

CAMP SUNRISE

2009 FUN WITH SON LEADER'S GUIDE



GREEN MOUNTAIN COUNCIL
BOY SCOUTS OF AMERICA

**P.O. Box 557
WATERBURY, VT 05676
(802) 244-5189**

GENERAL FUN WITH SON INFORMATION

WHAT IS FUN WITH SON CAMP?

Fun With Son (FWS) Camp is an exciting adventure for your Cub Scouts. It provides a fun filled family environment, and includes an adult partner as an added feature to the fun. Any Cub Scout is welcome at Camp Sunrise for a Fun With Son weekend. The program is oriented towards those Cub Scouts that will be Wolf or Bear, during the upcoming school year. Webelos Scouts and parents are welcome, but we suggest Webelos Camp or full week resident camp for these Scouts.

CAMP DATES Three exciting overnight sessions are planned

<u>DATES</u>	<u>FWS CAMP</u>
JULY 11 TH – JULY 12 TH , 2009	SESSION 1
JULY 25 TH – JULY 26 TH , 2009	SESSION 2
AUGUST 1 ST – AUGUST 2 ND , 2009	SESSION 3

TELEPHONE

The camp telephone is used for camp business and emergencies only. Since there is only one line into camp, it cannot be tied up with personal calls. The camp number is (802) 537-2448.

TRADING POST

All activities and projects in camp have been included as part of the camp fee. There is a Trading Post to provide additional snacks and souvenirs, so Cub Scouts may wish to bring some spending money (est. \$20.00 to \$25.00).

PETS

Visitors and campers cannot bring pets to camp.

CAMP FEES AND LEADERSHIP

CAMP FEES

Camp fees are \$45.00 per person at Fun With Son Camp and includes the cost of 3 meals in the dining hall, camp patch, qualified staff, and all program supplies. Any family member is welcome to attend the weekend and participate in the program. Same fee applies to all participants. No reservations are accepted without fees. **After June 15, 2009 there will be a \$10.00 late fee added to any registration.**

ADULT LEADERSHIP

The program is designed for a parent to share with their son. If a parent is unable to attend with their son, their son may still go to camp! Arrangements must be made by the boy's family for another youth's parent or another adult relative or friend to be a substitute for the weekend. This adult must be at least 21 years of age. The "substitute" becomes responsible for the boy for the entire weekend. A ratio of 3 to 1 (youth to adult) must be maintained. If you have any questions about this policy, contact the Council Service Center at (802) 244-5189 or campsunrise@scoutingvermont.org.

CAMP STAFF

The camp staff stands ready to serve you and your Scouts. They are proficient in program skills, the art of having fun, and are a great resource. The adults who bring Scouts to camp are still the leaders and are expected to plan and assist in all activities. Where you have special talents, skills or interests do not hesitate to make those abilities known.

CAMP REGISTRATION

Scouts must sign up for camp through their own leaders and Pack or through direct contact with the Council office for weekend programs. Registration forms are provided for the Den and for individual Scouts.

CAMP EQUIPMENT CHECKLIST

Following are Items That Scouts & Adult partners Will Find Useful in Camp:

- | | | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Medical Form (Scout & Parent) Original must be brought to camp in order to attend! | | |
| <input type="checkbox"/> Handbook | <input type="checkbox"/> Toothbrush & paste | <input type="checkbox"/> Towels |
| <input type="checkbox"/> Scout uniform | <input type="checkbox"/> Jacket or sweat shirt | <input type="checkbox"/> Insect Lotion |
| <input type="checkbox"/> Long Pants | <input type="checkbox"/> Raincoat or poncho | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Sturdy shoes or boots | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Small pillow | <input type="checkbox"/> Extra socks | <input type="checkbox"/> Water Bottle |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Bedroll or sleeping bag | <input type="checkbox"/> Swim suit |
| <input type="checkbox"/> Sun Screen | <input type="checkbox"/> Pajamas | <input type="checkbox"/> Fishing gear |

LOST AND FOUND

The lost and found is located at the Office. Leaders should remind Scouts to have clothing and personal gear marked with their names.

CAMP HEALTH AND SAFETY

THE MEDICAL/PERMISSION FORM AND ITS IMPORTANCE

The single most important part of pre-camp planning and packing is the Medical/Permission Form. This is a three part form, and must be updated annually. This is different from past years where youth medicals were good for a three year period. Regardless of age you must have a medical form that is current within twelve months. Please also be advised that Camp Sunrise **DOES NOT** have medical forms from previous camp attendance. Medical forms **MUST** be brought to Camp.

Parts A and C are required for both Scouts and Adults attending Fun With Son Camping. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

In an emergency, doctors and hospitals will not accept photocopied signatures. Be sure that the immunization record section is filled out with dates. Individuals with allergies, diabetes, asthma, etc. are not turned away from camp. It is, however, most important that any medication or restrictions be noted on the health form. This will help our Camp Health Officer to offer better emergency care to our Cub Scouts and Leaders.

CAMP HOUSING

Each Scout and Adult Partner will be provided a tent on a platform and a bed. Adults are only allowed to sleep with youth that are of their own family. Youth are allowed to sleep with other youth and adults can sleep with other adults. If you have any questions about the youth protection policies contact the Council Service Center.

DINING HALL

All campers are expected to be in the dining hall for each meal. Assignments will be made by Campsite to serve as table waiters for meals. The responsible waiters are expected to arrive 15 minutes before the meal to set up and clear the table after the meal is over. Meals provided on weekend will be Saturday Lunch and dinner and Sunday breakfast.

DRESS CODE

No one is allowed in the dining hall in swim suits or without a shirt or shoes. Shoes need to be worn in camp at **all times** to prevent foot injuries. Scouts will want to wear their uniform for the evening meal and closing ceremony.

HEALTH LODGE

A qualified Health Officer will be on duty in the Camp. All illness or injuries must be reported to the Health Lodge no matter how minor. In the event of serious illness or injury, the camper will be taken to Rutland Hospital or a local clinic for treatment; the parents will be notified and billed directly by the doctor or hospital.

SPECIAL MEDICINES

Special medicines (ie those that require refrigeration) may be kept at the Health Lodge. Other medications should be kept in the adult partner possession. Emergency medication such as epi pens and inhalers should be kept with the person they are prescribed for. It is the responsibility of the adult partner to make sure all medications are properly taken.

DANGEROUS ITEMS AND SUBSTANCES

Some items are **not** permitted at camp. Failure to abide by the camp rules may lead to dismissal from camp. Do not bring any alcoholic beverages or illegal drugs into camp. Firearms, ammunition, personal BB guns, firecrackers, bows and arrows, and sheath knives are primarily among the items that should not be brought to camp. The use of aerosol propellant based insect spray is prohibited. Please use personal sized insect repellent in squeeze bottles or with a pump action.

ANTI-DISCRIMINATION NOTICE

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, handicap or sex. Any person who believes he/she has been discriminated against in any USDA related activity should write to: Administrator, Food and Nutrition Service, 3101 Park Center Drive, Alexandria, VA 22302.

CHECKING IN AND OUT OF CAMP

REGISTRATION

All Scouts must be registered as members of the Boy Scouts of America, and camp fees paid in full in order to stay in camp and participate.

ARRIVAL TIME

Check in for the Fun with Son weekends will be on Saturday between 8:00 and 9:45 am. Please plan to arrive and check in during that time.

CHECK-IN

Registration will be in the Camp Office. This is where you will turn in your health forms and make any last minute corrections to the registration information previously sent in. You will then be assigned to a campsite where you may take your gear.

CARE OF EQUIPMENT

All campers and adult partners are reminded that they are responsible for any damage above ordinary wear and tear, they might cause to camp facilities or equipment.

CHECK-OUT

All campers will leave with their leaders and/or adult partner by 11:00 a.m. on the final day of their program. Please coordinate this with the parents in your Packs or Dens. At any other time, campers will be released from camp only in the company of **parents or guardian** and only after the approval of the Camp Director.

FUN WITH SON

APPENDIX:

Feel free to duplicate any forms in this Leader Guide Book
and distribute them locally!

FWS CAMP REGISTRATION

Enclosed is \$45.00 per person to register for FWS Camp. (Due June 15, 2009 or \$10 late fee)

NAME OF SCOUT _____ AGE _____ PACK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF ADULT PARTNER _____ AGE _____

ADDRESS INFORMATION SAME AS ABOVE _____ (CHECK IF YES – IF NO, PLEASE PROVIDE THE FOLLOWING)

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CHOICE OF SESSION: _____ (#1: JULY 11TH-12TH, #2 : JULY 25TH-JULY 26TH, #3 AUGUST 1ST-2ND)

REGISTRATION FEES –

SCOUT -- _____ @ \$45.00 EACH = \$ _____

ADULT PARTNER -- _____ @ \$45.00 EACH = \$ _____

LATE FEE -- _____ @ \$10.00 EACH = \$ _____

TOTAL AMOUNT OF REGISTRATION = \$ _____

SPECIAL REQUESTS (FOOD ALLERGIES, HEATH CONCERNS, ETC): _____

PARENT INFORMATION ABOUT FWS CAMP 2009

THREE SESSIONS TO CHOOSE FROM: Each session begins on a Saturday at 10:00 AM and ends Sunday at 11 AM. Session #1 July 11-12; Session #2 July 25-26; Session #3 August 1-2. There is a limit of 125 participants per session.

LOCATION: Camp Sunrise, Benson, Vermont

FEES: Includes the cost of 3 meals in the dining hall, camp patch and all craft and program materials. The camp provides all materials needed for the FWS program. Scouts and adult partners may want to bring some spending money for snacks and souvenirs at the Trading Post. There is a \$10.00 late fee after June 15, 2009.

WHAT TO BRING: Recommended camp gear: uniform, hiking shoes, extra shirts, shorts, underwear, socks, pajamas, swim trunks, towels, raincoat, personal toilet articles, blankets or sleeping bag, flashlight, fishing gear, sunscreen, and Insect lotion.

[Reproduce as needed]

PACK APPLICATION FOR FWS CAMP

Please reserve a place for the following Scouts and adult partners to participate in FWS Camp at Camp Sunrise this summer. Included with this application are:

OUR CHOICE OF SESSION: _____ (#1: JULY 11TH-12TH, #2 : JULY 25TH-JULY 26TH, #3 AUGUST 1ST-2ND)

PACK _____ **DISTRICT** _____

UNIT LEADER _____ **PHONE ()** _____

ADDRESS _____ **CITY** _____ **ZIP** _____

<u>SCOUTS NAME</u>	<u>ADULT PARTNER</u>	<u>PHONE</u>
1		
2		
3		
4		
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In accordance with the policies of the Boy Scouts of America, limited Cub Scout camping is approved when accompanied by the parent(s) or guardian(s) of the boy. There must be at least one leader per three boys present during FWS Camp.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____

Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part C

Parental Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities 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 these activities. I understand that participation in these activities 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.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 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.

Without restrictions.

With special considerations or restrictions (list)

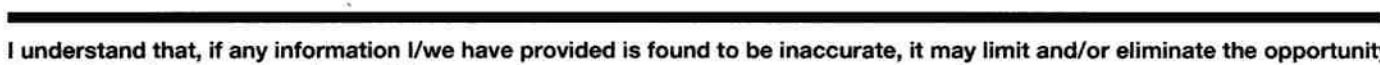


Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes No



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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____

(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
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<http://www.scouting.org>



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Part C Last name: _____ DOB: _____