

CAMP SUNRISE

2012 CUB ADVENTURE WEEKEND LEADER'S GUIDE



GREEN MOUNTAIN COUNCIL

BOY SCOUTS OF AMERICA

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

GENERAL CUB ADVENTURE WEEKEND INFORMATION

WHAT IS CUB ADVENTURE WEEKEND CAMP?

Cub Adventure Weekend (CAW) Camp is an exciting adventure for your Cub Scouts. It provides a fun filled family environment, and the whole family is invited to attend as an added feature to the fun. Any Cub Scout is welcome at Camp Sunrise for a Cub Adventure 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 Two exciting overnight sessions are planned for 2012!

<u>DATES</u>	<u>CAW CAMP</u>
JULY 21-22	SESSION 1
JULY 28-29	SESSION 2

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 Cub Adventure Weekend 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 15th, 2012 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. 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 Cub Adventure Weekend 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 Cub Adventure Weekend 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.

CUB ADVENTURE

WEEKEND

APPENDIX:

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

CAW CAMP REGISTRATION

Enclosed is \$45.00 per person to register for CAW Camp. **(Due June 15th, 2012 or \$10 late fee)**

NAME OF SCOUT _____ AGE _____ PACK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME OF ADULT PARTNER _____ AGE _____

NUMBER OF ADULTS _____ NUMBER AND AGES OF SIBLINGS _____

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

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

CHOICE OF SESSION: _____ (#1: JULY 21ST -22ND, #2 : JULY 28TH-JULY 29TH)

REGISTRATION FEES –

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

OTHER FAMILY MEMBERS -- _____ @ \$45.00 EACH = \$ _____

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

TOTAL AMOUNT OF REGISTRATION = \$ _____

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

PARENT INFORMATION ABOUT CAW CAMP 2012

TWO SESSIONS TO CHOOSE FROM: Each session begins on a Saturday at 10:00 AM (check in starts at 8:30am) and ends Sunday at 11 AM. Session #1 July 21st – 22nd ; Session #2 July 28th-29th. 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 CAW program. Scouts Attendees may want to bring some spending money for snacks and souvenirs at the Trading Post. There is a \$10.00 late fee after June 15th, 2012.

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 CAW CAMP

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

OUR CHOICE OF SESSION: _____ (**#1: JULY 21ST -22ND** , **#2 : JULY 28TH – 29TH**)

PACK _____ **DISTRICT** _____

UNIT LEADER _____ **PHONE ()** _____

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

<u>SCOUT'S NAME</u>	<u>ADULT PARTNERS</u>	<u>SIBLINGS & AGES</u>	<u>PHONE</u>
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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 or siblings present during CAW Camp. Please include any allergies (food, insects, latex, etc) on this form for anyone attending so we can plan food, etc accordingly.

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

High-adventure base participants:

Expedition/crew No.: _____
 or staff position: _____

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. 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 _____

HEALTH HISTORY

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

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c: _____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure: _____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Abdominal/digestive problems	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** If had disease, put "D" and the year. If immunized, check the box and 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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed (form required).

(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 _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____
Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____

Administration of the above medications is approved by (if required by your state): _____ / _____
Parent/guardian signature and/or MD/DO, NP, or PA signature

Be sure to bring medications in sufficient quantities and the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

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Emergency contact No.:

Allergies:

DOB:

Full name:

Part B

INFORMED CONSENT AND HOLD HARMLESS/RELEASE AGREEMENT

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct.

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 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.

I have carefully considered the risk involved and give consent for myself and/or my child to participate in these activities. 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.

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.

- Without restrictions.
- With special considerations or restrictions (list) _____

TALENT RELEASE AGREEMENT

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 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 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

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

You must designate at least one adult. Please include a telephone number.

- 1. Name _____ Telephone _____
- 2. Name _____ Telephone _____
- 3. Name _____ Telephone _____

Adults NOT authorized to take youth to and from events:

- 1. Name _____
- 2. Name _____
- 3. Name _____

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, Philmont Training Center, Northern Tier, or Florida Sea Base: I have also read and understand the risk advisories explained in Part D, 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.

Participant's name _____

Participant's signature _____ Date _____

Parent/guardian's signature _____ Date _____
(if participant is under the age of 18)

Second parent/guardian signature _____ Date _____
(if required; for example, CA)

This Annual Health and Medical Record is valid for 12 calendar months.

Part B Full name: _____ **DOB:** _____

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