training areas throughout the park, an Inaugural G.O.A.T. t-shirt, training materials and maps, all orienteering training as well as other adventure training activities. If you are not in Navy JROTC, check with your local clubs and organizations for scholarships!

**You must provide:**

- Transportation to and from the G.O.A.T. Summer Camp 2014
- Individual orienteering equipment and supplies (see equipment list)
- Personal clothing and equipment

**You are expected to: Complete the 5K run physical test under your prescribed times and pass the Academic test with an 80% minimum score before completing camp.** You are 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! You will receive a certificate of competition or attendance, based on your satisfactory competition of all requirements and minimum courses.

**If you want to know more, contact** your local club and organization representatives or contact Senior Chief Moss, Camp Director, [David.Moss@henry.k12.ga.us](mailto:David.Moss@henry.k12.ga.us) , (770) 957-1411 (office) or (404) 642-5584 (cell)

**GAOC: Robin Shannonhouse** ([rshannonhouse@comcast.net](mailto:rshannonhouse@comcast.net))

**GAOC: Stephen Shannonhouse** ([sshannonhouse@comcast.net](mailto:sshannonhouse@comcast.net))

**GAOC: Charlie Bleau** ([gaocpresident@gaorienteering.org](mailto:gaocpresident@gaorienteering.org))

**GAOC: Bob Frost** ([bob.a.frost@gmail.com](mailto:bob.a.frost@gmail.com))

**Registrar: Petina Moss** ([petina083073@yahoo.com](mailto:petina083073@yahoo.com))

**JROTC: See your Instructor**



## Prerequisites, Individual Equipment and Skills

### All Levels:

- ▲ **Prerequisite:** Good Attitude! Motivated to learn! Willing to apply new skills during each event!
  - **Run 5K in 28 min (male); 32 min (female)** (Certified by coach or instructor)
- ▲ **Clothing:** All JROTC cadets will be required to have two pairs of jeans and t-shirts for wear during formations and JROTC training.
  - **General Equipment:** Insect repellent, sun block, toiletries, 4 changes of clothes, extra shoes, sleeping bag/pillow/pillow case, twin set of sheets, swimsuit (Boys: no speedos; Girls: one-piece or modest two-piece suit), wet weather gear, towels, flashlight or headlamp
- ▲ **Orienteering Equipment:**
  - Hands-free water carrier (required on all courses)
  - Whistle (required on all courses)
  - Wrist Watch w/ lap timer (required on all courses)
  - 2 compasses (1 spare)
  - E-punch (A limited number will be available at camp)
  - Running/Trail/O-shoes; 2 pairs
  - Eye protection, gaiters, Thornknickers and other protective clothing
  - Punch card holder
  - Clue card holder

### Advanced Beginner Level:

- ▲ **Prerequisite:**
  - Experienced Yellow Level or higher.
  - Competed at Yellow level in at least two A or B *completed* meets the past year.
- ▲ **Skills:**
  - Taking a bearing
  - Know basic map symbols
  - Pace count (walk/run/uphill, etc.)

### Intermediate Level:

- ▲ **Prerequisite:**
  - Experienced Orange Level or higher.
  - Competed at Orange level in at least two A or B *completed* meets the past year.
- ▲ **Skills:**
  - Read Clue cards
  - Map folding
  - Understanding O-jargon/Vocabulary
  - Applying “a system”



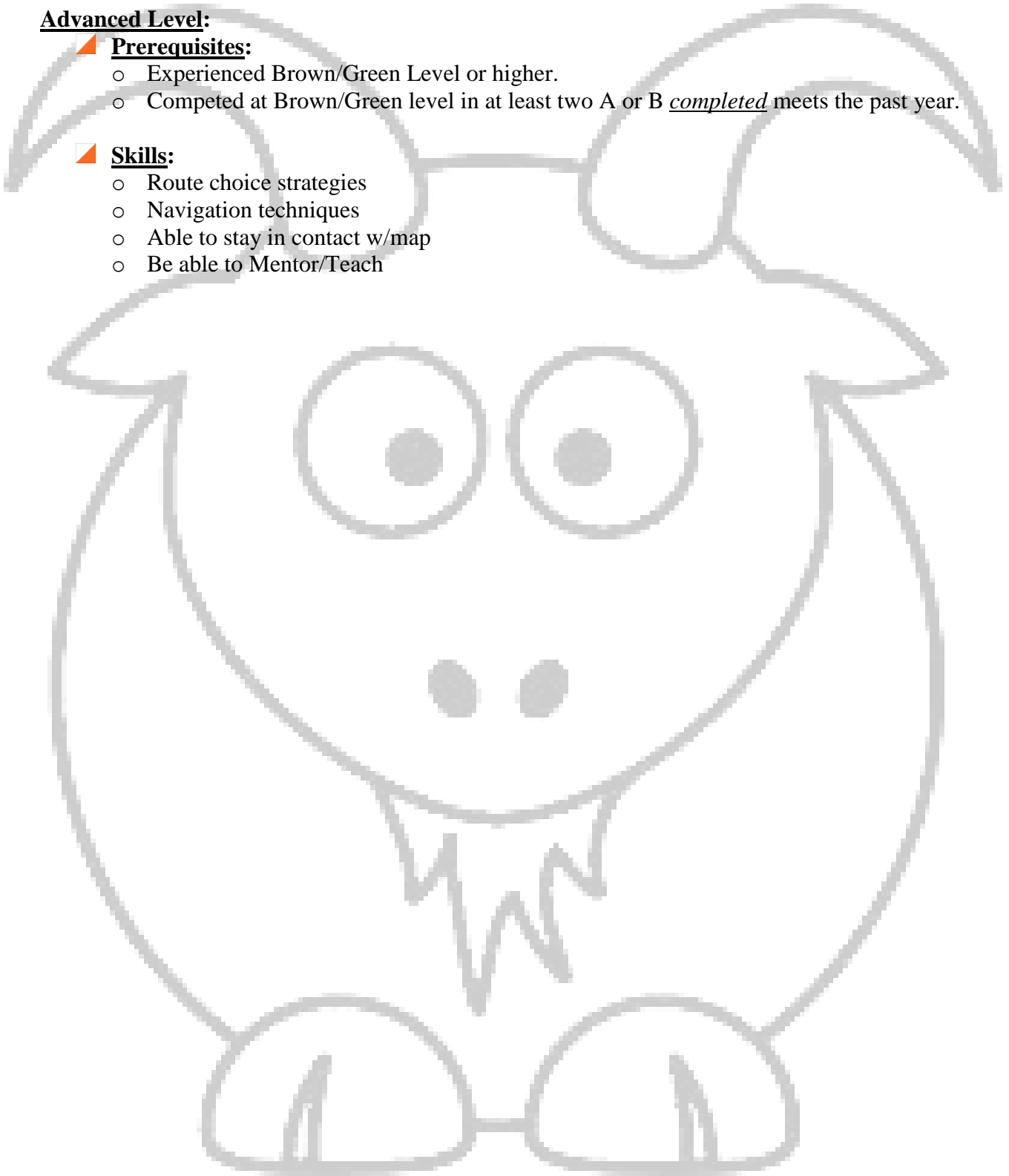
**Advanced Level:**

▲ **Prerequisites:**

- Experienced Brown/Green Level or higher.
- Competed at Brown/Green level in at least two A or B *completed* meets the past year.

▲ **Skills:**

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





## Application Checklist and Timeline

### 1. **Application Deadline: postmarked no later than 1 April 2014.**

- ▲ Complete the application (School coach's please collect all applications and review for signatures, required verifications and mail as ONE Group if possible). **Total cost for camp: \$295.00. You must make a deposit of \$100.00 minimum per orienteer (by COB 1 April 2014). Funds are non-refundable, but you are allowed to swap out orienteers if qualified. Remainder of fees is due by COB May 1, 2014. Mail fees to:**
  - **G.O.A.T. Registrar (Petina Moss)**  
**P.O. Box 153**  
**Clarkdale, GA. 30111**
  - *Do not send applications and fees to anyone else!*
- ▲ **Enclose Fees with the application:**
  - **\$100.00 deposit or \$295.00 full pmt. fee – checks and money orders made out to:**
  - **(Henry County High School NJROTC) – It is due with application (make sure address and phone # is printed on the check)**
  - ***DO NOT SEND CASH through the mail!***
- ▲ **Include forms:**
  - Application – The Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp
  - Parent/Guardian Agreement/Release/Permission
  - Covenant Not to Sue
  - Consent to Medical Treatment Form
  - Individual Health and Medical Record
- ▲ **Check your package:**
  - 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 your Instructor certify*** that you are part of the JROTC program and meets the qualifications in each skills level.
  - ***You must have a coach, instructor or adult group leader certify*** that you meet the pre-requisites for attending G.O.A.T.
  - All forms must be legible, complete and properly filled out.
- ▲ The camp is **limited to 60 orienteers** that will be selected from among the applicants by the G.O.A.T. Board of Directors. If you are not selected, your deposit will be refunded.



2. **G.O.A.T. starts Sunday, 1 June 2014 at 12:00 noon and ends at 2:00 pm on Thursday, 5 June 2014.**

- ▶ Please make your transportation plans accordingly.
- ▶ Location is “Hard Labor Creek State Park” near Rutledge, Georgia. See [www.gastateparks.org/HardLaborCreek](http://www.gastateparks.org/HardLaborCreek). We will be located at Daniel Morgan Group Site.
- ▶ Check-in starts at 10:00 am thru 12:00 noon at the Park Ranger Visitor Center on Sunday, June 1st. Signs will be posted to direct you to the check-in site. Once you are checked in, transportation for you and your bags will be provided to the camp-site. Bedding assignments and current training schedules will be provided to everyone at check-in. A light lunch will be provided at the check-in site. (sandwich, chips and drink)
- ▶ There are no arrangements for food or lodging for those arriving before or leaving after the dates above.



**Application – Georgia Orienteering Advanced Training (G.O.A.T.)  
Summer Camp 2014**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_ Year of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate cell: \_\_\_\_\_

E-mail address (make sure it's readable, material and acceptance information will be sent to you via e-mail): \_\_\_\_\_

Name of School/Club/Organization and Location: \_\_\_\_\_

Instructor/Coach Name & e-mail: \_\_\_\_\_

Gender: M F T-shirt Size: S M L XL XXL E-punch number: \_\_\_\_\_

Are you a swimmer? Non-swimmer weak medium strong Red Cross certified lifeguard

If a JROTC cadet, which Service? Army Air Force Navy Marines

**Instructor Certification:**

*I certify that this individual is an authorized member of this JROTC unit as defined by the appropriate Service Regulations.*

Instructor Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Rank: \_\_\_\_\_ Title: \_\_\_\_\_

**Have your coach, instructor or adult club leader certify that you meet the physical prerequisites for G.O.A.T.:**

*I certify that the applicant meets or exceeds the physical prerequisites for G.O.A.T. (5km run, 28 min males, 32 min females)*

Instructor Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Rank: \_\_\_\_\_ Title: \_\_\_\_\_



### Orienteering Training and Experience:

How many years have you been orienteering? \_\_\_\_\_

What is the highest level you have competed in? White Yellow Orange Brown Green Red

List your orienteering experience in the last year. Attach a continuation sheet if needed.

	<u>Meet</u>	<u>Sponsored By</u>	<u>W,Y,O,B,G,R</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____



## The Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp Parent/Guardian Agreement/Release/Permission

I give my permission for my son/daughter \_\_\_\_\_, to participate in the Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp. I understand activities will include orienteering training (90% of the camp) 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/ward is in good physical condition. Participation in the G.O.A.T., 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. 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: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_





**COVENANT NOT TO SUE  
OFF-CAMPUS TRAINING AND PRACTICAL FIELD/HIGH RISK TRAINING  
The Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp**

**(1) AUTHORITY:** Title 10, U.S. Code 23-1.

**(2) PRINCIPAL PURPOSE(S):** To release the U.S. Government, the host institutions and the state in which said institutions are located from liability for injury; death, or damages for participants in Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp, participating in voluntary off-campus training programs, practical field, and high risk training.

**(3) ROUTINE USES:** Normal personnel actions. Disclosures of information may be provided to proper authorities in actions regarding law enforcement, legal actions as a result of injury or death, and investigations of accidents resulting from such voluntary off-campus training programs, practical field, and high risk training.

**(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. Failure to complete form will disqualify applicants from participating in Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp.

I \_\_\_\_\_, residing at \_\_\_\_\_,  
(Type or print full name) (Address) (City)

do hereby agree that in consideration for being allowed to participate in Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp, conducted by the Georgia Orienteering Club (GAOC) and the U.S. Navy Junior Reserve Officers Training Corps (NJROTC) supervised activity, and whereas I am doing so entirely on my own initiative, risk, and responsibility; and being fully aware of the risk adhering to this type of training, I hereby RELEASE AND DISCHARGE FOREVER, the United States Navy, the State of Georgia and the Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp and all of its officers, agents, and employees, acting officially or otherwise from any and all claims, demands, actions or causes of action, on account of myself OR on account of any injury to me which may occur from any cause during said activity or continuances thereof, and I do further covenant and agree to hold the said Government of the United States, State of Georgia, and the Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp and all of its officers, agents, and employees, acting officially or otherwise, blameless for any and all damages which I may cause either intentionally or through my negligence.

\_\_\_\_\_  
Typed/Printed Name of Parent or Guardian if Participant is a minor

\_\_\_\_\_  
Signature of Parent or Guardian if Participant is a minor

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date

**WITNESSED BY:**

Period Covered: 1- 5 June 2014

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Participant



**CONSENT TO MEDICAL TREATMENT**

**STATEMENT REQUIRED BY PRIVACY ACT OF 1974**

**(1) AUTHORITY: TITLE 10, U.S. CODE 2102.**

**(2) PRINCIPAL PURPOSES:** A statement authorizing medical care in civilian or government medical facilities while attending Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp.

**(3) 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 Georgia Orienteering Advanced Training Summer Camp.

**(4) MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Voluntary. Failure to complete form will disqualify applicants from participating in Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp.

I \_\_\_\_\_, consent to be treated in any government or civilian medical facility, near or enroute to the Georgia Orienteering Advanced Training (G.O.A.T.) Summer Camp near Rutledge, Georgia during the period 1 - 5 June 2014. 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 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



<b>Individual Health and Medical Record: G.O.A.T.</b>			
Please PRINT all information LEGIBLY. Use back of form if necessary.			
<b>IDENTIFICATION</b>		<b>Date:</b>	
Full Name and Birthdate			
<b>Name of Emergency Contact</b>			
<b>Work Address and Phone #</b>			
<b>Home Address and Phone #</b>			
<b>ALTERNATE EMERGENCY CONTACTS</b>			
Name:	Relationship:	Phone:	
Name:	Relationship:	Phone:	
Name of Family Doctor:		Phone:	
Name of Dentist:		Phone:	
<b>PERSONAL INSURANCE CARRIER</b>			
Name of Insurer:	Provide a copy of Front & Back copy of Insurance		
Address:			
Phone:	Policy #:		
Name of Insured:			
<b>MEDICAL HISTORY</b>			
Circle all items that apply, past or present, to your health history. This will NOT effect your TJOC eligibility.			
<b>ALLERGIES:</b>	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		
<b>Explain any circled items:</b>			
<b>MEDICATIONS</b>			
Please list ALL medications taken in the 30 days prior to arriving at G.O.A.T.:			
List any medications, dosage and schedule to be taken at camp:			
physical or behavioral			
List equipment needed such as supports, braces, glasses, contact lenses, etc			
<b>IMMUNIZATIONS</b>		(Give date of last inoculation.)	
Diphtheria, Pertussis, Tetanus (DPT)	Tetanus Booster		
Measles, Mumps, Rubella (MMR)	Hepatitis B Vaccine		
Polio	Other (Specify)		

