Cub Adventures Leader's Guide

Musser Scout Reservation

BOY SCOUTS OF AMERICA®
CRADLE OF LIBERTY COUNCIL

Version 2 - Dec 2013

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WELCOME TO CAMP!

November 2013

Dear Camp Leaders,

Welcome to Cub Adventures! Thank you for spending time with us at the Musser Scout Reservation's Cub Scout summer camp. Whether your group is joining us for a day or resident program, we promise to "Do Our Best" to ensure that each participant has an amazing time.

The Cub Adventures program is first and foremost an outdoor experience for Cub Scouts. Please join us in working to ensure it is enjoyable for everyone: from the youngest Tiger Scout to the most seasoned of Webelos campers; from new to veteran adult leaders. Our aim is to make sure that on the ride home your Scout talks about his amazing adventures with all of his friends, new and old.

Our program works to deliver the promise of "outing" in Scouting. New friendships will be forged as our Scouts explore age-based programs focused on undercover learning. Education and advancement are delivered through fun outdoor activities that play to the expansive imaginations of even our most experienced Scouts.

As the pack leader in charge, you have certain responsibilities that are documented in this manual. Please read and understand this manual completely. We also ask you to review, complete, and submit all applicable forms by your Pre-Camp Leaders' Meeting. Feel free to make as many copies of this book as you need or download from our website www.colbsa.org/cubadventures.

Our Cub Adventures program takes advantage of the fact that most boys, young and old, are explorers by nature. Our greatest desire is that each and every camper enjoys a fun outdoor camping experience and leaves with memories and friendships that last a lifetime.

Yours in Scouting,

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OUR MISSION & VISION

The mission of the Boy Scouts of America is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Scout Law.

The mission of Cub Adventures is to provide an exciting and creative outdoor program that reinforces the aims of Scouting by engaging our Cub Scouts in exploration, imagination, education, and fun. Through use of an engaging theme, we hope that our Cub Scouts and their families will walk away with memories that will last a lifetime and the desire to return with friends.

The vision of Cub Adventures is be the preferred Cub Scout Summer Camp destination of Pennsylvania. Our Cub Scout program is innovative and age-appropriate, while catching the Scouts imagination and allowing them to learn life skills and character development disguised as fun games, challenges, and program stations. We believe that this vision can only take place through the help of Pack leaders that believe in the value of the outdoor experience and know the true value of camping.

AIMS & METHODS OF SCOUTING

The aims of Scouting are threefold:

- Character Development
- Citizenship Training
- Personal Fitness

Cub Scouting uses the following eight methods in fulfillment of the aims and mission of Scouting:

- Ideals
- Den
- Advancement
- Family involvement
- Activities
- Home and neighborhood centered
- Uniform
- Character Connections

The Scout Oath

On my honor, I will do my best
to do my duty to God and my country
and to obey the Scout Law;
to help other people at all times;
to keep myself physically strong,
mentally awake, and morally straight.

The Scout Law

A Scout is:
Trustworthy
Loyal
Helpful
Friendly
Courteous
Kind
Obedient
Cheerful
Thrifty
Brave
Clean
Reverent

PACK PLANNING COUNTDOWN

The steps below will help guide you through your planning process in preparation for your summer camp experience at Cub Adventures this summer. The key to a successful experience in camp is planning and preparation. The more you plan and the better you prepare, the more successful the experience. Remember the key to planning a successful program is to involve the whole Pack and the most important ingredient is fun. Our goal is to maintain the highest standards, address the smallest detail, and go the extra mile. This is what Musser quality and excellence are all about. We realize that the sequence of events below may be different in each Pack.

1. Your reservation is made at the council service center and you have registered and paid for each scout in the online registration system by April 15, 2014 at the latest, in order to take advantage of a discounted rate. Download the current Leaders' Guide from the Cradle of Liberty Council's Camping Website and read it thoroughly.
2. If you have not already done so, conduct a Camp Promotion Parents' Night. We suggest this night be sometime between January and March. See the Promotions Request form to have a team come out and make a presentation! This night will help you to present camp plans and share with boys and parents information about our camp, program highlights, adult leadership, physical examination, fee payment information, etc. Distribute medical forms. Contact the Council Camping Department for assistance or check out the Camping Website of the Cradle of Liberty Council at www.colbsa.org/cubadventures
3. Follow up with the Scouts who have not signed up for camp. Sell them on going because of the exciting theme-oriented program that has been planned.
4. Attend the Cub Adventures Program Orientation Meeting with your other leaders on **Monday, April 28, 2014.** Receive copies of the necessary blank medical forms for each person attending camp. Confirm the number of Scouts attending camp.
5. Pay balance of camp fees owed no later than May 15th to avoid the late fee.
6. Finalize your Pack roster of those attending camp. Obtain home addresses and telephone numbers of all Scouts (including parents' vacation address and phone number) or that of nearest relative, for use in emergencies.
7. Collect and review medical forms for all Scouts and leaders attending camp. Check for completeness of all information, and parents' and doctors' CURRENT signatures and dates.
8. For even more up-to-date information, pack leaders should attend a Pre-Camp Meeting in June as well. You have two dates to choose from:

    - **Tuesday, June 17, 2014 at 7:00 PM** at the Firestone Service Center
    - **Saturday, June 21, 2014 at 9:00 AM** at Musser Scout Reservation, Camp Hart Dining Hall

    *** Meeting at Musser will include a tour of camp if interested

    You will be given the most up-to-date information and it is at this meeting where your campsite and arrival time will be assigned. Questions? Come to this meeting with all your questions and be sure to have anything you are uncertain about cleared up. Call Cradle of Liberty Council camping office at (484) 654-9213 with any questions. You can call the camp at (215) 679-2236 with your program questions after June 30th, when camp opens.

PRE-CAMP CHECKLIST

Complete each task as part of your pack's planning. Check them off again the day before camp.

☐ ☐ Final pack registration and camp fees are paid prior to coming to camp.

☐ ☐ 3 copies of your Pack Roster - everyone going to camp. (Do you have all the last minute additions?)

☐ ☐ Names, addresses, and both work and home telephone numbers of all parents. Do you know where they can be reached in case of an emergency?

☐ ☐ A **copy** of the health and medical record form for each scout and leader. Scouts and adults may not remain at camp without one. Medical forms need all immunization dates, parent's, and doctor's signatures where necessary. Know which scouts will be bringing medication with them to camp?

☐ ☐ Grandview Release and Drug Administration Form filled out and signed by a parent for each scout.

☐ ☐ Complete a tour plan if you are from outside the Cradle of Liberty Council.

☐ ☐ All transportation arrangements for going to and coming from camp have been made.

☐ ☐ Pack camping and program equipment, including pack flags and other desired equipment, is ready for camp.

☐ ☐ Each scout is properly equipped (see checklist in appendix) and has equipment checked before camp. Discourage scouts from being over-equipped.

☐ ☐ All parents are aware of pack plans (date, time and place of departure to & return from camp; mailing address; telephone).

☐ ☐ Leader has sufficient funds on hand for emergencies.

☐ ☐ Pack first aid kit in good condition, accessible, and ready to go.

☐ ☐ All tent assignments made (plan on two-man tents).

☐ ☐ All scouts and leaders are properly uniformed (have summer uniform inspection at pack meeting prior to camp).

☐ ☐ Attend the Leaders Program Orientation Meeting on April 28, 2014.

Attend one of the following June Pre-Camp Meetings

- ☐ Tuesday, June 17, 2014 at 7:00 PM at the Firestone Service Center
- ☐ Saturday, June 21, 2014 at 9:00 AM at Musser Scout Reservation, Camp Hart Dining Hall

☐ ☐ Arrive at camp **at your scheduled time**!

☐ ☐ _____

☐ ☐ _____

RESIDENT vs. DAY PROGRAM

This summer we are excited to offer both resident and day program opportunities for our Cub Scouts. By offering both programs during the same time-frame, packs will be able to pick one week of camp and all of their Scouts can be together in camp. The Resident program is offered in 4-day, 3-night sessions, or packs can elect to say for a full week double-session! The Day program is offered in 5-day sessions, starting Monday and running through Friday.

The program offered is set-up so that a Scout could attend multiple weeks without being bored. If a Scout were to attend the Day program and want to come back for the Resident program another session, he would be able to work on other requirements that he had not worked on during his first session in camp.

While both the Resident and Day programs are open to all registered Cub Scouts, we recommend that the Day program is best for the Tigers and Wolves, while we suggest that the Bears and Webelos attend the Resident program. This will help give the younger Scouts a taste of camp without requiring them to sleep over, while ensuring that the older Cubs are working on the natural progression into Boy Scouting.

DAY PROGRAM BUSING SCHEDULE:

We are offering busing opportunities for Cubs that are attending the Day Program. The cost will be $35 for busing for the entire week.

Bus Route 1 - July 7-11 – Royersford/Collegeville/Oaks
Bus Route 2 - July 14-18 – Pottstown/Gilbertsville/ Upper Perk
Bus Route 3 - July 21-25 – North Wales/Hatfield/Harleysville
Bus Route 4 - July 28-Aug1 – King of Prussia/Norristown

MUSSER SCOUT RESERVATION
Camp Delmont
Camp Garrison
Camp Hart

YOUR FIRST DAY - RESIDENT PROGRAM

TRAVEL: Please use the enclosed map for directions to Musser Scout Reservation. When you arrive, park in the Camp Hart parking lot and you will be directed to the registration area.

REGISTRATION: Your Camp Leader should report to the Dining Hall Porch while the Pack gear is being unloaded from vehicles. The Camp Leader should be prepared to turn in all medical forms; three copies of your Unit roster and have all paperwork ready. *Be sure medical forms do not return home in one of your driver's cars.*

CAMPSITE INVENTORY: Your Camp Mentor and one Adult Leader will, upon arriving at the Campsite, take note of the types, quantity, and condition of all Camp equipment. Please indicate any damage of this equipment at that time, since any damage found during checkout will be charged to the Unit. If any additional tents, cots, etc. are needed, your mentor will make note of this on the inspection form, and the quartermaster will be informed.

MEDICAL RE-CHECK: After your campsite has been inspected, the unit can quickly change into bathing suits, shirts, and shoes and proceed, following their Mentor, to the Dining Hall for Medical Re-check. Pack and personal gear should be moved into tents upon return from the swim test. All Scouts and Scouters will receive a Medical Re-check where your medical forms will be reviewed. If your unit does not elect to hold your medications, be sure to bring them with you to be turned in at this time. MEDICAL FORMS WILL BE RETURNED TO THE UNIT AT THE END OF CAMP! The Mentor will be given a buddy tag for every Scout and Scouter who has presented a medical. The mentor will lead your Unit to the pool. Feel free to ask your mentor questions about the Camp, as they give you a tour of Camp.

SWIM TEST: Each camper will need to take a BSA Swim Test to be able to swim in the pool. We suggest that you take advantage of the opportunity to take your swim test before camp. You can use the Swim Classification Form available online to take the test in your local pool, or your can come to camp during a swim test session and take the test. Pre-Camp Swim Tests at the Camp Hart Pool will be offered:

- Wednesday, June 25, 2014 - 6:30 PM - 8:30 PM
- Tuesday, July 1, 2014 - 6:30 PM - 8:30 PM
- Wednesday, July 2, 2014 - 6:30 PM - 8:30 PM

PLEASE NOTE: If your pack does not take the Swim Test prior to camp, they will need to take it as part of the check-in procedure, or they can opt to be non-swimmers and just swim in the non-swimmer section.

FIRST DAY SCHEDULE - RESIDENT

1:00 PM – 3:30 PM	Registration Pack Arrival at assigned times Site Inspection Medical Re-Check/Swim Tests
3:40 PM	Camp-Wide Retreat Ceremony
4:00 PM	Leader's Meeting
5:00 PM	All-Faith Religious Service
5:40 PM	Send waiters to the Dining Hall (1 waiter for every 8 people)
6:00 PM	Dinner
7:00 PM	Knight Training Activity
7:30 PM	Opening Campfire
10:00 PM	Taps

YOUR FIRST DAY - DAY PROGRAM

TRAVEL: Please use the enclosed map for directions to Musser Scout Reservation. When you arrive, park in the Camp Hart parking lot and you will be directed to the registration area.

REGISTRATION: Your Camp Leader should report to the Dining Hall Porch while the Pack assembles on the parade field. The Camp Leader should be prepared to turn in all medical forms; three copies of your Unit roster and have all paperwork ready. *Be sure medical forms do not return home in one of your driver's cars.*

MEDICAL RE-CHECK: After your leader checks in, your pack will assemble by "The Wall" for Medical Re-check. All Scouts and Scouters will receive a Medical Re-check where your medical forms will be reviewed. Be sure to bring all medications with you. All medications must be turned in at this time. MEDICAL FORMS WILL BE RETURNED TO THE UNIT AT THE END OF CAMP!

OPENING CEREMONY: Following Medical Re-Check, all of the Scouts in camp will assemble on the parade field for the Opening Ceremony. Following the Opening Ceremony, Scouts will join in groups by rank to begin the program rotation.

SWIM TEST: Each camper will need to take a BSA Swim Test to be able to swim in the pool. We suggest that you take advantage of the opportunity to take your swim test before camp. You can use the Swim Classification Form available online to take the test in your local pool, or your can come to camp during a swim test session and take the test. Pre-Camp Swim Tests at the Camp Hart Pool will be offered:

- Wednesday, June 25, 2014 - 6:30 PM - 8:30 PM
- Tuesday, July 1, 2014 - 6:30 PM - 8:30 PM
- Wednesday, July 2, 2014 - 6:30 PM - 8:30 PM

PLEASE NOTE: If your pack does not take the Swim Test prior to camp, they will need to take it during their first rotation at the pool. Anyone wishing not to take the test will be classified a non-swimmer and will be able to swim in the non-swimmer section.

FIRST DAY SCHEDULE - DAY PROGRAM

8:00 AM – 8:40 AM	Pack Arrival and Registration Medical Re-Check
8:45 AM	Opening Ceremony
9:00 AM	Program Rotation begins
12:00 PM	Lunch
1:30 PM	Program Rotation Continues
3:40 PM	Closing Ceremony
4:00 PM	Dismissal

ARRIVAL DAY CHECKLIST FOR LEADERS

Welcome to Musser Scout Reservation! To help your check-in go smoothly and quickly, please carefully read the list below. Before coming to camp be sure to:

Have a current Official BSA Annual Health and Medical Record for each Youth and Adult Camper. Medicals will be returned. We will accept a copy. Be sure to keep the originals for your records. Use of the most current edition of the medical form will help with the medical re-check process, and save valuable time, should someone require medical assistance.

CHECK FOR:

____ BSA Annual Health and Medical Record,

- Parts A, & B are mandatory for each Scout and Leader with Parents' signature within twelve (12) months preceding the last day of your week at Camp. No one will be classified for swimming until the Medical Re-check is completed.
- Part C is only needed for full-week resident campers and leaders spending more than 3 nights in camp. This form requires a Doctor's signature, and No physical examinations can be done at Camp. This MUST be done before arrival in Camp; otherwise, the Scout or Scouter must return home.

____ Grandview Hospital Release Form

- Our local hospital requires a separate form in order to provide medical attention in the absence of a parent. A Grandview Hospital Permission Form is required for all campers under the age of 18 and it must be signed by a parent or legal guardian. This form is included later in this guide.

____ Drug Administration Record Forms for everyone.

____ Complete the Unit Medication Storage Release Form, OR, if your pack does not elect to hold onto your medications, make a list of any medications to be turned in to the Camp Health Lodge during medical re-checks for your records. Medications should be labeled with: Pack # - Name of Scout - Name of medication - Time(s) to be taken.

____ Have three updated rosters, listing all Youth and Adult Campers. Rosters should include Camper's name, address and an emergency contact number valid for the week in Camp. Place one roster with the medical forms. Turn in one roster at check-in. Keep the third roster for your records.

_____ A Tour Plan and certificate of insurance if your unit is from outside the Cradle of Liberty Council.

____ Have copies of receipts for all prior fees paid.

A Camp Staff Member will instruct all drivers on procedures for unloading of passengers and Pack gear when you arrive.

PROGRAM HIGHLIGHTS

Program Rotation

Monday, Tuesday, Thursday and Friday; 9:00 AM—11:50 AM & 1:40 AM—3:30 PM

The Program Rotation is the time during the day that both Resident and Day Cubs will join with other Scouts their age to participate in advancement and learning programs in our different Program Areas around camp. During this time, they will visit the:

- BB Range
- Outdoor Skills Area
- Fishing
- Handicraft Lodge
- Slingshot Range
- Archery Range
- Nature Lodge
- Boating
- Pool

Each of these areas is specially equipped to work with Scouts of each Rank to help them complete Rank Advancement and Belt Loop Requirements that are especially suited for that area. See a list of sample rank advancement on the Advancement Opportunities page.

Free Time Program Opportunities

This year we will offer program opportunities that your Scouts/Pack can participate in as they would like, instead of being scheduled for a specific program at a specific time. Some of the opportunities available during free time may include:

- Mini-Golf
- Chess
- Nature Trail
- Fishing
- Sports Equipment
- Hiking
- Giant Jenga
- Handicrafts
- Ping-Pong

Religious Service

Sunday and Wednesday; 5:00 PM at the Chapel

All Scouts and Leaders are encouraged to attend our Scouts Own Religious Service on the opening day of each session. This service is non-denominational and a great way for Scouts to follow the twelfth point of the Scout Law: A scout is reverent!

Knight Training

Sunday and Wednesday; 7:00 PM at "The Wall"

Come join the staff for fun getting into costume and learning how to be a Knight of Cub Adventures! Scouts will have the chance to make their own mask, shield or sword as they take their knight training and prepare for the Opening Campfire!

Opening Campfire

Sunday and Wednesday; 7:30 PM

Join us at the Campfire Area as we officially welcome you and your Pack to Cub Adventures 2014! The Opening Campfire will be full of Skits, Songs, Cheers and Medieval Jesting! This is also a time to get to know the staff and their Medieval "alter-egos"! Please encourage your Scouts to wear their best Medieval Costumes!

Medieval Fair

Monday; 7:30 PM on the Parade Field

The Medieval Fair will be set-up like a 1600's Market so that the Scouts can experience activities that the kids of the time would have participated in, including Candle Making, Cooking, "Sword fights" and "Jousting". Scouts will go around to each station to learn about Medieval Life.

King's Feast and Closing Campfire

Tuesday and Friday; 6:00 PM

On Tuesday and Friday, the Dining Hall will be transformed into the Palace to host the King's Feast! Visitors are encouraged to attend and stay for the Closing Campfire! The Closing Campfire will feature the Awards from your time at camp, recognition of all second year Webelos Scouts that will be Boy Scouts the next summer, and will be the culmination of the week's theme! You won't want to miss this night that we hope the Scouts will remember for the rest of their lives!

First Year Webelos and Second Year Webelos Overnighters

Thursday; 4:00 PM into Friday Morning

Every Thursday our Resident Webelos will set-out to start their trek through camp to their special campsite for the night. The Webelos 1's will stay at the Castle at Garrison and enjoy "themed" evening entertainment, while the Webelos 2's will hike over to Delmont, set-up a campsite and do activities that prepare them for Boy Scouts.

Movie Night

Thursday; 7:00 PM

For those Scouts not on the Overnighter, we will have a themed movie night (weather permitting)

Water Carnival

Wednesday; 9:00 AM—12:00 PM

Scouts attending for the day program and for a double-session of resident program will have the opportunity to enjoy the Water Carnival on Wednesday Morning! Get ready to get wet and have fun as you go from station to station competing in water competitions in the Pool and on the Activity Field!

Feats of Strength

Wednesday; 1:00 PM—3:30 PM

Scouts attending the day program and the double-resident program won't want to miss the feats of strengths competition! Scouts will get to flex their brains and muscles as they compete in activities like the Horse Gallop, Marbles, Chess, relay races, and other fun challenges.

Polar Bear Swim

Monday, Tuesday, Thursday and Friday; 7:00 AM—7:40 AM

Are you brave enough to jump into the ice cold water at the pool? Come down to the Pool on Monday, Tuesday, Thursday and Friday mornings to take part in the Polar Bear Swim!

Scouts in the Sunday-Wednesday AM Session will participate in the programs up to Wednesday at Breakfast, Scouts in the Wednesday PM - Saturday Session will participate in the programs Wednesday at Dinner though Saturday Breakfast. Day Campers will participate in all activities from 8:40 AM to 4:00 PM Daily, and Scouts attending a double resident session will have the chance to enjoy all of the activities offered!

2014 Cub Adventures at Musser
Program Schedule

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:00-7:40		Polar Bear Swim	Polar Bear Swiim		Polar Bear Swim	Polar Bear Swim	
8:00 – 8:30		Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:00 - 9:50		Session # 1	Session # 1	Check-out ***Water Carnival***	Session # 1	Session 1	Pack Up, Clean Up & Checkout
10:00 - 10:50		Session # 2	Session # 2		Session # 2	Session 2	
11:00 - 11:50		Session # 3	Session # 3		Session # 3	Session 3	Staff Dismissed
12:00 - 12:45	STAFF LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	
12:45 - 1:30	1:00 - Check In Medical Recheck & Swim Test	Siesta	Siesta	1:00 - Check In Medical Recheck & Swim Test ***Feats of Strength***	Siesta	Siesta	
1:40 - 2:30		Session #4	Session #4		Session #4	Session #4	**Set Times:**
2:40 - 3:30		Session # 5	Session # 5		Session # 5	Session # 5	Reveille 7:00
3:40 - 4:00		Colors	Colors	Colors	Colors	Colors	Breakfast 8:00
4:00 – 5:30	4:00 - Leaders' Meeting 5:00 - Scout's Own	Free Time	Free Time	4:00 - Leaders' Meeting 5:00 - Scout's Own Free Time	Webelos Overnighter Departs Free Time	Free Time	Colors 8:45
6:00	Dinner	Dinner	King's Feast	Dinner	Dinner	**King's Feast**	Lunch 12:00
7:00 – 7:30	Knight Training	Staff Vs. Scouts Basketball Game	Pack Time	Knight Training	***Movie Night***	Pack Time	Colors 3:40
7:30– 8:30	***Opening Campfire***	***Medieval Fair***	***Closing Campfire Astronomy***	***Opening Campfire Open Shoot***	***Webelos on Overnighter***	***Closing Campfire***	Dinner 6:00 Taps 9:00

CUB ADVENTURES DAY PROGRAM ROTATION

	Group 1	Group 2	Group 3	Group 4	Group 5	Group 6	Group 7	Group 8	Group 9	Group 10
8:00 AM	Day Participant Check-in									
8:45 AM	Opening Ceremony on the Parade Field									
9:00 AM	BBs Shoot-ing	Handicraft	Pool	Pool	Archery Shooting	Slingshots	Boating	Fishing	Outdoor Skills	Nature
9:25 AM	Handicraft	BBs Shoot-ing			Slingshots	Archery Shooting	Fishing	Boating	Nature	Outdoor Skills
9:50 AM	*All groups travel*									
10:00 AM	Pool	Pool	Archery Shooting	Slingshots	Boating	Fishing	Outdoor Skills	Nature	BBs Shoot-ing	Handicraft
10:25 AM			Slingshots	Archery Shooting	Fishing	Boating	Nature	Outdoor Skills	Handicraft	BBs Shoot-ing
10:50 AM	*All groups travel*									
11:00 AM	Archery Shooting	Slingshots	Boating	Fishing	Outdoor Skills	Nature	BBs Shoot-ing	Handicraft	Pool	Pool
11:25 AM	Slingshots	Archery Shooting	Fishing	Boating	Nature	Outdoor Skills	Handicraft	BBs Shoot-ing		
11:50 AM	*All groups travel*									
12:00 PM	Lunch									
1:05 PM										
1:35 PM	*All groups travel*									
1:40 PM	Boating	Fishing	Outdoor Skills	Nature	BBs Shoot-ing	Handicraft	Pool	Pool	Archery Shooting	Slingshots
2:05 PM	Fishing	Boating	Nature	Outdoor Skills	Handicraft	BBs Shoot-ing			Slingshots	Archery Shooting
2:30 PM	*All groups travel*									
2:40 PM	Outdoor Skills	Nature	BBs Shoot-ing	Handicraft	Pool	Pool	Archery Shooting	Slingshots	Boating	Fishing
3:05 PM	Nature	Outdoor Skills	Handicraft	BBs Shoot-ing			Slingshots	Archery Shooting	Fishing	Boating
3:30 PM	*All groups travel*									
3:40 PM	Closing Ceremony									
4:00 PM	Day Participants Dismissed									

Advancement Opportunities

	Tiger Program	Wolf Program	Bear Program	1st Year Webelos	2nd Year Webelos
Specific Activity Pins / Belt Loops	**Belt Loops:** Fishing Geology Swimming Astronomy Hiking Chess Marbles Wildlife Conservation Map and Compass **Belt loop and Pin:** Archery BB Gun	**Belt Loops:** Fishing Geology Swimming Astronomy Hiking Chess Marbles Wildlife Conservation Map and Compass **Belt loop and Pin:** Archery BB Gun	**Belt Loops:** Fishing Geology Swimming Astronomy Hiking Chess Marbles Wildlife Conservation Map and Compass **Belt loop and Pin:** Archery BB Gun	**Webelos Pins:** Outdoorsman Aquanaut Naturalist Scientist Forester **Belt Loops and Pins**	Geologist Readyman Craftsman Aquanaut (If Needed) Sportsman—includes: **Belt Loops and Pins**
Outdoor Skills / Advancement	Swimming Leaf Rubbings Colors Weather Learn about Animals	Your Flag Cooking & Eating Let's Go Camping Swimming and Fishing Knots and Nature	Our Country Share with Wildlife What's Cooking Knots Swimming	Conservation Project Tent Set Up Basics of Hiking Living in Camp Flag Ceremony	Fire Building Conservation Project BSA Outdoor Code Map & Compass Skills Living in Camp
Fun Activities	Hike around camp Clean-up Treasure Hunt	Crafts & Games Put on a skit	Crafts & Games	Outdoor Cooking	Outdoor Cooking
Special Activities	Swimming Instruction PSA Skit	Swimming Instruction	Swimming Instruction Whittling Chit	Swimming Instruction Webelos Overnighter	Swimming Instruction Webelos Overnighter- Intro to Boy Scouting

**** Please Note that these are all of the advancement opportunities that are available throughout the summer. Scouts staying for the half-week program will have a chance to work on some of the requirements, but not all of them. Even Scouts that will be in camp all week will not be able to accomplish all of the advancement available.**

PROGRAM AREAS

Archery/ Slingshots – Test your prowess at hitting the bull's eye using a bow and arrow or slingshot. We have bows in various sizes and configurations to match the skill and size of our campers, and our slingshots are sure to help all campers enjoy shooting sports in a safe environment.

BB Range – The BB range is equipped with pump action rifles. Learn how to shoot and handle a firearm safely from our certified Director and staff while getting to shoot at targets.

Boathouse – Take a ride on Unami Lake in one of the camp's canoes, rowboats, or paddleboats. Swimmers" may take out any of our watercraft. "Beginners" and "Non-Swimmers" are allowed to ride as passengers in a with an adult "Swimmer". Feel free to take out a paddleboat for a lazy tour around our beautiful lake while enjoying all that nature has to offer.
In addition to boating, Scouts can also go fishing along the Unami Creek. Our boathouse staff will teach you the basics so you can enjoy your time fishing.

Handicraft – This area will allow you to make your own crafts using a wide variety of materials on hand such as beads, gimp, leather, paint, paper, and wood. Come learn to safely use the various tools for these different mediums, and make your very own Cub Adventures souvenirs and gifts. Craft project kits can also be purchased at the Trading Post and then assembled with the aid of our knowledgeable Handicraft staff.

Nature/Ecology – Take the time to enjoy the flora and fauna at camp by strolling along our Nature Trail either on your own or on a guided staff tour. Camp Hart has numerous plants and flowers unique to this area. Also be sure to check out our Nature Lodge. You never know what kinds of interesting specimens will be on display.

Pool – Being one of the most refreshing areas in camp, here you can relax, cool down, and get a little sun. For safety, along with using the Buddy System, our pool is divided into three sections – shallow, intermediate, and deep – to accommodate the differing swimming skill levels of our campers. "Swimmers" are allowed in all areas of the pool; "Beginners" can swim anywhere except in the deep section; and "Non-Swimmers" can hang out in the shallow end to simply cool down, or learn to swim! All participants can attend Polar Bear.

Outdoor Skills – Learn how to tie knots, build a fire, cook outdoors, or lash together a pioneering project. This is the place to practice all those useful outdoor Scout skills and get a head start on becoming a Boy Scout.

LEADER OPPORTUNITIES

Educational Training Sessions

Introduction to Camping Skills

Monday, Tuesday, Thursday and Friday; 10:00 AM - 11:00 AM

This will be a mini-series of training offered throughout your session in camp for leaders that want to brush-up on their camping and outdoor skills. Sessions will include, but are not limited to:

- Planning a Camping Trip
- Knot Tying 101
- Outdoor Cooking 101
- Basic First Aid
- Leave No Trace
- Safe Swim Defense/Safety Afloat

Look for a full schedule of the sessions when you get to camp

Leader Specific Training - The Basics of Cub Scouting

Monday or Thursday – 2:00 PM - 4:00 PM

Are you a new leader in Cub Scouting, or a Parent that wants to learn more about Cub Scouting and how to provide a great program for your Scouts? Join us for this session and learn some tricks of the trade that you can learn and be more comfortable in your Scouting role!

Fun Leader Activities

Coffee Drinking Belt Loop

Tuesday and Friday – 2 PM

Do you enjoy drinking coffee? Do you HATE the taste of coffee? Join us for an adult belt loop session and learn about coffee, the methods of drinking it and "do your best" to try it!

Leader Challenge Belt Loop

All Sessions

Here Ye, Here Ye, The King of the land has issued a challenge to any leader that is up to the task. This award is a special award for any parent or leader who helps in the advancement and participation of the Scouts and who participate in some of the many opportunities that we have to offer through Cub Adventures. Even if you are not going for the belt loop, we also encourage leaders to help our staff at the different stations.

Deputy Ranger Belt Loop

All Sessions

Are you a carpenter, plumber, electrician, or have another skill that you are willing to help with a project while your pack is in camp? This award is a very special award centered around learning and taking care of Musser Scout Reservation. Regardless of your skill set, all adults are welcome to participate and we encourage everyone to achieve this award. You may do some of the requirements as a pack or group to get everyone to participate. We hope that everyone who achieves this award will learn more about the Musser property and grow a stronger connection to the camp. We are always looking for skilled helpers to keep the camp in top shape. Talk to the Camp Director or Ranger to get involved during your time at Cub Adventures!

HEALTH & SAFETY

Medicals must be turned in with three copies of your unit roster on top. Please ensure the unit roster is legible as buddy tags are prepared from the names listed on this unit roster.

Annual Health and Medical Record (BSA Form 680-001) (Every person needs a form)

- This form is required for everyone and parts A & B must be completed for all participants.
- Part B must have signatures within twelve (12) months preceding the last day of your week at Camp.
- Part C is required for any participant staying more than 3 nights. This sections must be signed by a certified Healthcare Provider within twelve (12) months preceding the last day of your week at Camp.

Note: No one is allowed to remain at Camp without a current Annual Health and Medical Record Form.

- No physicals are done at Camp.
- No swim tests will be given without a current medical form and a re-check by Camp personnel.
- Only one copy for each person is required.
- Photocopies, not originals, are recommended.
- To speed check-in — Put in alphabetical order by last name, staple multi-page forms together.

Drug Administration Record Form (COL Form, please use latest version) (Every person needs a form)
SECTION 1-For Over-The-Counter (OTC) Drugs that are supplied by the Camp to Scouts/Scouters.

- This section is filled-out and signed by a parent or guardian. This permission allows the Camp Health Lodge to supply a Scout who may have a need for over-the-counter (OTC) medications. A Scout will only receive OTC medications supplied by the Camp Health Lodge if consent has been given on the Drug Administration Record form.

SECTION 2-For any medication (Over-The-Counter or Prescription) that is brought to Camp.

- Fill this out if **you bring prescription, over-the-counter, or EMERGENCY medications** to Camp that you take routinely, sometimes, or in emergencies.
- Do not tear apart form or write in "For Health Staff Use Only" block.

Your Medications

For this summer camp season, Units will be storing all their medications in a secure, locking, camp-provided storage container within their own Campsite and the Pack leaders will administer the medications to the Scouts. This program is recommended.

OR If a Unit wishes to have their medications stored in the Health Lodge, the following procedures are still in effect:

- ALL YOUTH MUST TURN IN ALL MEDICATIONS AT THE CAMP HEALTH LODGE (Accompanied by a completed Drug Administration Record Form-see above). This policy is pursuant to National Camp Accreditation Program/National Camp Standards. Adults 18 and older may submit a Medication Storage Release Form, allowing them to retain their medications while in Camp.
- Medications will be distributed after meals unless otherwise necessary.
- ALL MEDICATIONS TURNED INTO THE CAMP HEALTH LODGE MUST BE
  - In original container, labeled with name
  - Placed in zipper plastic bag labeled with name and Unit
  - Accompanied by a Drug Administration Record Form

It is the policy of the Boy Scouts of America as stated in the "Guide to Safe Scouting", National Camp Accreditation Program/National Camp Standards, and other official publications of the BSA that these guidelines apply to all camp activities. In addition, Council, local, and state standards apply as well.

HEALTH SURVEILLANCE: The Unit Leader must monitor the health of each Scout while at Camp. Please do not let a small problem get out of hand due to lack of attention. Be on the lookout for skin irritations, ivy poison, ticks, dehydration, etc. at all times. Be alert that some Scouts change their toilet habits at Camp. We must watch for changes in a Scout's physical appearance and activity level. Ask questions if changes occur. IT IS THE RESPONSIBILITY OF THE UNIT LEADER AND THE SCOUT TO REPORT TO THE CAMP HEALTH LODGE FOR REQUIRED MEDICATIONS.

INDIVIDUALLY: Everyone in Camp has a responsibility to protect the health and safety of everyone else. One uninformed or careless person can, in a moment, destroy the health and safety of the entire Camp.

BUDDY SYSTEM: Use of the Buddy System is strongly recommended for ALL activities.

MEDICAL SERVICE: The Camp Health Lodge is prepared to handle Camp illness and accidents. Any Camper who leaves Camp for medical reasons, MUST FIRST CHECK OUT AT THE CAMP HEALTH LODGE. Emergencies will be handled at all hours, day or night, at the Camp Health Lodge. Should hospitalization be necessary, we have arrangements with local ambulance services and local hospitals.

HEALTH LODGE: The Health Lodge is located down the road from the Camp Office next to the Staff Area. Units are encouraged to administer medications according to our Medication Release Policy. If your unit chooses to opt-out, all prescription medications are to be turned over to the Health Officer at check-in. Please report ALL health problems; we are required to record all injuries that occur on camp property, NO MATTER HOW SMALL. If the Health Officer is not in the Health Lodge there will be a sign telling you where he or she is located.

MEDICATIONS: If your unit does not store medications in camp, or a camper is in need of an OTC medication, an Adult Leader from your Unit MUST accompany any Scout coming to the Camp Health Lodge for medications

HEALTH AND MEDICAL RECORDS: All Scouts and Leaders must bring to Camp a complete BSA Annual Health and Medical Record, and must be re-checked by the Camp Health Officer. Only use of the current edition of the official BSA Annual Health and Medical Record will be accepted; this assists the Camp Health Officer in obtaining vital information, should someone require medical assistance. Part C of the BSA Annual Health and Medical Record must have been completed by a certified Healthcare Provider within twelve (12) months preceding the last day of your week at Camp.

GRANDVIEW HOSPITAL RELEASE FORM

Our local hospital requires a separate form in order to provide medical attention in the absence of a parent. A Grandview Hospital Permission Form is required for all campers under the age of 18 and it must be signed by a parent or legal guardian.

INSURANCE:

FOR CRADLE OF LIBERTY COUNCIL UNITS: Insurance for Cradle of Liberty Council Units is provided by the Council. **The policy is excess to any other available source of medical benefits if the charges are greater than $300.00.** This means that you must file your bills through your primary, or personal, insurance carrier prior to this policy responding. **If the total charges are less than $300.00, we will pay without the other insurance coordination.** When your primary insurance company processes the charges, they will send you an Explanation of Medical Benefits or "EOB". You must forward a copy of the Explanation of Benefits for EACH CHARGE.

FOR OUT-OF-COUNCIL UNITS: Each Unit will be expected to bring a copy of their insurance policy and claim form to Check-in on your first day. If you do not have accident insurance at this time, you should obtain it so you will be protected all year long. The Camp has NO accident or medical insurance on out-of-council campers.

IN CASE OF EMERGENCY

What to do in Case of Emergency:

Emergency Signal: Continuous sounding of the siren

Upon hearing the continuous siren, all scouts and leaders are to report to the parade field. Assemble in colors formation. The Camp Director or designee will take a head count. All campers and leaders must be present or their whereabouts accounted for.

If you are aware of an emergency, report it to the Camp Office immediately. If no one is at the Camp Office then report to the Dining Hall at mealtime or the Staff Area at night. State the exact location and nature of the emergency.

Lightning Signal: two blasts of the siren

Upon hearing two blasts, all scouts and leaders are to report to the designated safe area closest to your current location.

EMERGENCY PHONE NUMBERS

Musser Scout Reservation
1125 Camp Road, Pennsburg PA 19073
Camp Office 215-679-2236
Camp Director Cell.....484-654-9235
All emergencies.....911

Cradle of Liberty Council Offices – BSA
Roger S. Firestone Scouting Resource Center
1485 Valley Forge Road, Wayne, PA 19087 610-688-6900
Director of Support Services – Michael Oehmke 484-654-9226
Scout Executive – Michael Kaufman.....484-654-9249

EMERGENCY PROCEDURES

ACCIDENTS AND INJURY: All injuries should be reported to the Camp Health Lodge. It is always a good idea to have any injury, no matter how small, checked out by the Camp Health Officer. Should hospitalization be necessary, we have agreements with local ambulance services and local hospitals. Any Camper who leaves Camp for medical reasons, MUST FIRST CHECK-OUT AT THE CAMP HEALTH LODGE.

MAJOR ACCIDENTS AND EMERGENCIES: All major accidents or emergencies MUST be reported to the Camp Director. Please report them to the Office during the day, the Dining Hall during meals, or the Staff Area at night. Present all facts known. Do not make statements to an outsider, and refer all inquiries from the press to the Camp Director and/or Director of Support Services.

HAZARDOUS CHEMICAL SPILLS: In the event of a chemical spill, contact the Camp Director IMMEDIATELY. Close off the area around the spill. Do not attempt to clean up the spill. Wait for the Directions of the Camp Director.

SEVERE STORMS: In the event of a severe storm, everyone will be notified and further instructions will be provided.

ACTIVITIES DURING HIGH TEMPERATURES:

1. Adult Leaders should keep a close watch on Scouts for signs of heat exhaustion.
2. Instruct Scouts to limit or modify physical activity. Strenuous activities should not be permitted.
3. Encourage Scouts to stay in well ventilated and shady areas.
4. Encourage Scouts to drink large quantities of water.
5. Be alert for other instructions from the Camp Director.

FLOODING: Seek high ground and shelter, if possible, immediately. In case of a flood warning, we will keep you posted so that evacuation can take place if necessary.

FIRE: If you see a fire, report it to the Camp Office or notify a staff member. Keep campers away from the fire area.

LOST CAMPER: Pack Leaders should be aware of approximate locations of all Scouts at all times. Periodic head counts are advised. If a Scout is found missing following a search of the campsite, inform the Camp Office. If necessary, the entire camp will assemble to begin a systematic search.

LOST SWIMMER: A Buddy Check will be called. Each swimmer will sit on the edge of the pool, holding his buddy's hand raised up. A visual check of the bottom will be made. A count will be taken to see that the buddy tags on the buddy board agree with the actual number of swimmers in their respective swimming areas. If a tag is on the board, and the swimmer is not at the pool, a runner will be sent to his Campsite. If not found, the Lost Camper Procedure will begin.

LOST BOATER:

1. Capsized Boat: If a boat is capsized and no Scouts are in sight, the Lake Director will notify the Aquatics Director and Camp Director. The Camp Director will begin Lost Camper Procedures as all other program areas are closed and the staff reports to waterfront for Lost Bather Search.
2. Missing Boat: If a boat has not been checked in and the buddy tags are still on the board, the Aquatics Director and Camp Director will be notified immediately. The Camp Director will begin Lost Camper Procedures.

LIGHTNING SAFETY

LIGHTNING: The Pool, Lake, Rifle Range, and Archery Range will close at the first sound of thunder or sight of lightning. They will resume 30 minutes after the last instance of thunder or lightning.

1. If you are at the lake, return to shore and comply with the following:
   a) Secure canoes, boats, or other aquatic crafts.
   b) Seek shelter indoors at the Boathouse.
   c) Complete a head count and notify the Waterfront staff if anyone is unaccounted for.
   d) Stay in place for 30 minutes until lightning or thunder has completely passed.
2. If you are at the pool, exit to the pool deck and comply with the following:
   a) Seek shelter indoors at the Dining Hall—take the path to the right of the pool.
   DO NOT WALK ACROSS THE PARADE FIELD
   b) Complete a head count and notify the Pool staff if anyone is unaccounted for.
   c) Stay in place for 30 minutes until lightning or thunder has completely passed.

LIGHTNING SAFETY: As written in the "**Guide for Safe Scouting**."

The summits of mountains, crests of ridges, slopes above timberline, and large meadows are extremely hazardous places to be during lightning storms. If you are caught in such an exposed place, quickly descend to a lower elevation, away from the direction of the approaching storm, and squat down, keeping your head low. A dense forest located in a depression provides the best protection. Avoid taking shelter under isolated trees or trees much taller than adjacent trees. Stay away from water, metal objects, and other substances that will conduct electricity long distances.

By squatting with your feet close together, you have minimal contact with the ground, thus reducing danger from ground currents. If the threat of lightning strikes is great, your group should not huddle together but spread out at least 15 feet apart. If one member of your group is jolted, the rest of you can tend to him. Whenever lightning is nearby, take off backpacks with either external or internal metal frames. In tents, stay at least a few inches from metal tent poles.

- Stay away from open doors and windows, fireplaces, radiators, stoves, metal pipes, sinks, and plugged-in electrical appliances.
- Don't use hair dryers, electric toothbrushes, or electric razors.
- Don't use the telephone; lightning may strike telephone wires outside.
- Don't take laundry off the clothesline.
- Don't work on fences, telephone lines, power lines, pipelines, or structural steel fabrications.
- Don't handle flammable materials in open containers.
- Don't use metal objects, such as fishing rods and golf clubs.
- Stop tractor work, especially when the tractor is pulling metal equipment, and dismount. Tractors and other implements in metallic contact with the ground are often struck by lightning.
- Get out of the water and off small boats.
- Stay in the car if you are traveling. Automobiles offer excellent lightning protection.
- When no shelter is available, avoid the highest object in the area. If only isolated trees are nearby, the best protection is to crouch in the open, keeping twice as far away from isolated trees as the trees are high.
- Avoid hilltops, open spaces, wire fences, metal clothesline, exposed sheds, and any electrically conducted elevated objects.

YOUTH PROTECTION GUIDELINES

Youth Protection and Two-Deep Leadership are the cornerstones of Safety at Camp;
100% Commitment to these principles is expected of all Adults, Leaders & Staff

All adults attending camp are encouraged to take the BSA Youth Protection Training online at www.MyScouting.org prior to their arrival in camp. You must first create an account before you can take any of the online training on the MyScouting website. Youth Protection Training can be found by clicking on 'E-Learning' in the left hand menu and then scrolling down until you see the Youth Protection Training course. Click on 'Take Course' to view the video and answer the multiple choice questions verifying that you watched the video. Among the topics discussed in this training are:

Two-Deep Leadership: Two registered adult leaders or one registered adult leader and a parent of a participant, one of whom must be 21 years of age or older, are required on all trips and outings. Trips with female youth must also include a 21 year old (or older) female leader.

No One-on-One Contact: One-on-one contact between adults and youth members is not permitted. In situations that require personal conferences, the meeting is to be conducted in view of other adults and Scouts. This rule also applies to adult-to-staff member contact.

Respect of Privacy: Adult leaders must respect the privacy of youth members in situations such as changing into swimming suits or taking showers and intrude only to the extent that health and safety requires. Similarly, adults also need to protect their own privacy in such situations. Separate showering facilities are utilized at camp - one for males, and one for females; all with lockable doors. The privacy of others using those facilities must be respected and not adhering to this policy could cause for the removal from camp.

Separate Accommodations: When camping, no youth is permitted to sleep in the tent of an adult, other than his own parent or guardian. Males must sleep with males; females must sleep with females. The only mixed-gender accommodations allowed are among adults married to each other.

No Secret Organizations: There are no "secret" organizations recognized by the Boy Scouts of America. All aspects of the Scouting program are open to observation by parents and leaders.

Appropriate Attire: Proper clothing for activities is required; i.e., skinny-dipping is not appropriate in Scouting.

Constructive Discipline: Discipline used in Scouting should be constructive and reflect Scouting's values. Corporal punishments are never permitted.

Hazing Prohibited: Hazing and initiations are prohibited and may not be included as part of any Scouting activity.

Sexual Harassment occurs when a member of the camp staff or a camper uses verbal or nonverbal communication to create a "hostile environment" by focusing on the sexuality of another person or the person's gender, and the attention is unwanted or unwelcome and is severe or pervasive enough to affect a person's environment. Examples of sexual harassment include telling sexually explicit stories or showing sexually oriented pictures that cause another to be uncomfortable. Another form of sexual harassment in camp might include attempting to barter promotions and special privileges for sexual favors. The first step in addressing sexual harassment would be to confront the wrongdoer and inform him or her that the behavior is not wanted and ask for the behavior to stop. The next step would be to report specific objectionable behaviors to the supervisor and request that the supervisor intervene. Sexual harassment will not be tolerated in camp and is grounds for dismissal from camp without a refund.

What should I do in cases of child abuse?

- If anyone in camp observes abuse, they **should immediately take action to secure the child's safety** and then report their observations to police by calling 911. Immediately after, they should contact the Camp Director.
- If anyone in camp suspects abuse has occurred in camp or believes that a youth shows signs of abuse they **should immediately report their observations to the Camp Director**. Information to report includes child's name, unit number, type of abuse suspected, how you came about this information. It is inappropriate to discuss suspicions with other youth or adults in camp.

YOUR LAST DAY AT CAMP

Resident Program
If you signed up for a resident session your last day at camp is either Wednesday or Saturday and we're sorry to see you leave so soon! We hope that you had a good time and will consider staying with us again next year. Challenge your experienced campers to a 6-Night stay next year!

Pack up and campsite cleanup are immediately following breakfast on Wednesday or Saturday. Camp Evaluation Forms will be distributed to all adults at your final Leaders' Meeting. Evaluations can be dropped at the Camp Office or left with the Camp Commissioner. Your Mentor will pass through your campsite to make sure everything is in order and that you did not forget anything. Pickup your medical forms before your group leaves: they will be destroyed within 24 hours of your exit from camp if not taken back. Be sure to check out your group with the Camp Director or Assistant Camp Director before leaving to receive your patches and have a safe trip home!

Double Resident Program
If you signed up for the full-week, double resident session your last day at camp is Saturday and we're sorry to see you leave! We hope that you had a good time and will consider staying with us again next year.

Pack up and campsite cleanup are immediately following breakfast on Saturday. Camp Evaluation Forms will be distributed to all adults at your final Leaders' Meeting. Evaluations can be dropped at the Camp Office or left with the Camp Commissioner. Your Mentor will pass through your campsite to make sure everything is in order and that you did not forget anything. Pickup your medical forms before your group leaves: they will be destroyed within 24 hours of your exit from camp if not taken back. Be sure to check out your group with the Camp Director or Assistant Camp Director before leaving to receive your patches and have a safe trip home!

Day Program
If you signed up for the day program your last day at camp is Friday and we're sorry to see you leave so soon! We hope that you had a good time and will consider joining us for an overnight session next summer!

Camp Evaluation Forms will be distributed to all adults at your final Leaders' Meeting. Evaluations can be dropped at the Camp Office or left with the Camp Commissioner. Pickup your medical forms before your group leaves: they will be destroyed within 24 hours of your exit from camp if not taken back. Be sure to check out your group with the Camp Director or Assistant Camp Director before leaving to receive your patches and have a safe trip home!

We ask each adult attending camp to fill out a Camp Evaluation form and either hand them in before they leave camp or mail them to the Council Office. These are extremely important to us since we want to hear from you how we can improve camp and provide the best program possible in years to come!

An online survey will also be sent after your stay at camp and we hope you will help us forward it to all parents of Scouts who attended camp.

CAMP PROMOTION REQUEST

2014 Summer Camp Promotion

The Camping and Outdoor Program Committee of the Cradle of Liberty Council would like to offer the summer camp experience to every Cub Scout in the Council. We have created a Summer Camp presentation to be shared with the youth, leaders and parents in each unit.

Earn a $50 Gift Certificate for your Pack to Spend at the Trading Post!

Schedule a promotion night and our trained promotion team will come to your meeting with video, flyers, and plenty of camp excitement. The presentation takes about 20 minutes. One $50 camp Trading Post Gift Certificate will be awarded to each Pack to whom a presentation is conducted by our trained team in January, February or March. Limit of one gift certificate per unit – only redeemable at the Cub Adventures Trading Post in July-August 2014.

Thank you for taking the time to help us encourage your Scouts to attend and enjoy the great outdoors!

- -

2014 Summer Camp Promotion

To allow adequate scheduling, please submit at least two weeks prior to your meeting.

Contact Information

First Name:_____ Last Name:_____

Day Phone:_____ Evening Phone:_____

Email Address:_____

Unit Information

Council:_____ District:_____

Unit Type and number:_____ Position in your unit:_____

Promotion Night Information

Option 1: Date of your meeting:_____ Time of your meeting:_____

Option 2: Date of your meeting:_____ Time of your meeting:_____

Estimated youth at meeting:_____ Estimated adults at meeting:_____

Meeting Location and address:_____

Return this form to: Tracy Launders tracy.launders@scouting.org OR Fax: 610-688-2951
OR Mail to: Cradle of Liberty Council, Camping Department, 1485 Valley Forge Rd, Wayne, PA 19087

HOW TO REGISTER FOR CAMP

Our Goal is to make the registration process simple for your Pack so that you can focus more time on the Scouts and not getting them registered for camp. Here are a few steps to follow to ensure a smooth online registration process:

First, choose a member of the Pack will take care of all of the registrations for the pack. This will ensure that all information is filled-out uniformly and will allow for one point of contact if problems arise.

REGISTER ONLINE: To Register online, go to www.colbsa.org/cubadventures

1. On this page, you will see a link to Select the type of Program you wish to register for. Select either the Half-Week Resident Program or the Day Program option. Full-week double resident participants should contact Tracy in the camping department at (484) 654-9213 to register for camp.
2. Once you have selected your program, You will be directed to a page to select your session in camp. Be sure to pick the correct dates that you plan to be in camp.
3. After you select your dates in camp, you will be directed to log-in to the online registration system or create a log-in. Be sure to create a log-in if you have not used the system before so that you can continue to edit your registrations as is necessary.
4. After you log-in, you will be prompted to add in your Scouts, select their rank and make your campsite request. Follow the steps and be sure to answer all questions. This allows us to ensure that your Scouts are put in the correct program group, as well as help you enjoy your time in camp.
5. **Please remember, to ensure that all of your information is saved, you must go through the checkout process**.

Be sure to save your log-in information so you can continue to update your Pack's registrations as more Scouts decide to attend summer camp.

If you have any issues registering, please contact Tracy Launders at (484) 654-9213 and she will help walk you through how to fix the problem.

CAMP STAFF OPPORTUNITIES

Are you tired of doing the same old routine all summer? The Cradle of Liberty Council operates two camps each summer which include Cub Scout, Boy Scout, and high adventure programs. Each of these offers opportunities for a variety of summer camp staff jobs. Most Scout camp staff are at least 16 years of age; however, there are limited positions for 15 year olds. We have a Counselor In Training (CIT) Program for 14 and 15 year olds that teaches them how to be good counselors by learning from our directors. The Cradle of Liberty Council, Boy Scouts of America is an equal opportunity employer that hires both females and males, as well as people of all ages and ethnic groups, diverse cultures, and mixed abilities. Contact Camp Director John Bickel at john.bickel@scouting.org if you are interested.

Why Apply for a Camp Staff job?

- Make lots of new friends from your area, other states and even other countries.
- Spend a summer in the great outdoors where nature prevails.
- Acquire experiential education (learning by doing) and new skills that will last a lifetime.
- Be part of an effective team and cooperate with others to get things done.
- Learn how to lead others and apply leadership skills.
- Undertake and fulfill meaningful challenges and earn the satisfaction of doing a job well.
- Work with youth and adults of all ages.

GENERAL INFORMATION

MUSSER SCOUT RESERVATION is an official camp of the Cradle of Liberty Council, Boy Scouts of America. It is operated for the benefit of registered Scouts and Scouters in accordance with all standards of Scout Camping. Rules for acceptance and participation in the program are the same for everyone without regard to race, color, creed, or national origin.
Every precaution is taken to ensure the safety of all campers, and every effort is made to make their stay productive and pleasant. This camping season marks another year of development in our camp. You will find new programs and facilities and you will see many improvements and refurbishments.

CAMP DIRECTOR MAY, FOR VIOLATION OF CAMP POLICIES, DISMISS INDIVIDUALS FROM CAMP.

CAMP LEADERSHIP: It is the policy of the Boy Scouts of America that at least two (2) adult leaders, one of whom must be 21 years of age or older, attend summer camp with your Pack *and* maintain a ONE adult to ONE youth ratio for Tigers, a ONE adult to FIVE youth ratio for Wolves and Bears, and a ONE adult to EIGHT youth ratio for Webelos. Leaders are welcome to split their time in camp with another leader, which saves the time any one leader has to take off work. Active adults are a huge help to the camp staff. We welcome your help during your stay and will always have jobs available for those willing to lend a hand.

UNDERSTANDING: The Camp Leader is in charge of the Pack at all times, and is responsible for the conduct of their Scouts. Cubmasters must know of Scouts who need special attention due to physical handicaps or personal problems (heart disease, excessive shyness, allergies, etc.).
Scouts are expected to be in their respective campsite no later than 9:30 PM each evening and under the supervision of an adult leader. Scouts may only leave their campsite after 9:30 PM when accompanied by an adult leader. In addition, during camp-wide events, such as meals, campfires, and ceremonies, Scouts are expected to be with their pack and under the supervision of an adult leader. When Scouts are in the campsite, there should always be adult leadership present. At no time should Scouts be in the campsite of another pack without permission/invitation.

RELEASE OF CAMPERS: To ensure the safety of all campers, the Cradle of Liberty Council, BSA has enacted the following policy. Any Scout who leaves camp prior to the normal departure time will only be permitted to leave under the auspices of an adult approved by the parents of the Scout. A Camper Release Authorization form, signed by the parents of the Scout, must be on file in the Camp Office in these cases. This form will list all adults, who are authorized by the parents, with whom their son may leave camp. The Scout leader should escort the Scout to the Camp Office to sign out.

CAMP OFFICE: The Camp Office is located behind the Dining Hall on Camp Road. The Camp Administration offices are located here. The following services are conducted at the camp office:

- 2015 Summer Camp Sign-up
- Camp Fee Payments
- Camp Maps & Directional Information
- Lost & Found
- Emergency Phone Service
- Visitor Check-in/Check-out
- Scout & Leader Check-in/Check-out

CONCERNS: If any questions or concerns arise, please address them to any member of the Camp Administration Team as soon as possible. The staff strives to make everyone's experience fun, safe, and enjoyable.

VISITORS: All visitors must sign in at the camp office immediately upon arrival. Visitors desiring meals at the Camp Dining Hall can be accommodated if the camp is notified 24 hours in advance. Only a limited number of visitors can be accommodated for meals. Large groups must make arrangements at least one week in advance. **The cost for guest meals are $10.00.**

TRADING POST: Located in the front bays of the Dining Hall, the Camp Trading Post offers items for all your summer camp needs. The Camp Trading Post is stocked with program supplies, camp souvenirs, commonly forgotten necessities, postage stamps, and snack food items. Cash, Check, VISA, MasterCard, Discover, and American Express are all accepted. Hours of Operation are posted on the Trading Post door.

UNIFORM: The full Scout uniform, correctly worn, is proper at any time, but recommended for Religious Services and Dinner. Scout shorts and t-shirts are recommended for day time wear. Some Scouts may not have a uniform, through no fault of their own, and we must note that a uniform is not a prerequisite for attendance at camp. Closed toes shoes or some type of adequate foot gear must be worn at all times as a matter of safety, especially to prevent puncture wounds which could prohibit swimming. Water shoes (foot gear which can get wet to prevent injury while in the lake or creek) will be needed for a variety of camp activities. Old sneakers are acceptable water shoes. Male leaders and campers are asked to wear swim trunks at waterfront areas. Female leaders and campers are asked to wear one-piece bathing suits at waterfront areas.

CAMP PICTURES: Camp photos will be taken with a digital camera and the file will be provided to the unit. Camp photos will be taken by your commissioner by appointment.

FLAG CEREMONIES: Reverence for the country and respect for the flag is emphasized at camp. Packs are encouraged to attend Flag Raising following Breakfast at 8:45 AM. A formal Retreat Ceremony (colors) is held at 3:40 PM each day for all packs. Packs are encouraged to provide color guards. Talk to the Commissioner to sign-up for the Color Guard.

RELIGIOUS SERVICES: We suggest that you and your boys fulfill your religious obligations before arriving in camp. A non-denominational Scouts Own Religious Service will be held Sunday and Wednesday evenings. We are happy to support services for any faith, as requested.

FISHING: Fishing is permitted in both Unami Lake and Unami Creek. Anyone 16 years of age or older must have a valid Pennsylvania Fishing License to fish. Fishing is on a catch-and-release basis only. Bring your own fishing rod to camp or you can purchase a fishing rod at the camp Trading Post.

TELEPHONE/CELLPHONE: For emergency calls, a camp leader should report to the camp office. Incoming calls for Scouts and Leaders should be for emergencies only. Messages will be put in the Campsite mailbox. Urgent messages will be delivered to the site. Any Scout needing to make a call should have one of his camp leaders with him.

Musser Scout Reservation assumes no responsibility for the loss, damage or misuse of cell phones including overuse, exceeding plan limits or use by unauthorized persons. Knowing that they can sometimes add to homesickness problems, the camp encourages Scouts to leave cell phones at home.

CAMPSITE CAPACITY: Each campsite has a definite size regarding capacity. This is done to accommodate small and large Packs alike. Camp sites are assigned at the June Pre-Camp Leaders' Meeting.

PACK EQUIPMENT: Your pack should bring sufficient hiking equipment, Pack flags, American flag, and any other equipment you might need for your program. We have limited amounts of equipment for those who do not have what is needed.

PERSONAL EQUIPMENT: Your Scouts should have a list of all material and equipment they bring to camp and have them check off items as they prepare to leave camp for home. Mark items with name and Pack number. Parents will be happy when their sons return home with all their original equipment. Make sure that your boys do not bring along too much money or valuable items, and that all money is locked up for safe keeping. **We do not accept any responsibility for valuables lost or stolen. Do not bring any valuables to the pool.**

RIFLES AND ARCHERY EQUIPMENT: Please note the following policy statement: Our camp provides all firearms and archery equipment. Individuals may NOT bring bb guns, rifles, handguns, shotguns, or archery equipment into camp. NO ammunition of any kind may be brought into camp.

LITTER: Please do not litter and do your good turn by helping pick up litter should you see any. Let's all work together to keep Musser clean.

LOST AND FOUND: Articles found should be deposited at the Camp Office. Likewise, articles lost may be inquired about at the same place. Unclaimed articles will be disposed of at the end of each week. **We do not accept any responsibility for valuables lost or stolen.**

SHOWERS: Showers for all campers and leaders are located in the shower house at the Pool.

LATRINES: There is a latrine at your campsite. Please DO NOT POUR DISINFECTANT INTO THE PITS AS THIS WILL INCREASE THE ODOR. Objects are not to be thrown into the latrines as this will cause serious problems in both plumbing and disposal units.

SLEEP: Particular emphasis is placed upon providing every Scout with nine hours of sleep every night. This is necessary if he is to enjoy an active program and get the most from his stay in camp. It is the responsibility of the Cubmaster and other unit leaders to see that the campsite is a courteous one. Rowdiness and loud talking after taps and before reveille will not be tolerated.

SMOKING: Leaders who smoke are reminded that SMOKING IS NOT PERMITTED IN BUILDINGS OR TENTS. Additionally, please refrain from smoking in the Program Areas. All cigarettes and tobacco must be disposed of properly. We ask that smoking not be done in front of Scouts.

MAINTENANCE: Tents, cots, tent platforms, and other such equipment are expensive to replace. Care for them as you would your own property. Small rips in cots and tents should be reported immediately. When camp property is damaged, a charge will be made to cover the necessary repairs or replacement. In wet weather, guy lines on all tents should be loosened, because rope and canvas shrink when wet. If rain is of long duration, continual loosening is essential. Tent flaps and walls should be rolled inward each day, if weather permits. This allows visible control of the site, as well as airing out the tents.

FIREWORKS: They are prohibited in camp and are against the law in Pennsylvania.

LIQUID FUEL: Liquid fuel lanterns and stoves are permitted only under trained adult supervision. Fuel must be stored in a secure area on the campsite. We recommend battery lanterns. Propane lanterns and stoves may be used when approved cylinders are used. Caution: Units are responsible that empty containers are disposed of properly.

HAZING AND INITIATIONS: Hazing and initiations violate Youth Protection Policies and does not belong in a Scout Camp. Scout leaders will see to it that all new campers are properly oriented and assisted in getting the most out of their camping experience.

PROHIBITED: All forms of alcoholic beverages, illegal drugs, depressants, stimulants, and sheath knives in any form are prohibited. Violators, whether boys or adult leaders, will be asked to leave camp. Non-alcoholic beer may encourage underage or irresponsible use of alcoholic beverages. Please do not bring or allow use of non-alcoholic beer.

DAMAGE TO CAMP PROPERTY AND EQUIPMENT: The Pack is responsible to pay for the cost of repair. Payment is due before you leave camp.

DINING HALL PROGRAM

The food we serve is something that we pride ourselves on at Cub Adventures! We have a professional food service company, Flik, that cooks all of our food, and they received a 4.6 out of 5 rating last summer! They go above and beyond to provide great tasting food with exceptional service. Meal times are as listed below. Each Pack will be assigned table(s) for their entire stay during a Dining Hall orientation at check-in.

WAITERS: Packs are asked to provide one (1) adult and one (1) youth waiter for each table assigned to the pack for each meal. Waiters report to the Dining Hall to begin set-up for the meal approximately 15 minutes prior to the scheduled time. Waiters will remain in the Dining Hall after the meal for clean up. Each waiter will be dismissed after clean up by the Dining Hall Manager.

WAITER REPORT TIMES	MEAL TIMES
Breakfast: 7:45 AM	Breakfast: 8:00 AM
Lunch: 11:50 AM	Lunch: 12:00 PM
Dinner: 5:45 PM	Dinner: 6:00 PM

MEAL TIME PROGRAM: Many important program aspects are included during each meal. Program announcements, songs, and cheers are lead by the camp staff at mealtime. We encourage the Scouts to sing along with us!

SPECIAL DIETARY NEEDS: We strive to ensure that every scout attending camp has a meal they can enjoy. We recognize that there are many food allergies and dietary restrictions. Please e-mail our Food Service Director Marco Morales at marco.morales@compass-usa.com with any special dietary needs.

MENU: We believe it is important to offer healthy menu options that are kid-friendly. To help you familiarize yourself with the food we offer, we have included last summer's menu at the end of this guide. While this is not the finalized menu for the 2014 Summer, it can give you a good idea of the type of food we offer. Check the website in May for a finalized 2014 Summer Menu.

CAMP FEES AND CAMPERSHIPS

CAMP FEES: Full balance must be paid prior to your arrival at camp.

Program Attending	Early Bird Fee (Paid in Full by 4/15)	Regular Fee (Paid in Full by 5/15)	Late Fee (Paid after 5/15)	Adult Fees**
Day Program	$135	$160	$185	$25 - **Includes Lunch!**
Resident Program	$150	$175	$200	$75
Double Resident	$250	$275	$300	$125
Transfer Fee	Day Camper converting to Resident Camp on Wednesday - $65 in addition to above Day fee			

**Free Leaders		
5 - 9 Scouts = 1 Free	10 - 14 Scouts = 2 Free	15 - 19 Scouts = 3 Free

FINANCIAL AID "CAMPERSHIP" PROGRAM: Campership grants (up to 50% of the price of camp), due March 1, 2014, are available to Scouts who are in need of financial assistance to attend summer camp. This program is only available for Cradle of Liberty Council units. Camperships (scholarship money) are available for all currently registered CRADLE OF LIBERTY Scouts. For an application or more information please feel free to contact Tracy Launders in the Camping Department at (484) 654-9213 or go to www.colbsa.org/cubadventures.

REFUND POLICY: Please note $50.00 of each individual's fee is not refundable under any circumstances, since the camps have incurred expenses related to the reservation such as staff employment, food costs, and program materials. Within 30 days of your arrival date at camp, refunds will only be considered for the camper illness or required attendance at Summer School. The refund of the balance of any fees paid will be based upon the proximity to your arrival date in camp and if it meets the criteria outlined below. In all cases, requests for refunds must be in writing and submitted to the Cradle of Liberty Council Camping Department on or before your arrival date in camp (these letters may also be submitted at check-in at camp on Sunday). This letter must be approved and endorsed by the Unit Leader. Refunds will be made to the Unit Leader only.

Criteria used to consider a refund will include the following reasons only and appropriate documentation should be submitted with your letter requesting a refund:

1. Scout's illness - written statement is required from physician.
2. Summer School - written statement is required from school principal or guidance counselor

For full refund details, please reference the Camp Refund Request Form on the Camping website.

FREQUENTLY ASKED QUESTIONS

What are the opportunities for Cubs to attend Camp?

Scouts can attend Cub Adventures as a resident camper and sleep overnight, or as part of our day program. We offer eight sessions of half-week resident programs, and four weeks of day programs. For the adventurous Scouts that want to spend even more time at camp, join us for a double session of resident camp!

Resident Program: July 6-9, July 9-12, July 13-16, July 16-19, July 20-23, July 23-26, July 27-30, July 30-Aug 2
Day Program: July 7-11, July 14-18, July 21-25, July 28-Aug 1
See the Commitment Form in the Resources Section to Sign-up for Camp!

Who Provides the program for the Scouts?

To ensure that we provide the same program to all Scouts each of the four weeks of program, we employ a staff of over 40 people that are trained in their individual position to deliver the best possible program. These individuals go through position training, Youth Protection Training and awareness, CPR/AED Training and our Directors have an additional week dedicated to learning how to teach their staff to work with your Scouts and best educate them.

Will my Scout learn anything while he is at camp?

We believe that Cub Scouting is all about "learning through fun"! To that end, we use fun activities and games to teach the skills and lessons that build character and help the Scouts advance in rank.
See the Advancement Opportunities chart in the Program section

I can't take off vacation, can my son still go to camp?

YES!!! Your son can still go to camp with other leaders from your pack! If your pack is not going, contact us and we will pair your son up with another pack so he can still enjoy summer camp!

Does the camp fee cover all costs of camp?

YES, our camp fee covers everything that your Scout will participate in while he is at camp! We do suggest sending him with spending money for the trading post to buy souvenirs, snacks, or extra craft projects.

Can Siblings attend camp?

Yes, siblings can attend, and should sign-up and pay the same way their Cub Scout brother does.

Registration

How can I register our Scouts for camp?

Go to the Cub Adventures website at www.colbsa.org/cubadventures and click the online registration link. If you prefer to make your reservation over the phone, please contact Tracy Launders at (484) 654-9213

What if a parent can't make it the whole session?

We encourage parents and leaders to rotate with other parents and leaders, each of which goes to camp part of the week.

Are advancements earned at camp included in the price of camp?

The program supplies to work on the advancement are covered in the camp fee, but the recognition piece (belt loop, pin, or patch) must be purchased separately. Some of the actual awards can be purchased in our Trading Post and all can be purchased at any Scout Shop.

Can I attend at a different time than the rest of my Pack?

Absolutely! Individual parent/son pairs or parts of units may register for the session that best fits their schedule pending availability. Every Scout deserves the chance to go to camp!

Finance

Do we get free Adults at resident camp?

Yes, if your Pack brings 5 or more Scouts, then you get a free adult leader for each additional set of 5 scouts. Please refer to the Camp Fees and Campership Section.

How do I apply for a campership? When is it due? When will we find out? Can that award be transferred to someone else? How much will my campership be?

Campership forms are available on our website and are due MARCH 1. Notice of awards will be sent out by March 22. From that point, you will have until April 8 to respond with one of two actions:

1) Respond that "with this campership considered, I plan to attend camp" by April 8.
2) Respond that "with this campership considered, I will NOT be able to attend camp" and withdraw your intent to attend camp.

Camperships are not transferable. Campership amounts depend on available money from the Campership Fund as well as the number of qualified applicants and the length of stay. The range in 2012 was from $10 to $100. Camperships will fund only up to 50% of the early bird camp fee.

What is the Camp Trading Post?

The Trading Post (often abbreviated T.P.) is the location at camp where campers can purchase items like hats, shirts, sports drinks, candy, and other memorabilia. Many Scouts enjoy going to the Trading Post and will buy about $40 of items throughout their stay.

Administrative

What training do leaders need to have to go to camp?

Someone attending camp in each unit must have Youth Protection and Weather Hazards training. One person does not have to have all of these trainings. Ideally, all adults (18+) in camp have taken Youth Protection training.

What are the procedures for problems/emergencies?

Our staff leaders are trained at National Camping School in how to deal with problems and emergencies. The entire staff trains for possible emergencies during staff training. We also work closely with local authorities and emergency services as needed. Your unit will be briefed on particular protocols during check-in.

What kind of medical do I need for each session?

All campers must utilize the Annual Health and Medical Record, available on the website.

- Day and resident campers staying less than 72 hours must complete parts A and B.
- Full-week, double-session, resident campers (staying 72 hours or more) must complete parts A, B and C. This requires a doctor's examination within 12 months of attendance at camp.

Where can I send my medical form?

Considering medical privacy laws, there is much risk associated with passing medical information through multiple channels. If you are interested in sending your medical form in prior to your arrival at camp, mail it to camp Addressed to the Camp Director. The Camp Director will then pass the medical form to the Health Officer to be held on file in the Health Area. Please **DO NOT** mail medical forms to the Council Service Centers.

If a parent/leader is only coming overnight, do they need to bring a medical?

YES, All leaders taking part in the program, day or resident, need to have a medical on file.

Do parents have to be registered Boy Scouts of America leaders to attend?

No, but it is required that each unit has at least one registered leader in attendance.

I have a special dietary request/necessity, how can that be accommodated?

We pride ourselves in helping to make each Scout's and adult's time in camp enjoyable, and that includes the Dining Hall. Please e-mail our Food Service Director Marco Morales at marco.morales@compass-usa.com with your dietary needs, and our food service vendor will follow up with each case. We will do everything we can to meet your health needs. In extreme cases it may be necessary for you to provide your own food.

How do I take a pre-camp swim test for resident camp?

It is highly recommended to take the Swim Test prior to coming to camp to allow for check-in to go smoothly. You can use the Swim Classification Record found on the council website at www.colbsa.org, or you can join us at camp for one of the times that we are offering swim tests on one of the following days:
Wednesday, June 25, 2014 - 6:30 PM - 8:30 PM
Tuesday, July 1, 2014 - 6:30 PM - 8:30 PM
Wednesday, July 2, 2014 - 6:30 PM - 8:30 PM

Day Program

Is there something we should do in preparation for our adventure? Where do I find more information?

In the Cub Adventures Leaders Guide and at www.colbsa.org/cubadventures

Will the Scouts be able to Swim??

YES!! Make sure your Scouts bring their bathing suit and towel, they will swim and go boating each day!

Where can I get a detailed schedule of the activities offered?

See the program section of this Leaders Guide or visit www.colbsa.org/cubadventures for more program specifics.

What are the times Day program operates?

The Day program Scouts are asked to arrive by 8:00 AM on Monday, and 8:25 AM Tuesday through Friday to check-in at "The Wall". The Day program runs through the closing ceremony, finishing at 4pm.

Is lunch provided?

Yes, the Day Program fee includes the cost of lunch each day.

What equipment should my son bring?

Water bottle, sunscreen, rain gear, appropriate footwear, swimming gear, ball cap, and Enthusiasm! All of this can be carried in a small backpack.

Can my son participate in the Webelos Overnighter?

Yes! Your son can transfer into the Resident Camp Program for the second half of the week—Wednesday through Saturday and participate in the Webelos Overnighter on Thursday Night. The transfer fee is $65, which includes the Webelos Overnighter, all additional meals, and program supplies.

As a parent should I offer my help for a day or when available?

Yes, not only to help out the Den or Pack, but to see the great program your son is being offered and talk to other parents.

Will busing be available for day participants?

Yes, we will be offering busing from specific towns each week. Here is the Bus Schedule for 2014:

- Bus Route 1 - July 7-11 – Royersford/Collegeville/Oaks
- Bus Route 2 - July 14-18 – Pottstown/Gilbertsville/ Upper Perk
- Bus Route 3 - July 21-25 – North Wales/Hatfield/Harleysville
- Bus Route 4 - July 28-Aug1 – King of Prussia/Norristown

Resident Program

Is there something we should do in preparation for our adventure? Where do I find more information?

In the Cub Adventures Leaders Guide and at www.colbsa.org/cubadventures

Where can I get a detailed schedule of the activities offered?

See the program section of the Leaders Guide or visit www.colbsa.org/cubadventures for more program specifics.

When will you be offering the Webelos Overnighter program?

We will offer the Webelos Overnighter every Thursday night that camp is in session. We will separate the groups into First Year Webelos and Second Year Webelos to provide specific program for each age-level.

Where do we sleep and eat?

Campers will be assigned to one of six campsites and stay in canvas platform tents each with two cots. All sites have latrines nearby and are within walking distance of a hot shower. All meals are eaten in the Dining Hall and are prepared by a professional cooking staff. The only exception is the Webelos Overnight experience, where Webelos cook food over a fire with the help of the staff while at a hiking outpost.

What is the toilet situation at Cub Adventures?

A central shower house serves the camp with separate facilities for male and female campers. Every campsite has a nearby latrine stocked with toilet paper. A hand wash station is immediately adjacent to the latrines and always stocked with soap. Additional latrines are throughout the camp. Portable toilets are brought in seasonally for use in high-traffic areas that demand additional capacity such as the Archery Range, boathouse, and BB range.

Are there any age requirements for the activities?

Generally no, most activities are built so all Cub Scouts and Webelos can participate in the fun. Certain swimming and boating activities are limited to those campers who are able to complete the BSA Swimmer Test. This test is administered in the check-in process, but can be done before camp by local authorities.

Are there separated accommodations for male and female leaders?

Adults will sleep in separate tents than youth. Males will sleep in separate tents than females. The only exceptions to this are a married couple or a parent with his/her own child.

Will our unit have our own campsite?

Your group may be placed together with other units in a site. Groups rarely are split between multiple sites for their stay at camp.

How many adults are required?

Units will need to provide one 21 or older leader. Each unit will need to provide a minimum of two adults, *and* maintain a ONE adult to ONE youth ratio for Tigers, a ONE adult to FIVE youth ratio for Wolves and Bears, and a ONE adult to EIGHT youth ratio for Webelos. You can coordinate to share leadership with another unit.

I have a Cub Scout and Boy Scout and one week of vacation – What should I do?

Most Boy Scout camps do not require a parent to accompany each Scout. As the needs of Cub Scouts are generally greater, we would suggest you attend alongside your Cub Scout. If it is financially possible, your Boy Scout son can also attend camp and help your unit as a Den Chief.

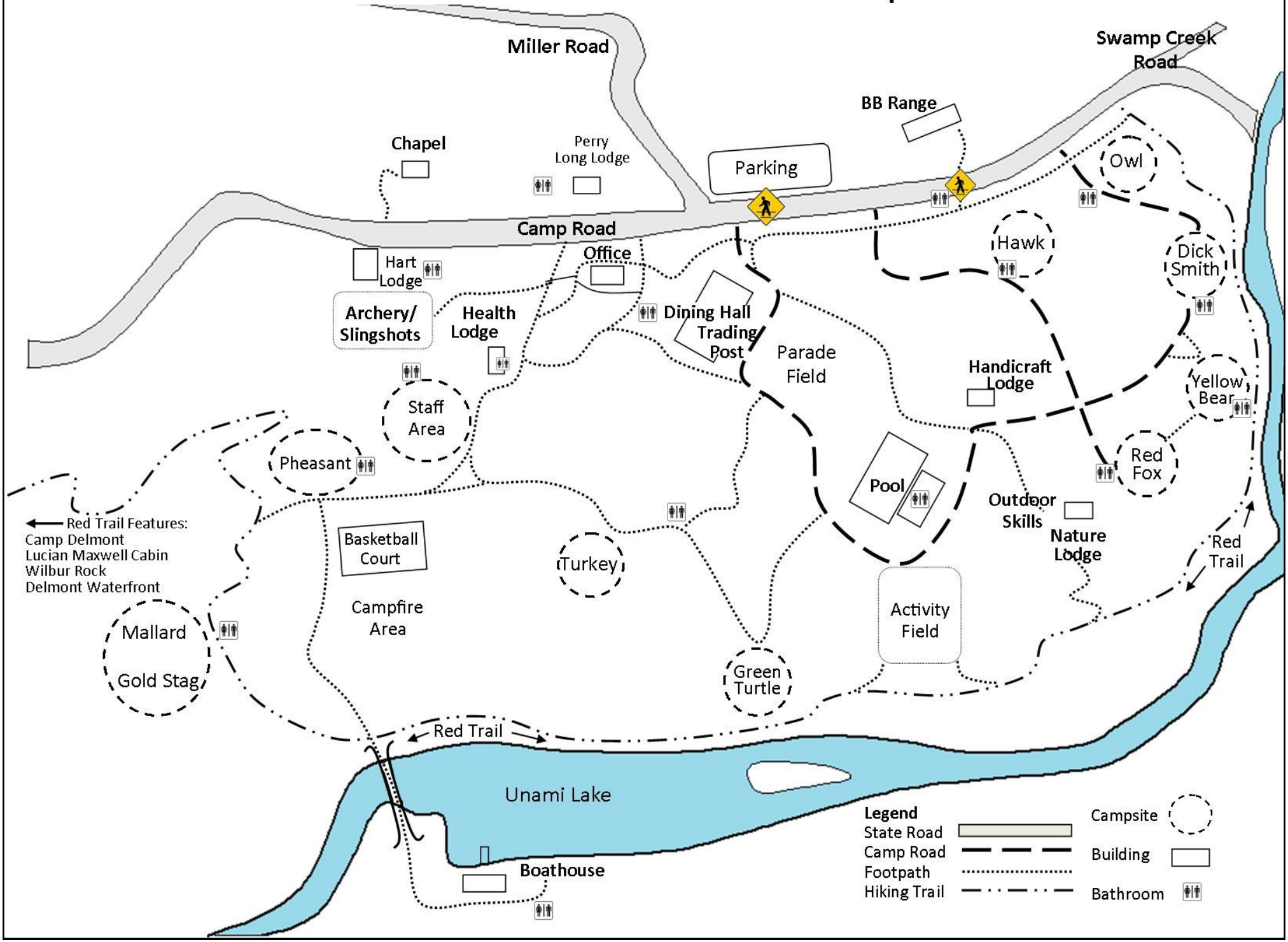
Can a Webelos crossing over attend Cub Adventures one last time?

Yes, but the activities at Cub Adventures are specifically tailored for the age of Cub Scouts. He would have much more fun at a Boy Scout camp (like Resica Falls) with the Troop he is now a member of.

CRADLE OF LIBERTY COUNCIL

Cub Adventures Summer Camp

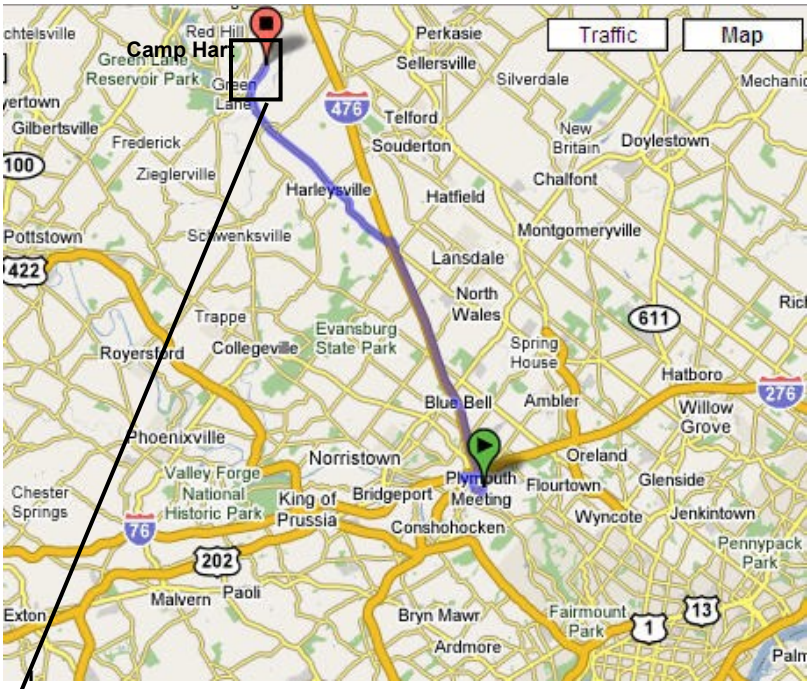
CAMPING DEPARTMENT

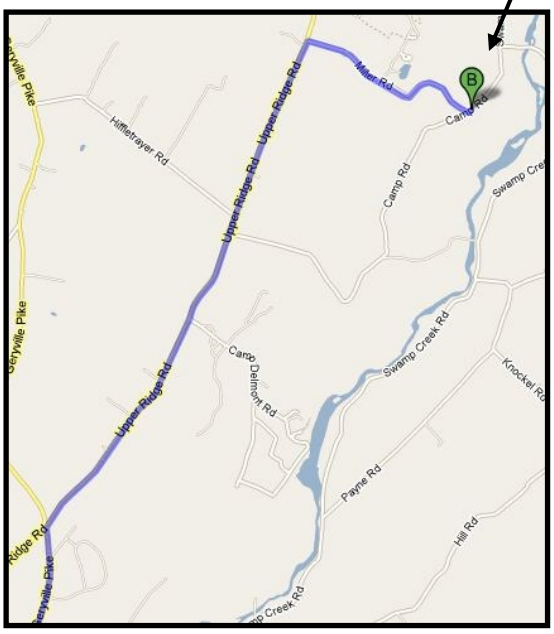


DIRECTIONS TO SUMMER CAMP

General Driving Instructions

1. Take the Northeast Extension of the PA Turnpike to Exit 31, Lansdale
2. Turn Right at end of exit ramp onto Route 63 West.
3. In approximately 8.2 miles (at Sumneytown Hotel) bear Right onto Geryville Pike.
4. In approximately 1.1 miles turn Right onto Upper Ridge Road at 4-way Stop Signs.
5. In approximately 2 miles, turn Right onto Miller Road.
6. In approximately 0.7 miles, turn Left into Camp Hart parking lot. Check in on the porch of the Dining Hall, directly across Miller Road.





For GPS Navigation Systems

Camp Hart = 40.3647°N
75.4269°W

Or the closest valid address is the parking lot of Camp Hart:

1125 Miller Road
Pennsburg, PA 18073

PLEASE NOTE: This is <u>not</u> the mailing address for camp!

If you wish to send mail to a camper, the address is:
Cub Scout Name & Pack Number
Dates in Camp
Musser Scout Reservation
5505 Upper Ridge Road
Pennsburg, PA 18073

RESIDENT PACK EQUIPMENT LIST

- □ Unit advancement records
- □ Thumbtacks for bulletin board
- □ Campfire ideas and materials
- □ Unit flags
- □ Den flags
- □ Propane lanterns / stove
- □ Any materials needed for evening activities
- □ Alarm clock
- □ Unit first aid kit
- □ Laundry soap
- □ Campsite Improvement Materials
- □ Unit sewing repair kit
- □ Additional tarp(s) if desired
- □ Extra lantern mantles
- □ Water containers (plastic)
- □ Hangers

Additional unit equipment:

□ _____

□ _____

□ _____

□ _____

RESIDENT PERSONAL EQUIPMENT LIST

What you bring to camp is what will keep you comfortable. You need enough changes of clothing to keep you clean. We'll have changes in weather; hot, cold, and sometimes even rainy! Be Prepared! Here is a list of personal equipment you should bring. Check it carefully; change it as you see fit.

- □ Water bottle or Canteen
- □ Sneakers
- □ Water shoes
- □ Insect repellent (non-aerosol)
- □ Scout knife (NO sheath knives)
- □ Personal First Aid kit
- □ Spending money (suggested $35 - $50)
- □ Complete Summer Uniform (2)
- □ Socks
- □ T-shirts
- □ Extra shirts
- □ Shorts
- □ Complete Toilet Kit: soap, deodorant, shampoo, toothbrush, tooth paste, comb or brush, towels, Washcloth, Mirror
- □ Ground cloth
- □ Pajamas
- □ Complete Mess Kit
- □ Bible or Prayer book
- □ Poncho or Raincoat
- □ Comfortable hiking boots
- □ Camera
- □ Wrist watch
- □ Compass, GPS
- □ Medical Form (with Parent & Doctor's signatures)
- □ Materials for theme **(costume)**
- □ Warm Jacket
- □ Underwear
- □ Swim trunks (2) and Towel
- □ Tough long pants
- □ Backpack
- □ Foam pad & cardboard to cover cot springs to protect sleeping bag
- □ Sleeping Bag or 3 Blankets
- □ Flashlight (with extra batteries)
- □ Pillow (if desired)

PLEASE LEAVE AT HOME:

Radios, video games, comic books, expensive jewelry, etc. Articles such as these tend to detract from the Scouting atmosphere that should prevail at camp.

PETS: Sorry, Pennsylvania will not permit pets in camp by campers or leaders.

DAY PERSONAL EQUIPMENT LIST

What you bring to camp is what will keep you comfortable. You need enough changes of clothing to keep you clean. We'll have changes in weather; hot, cold, and sometimes even rainy! Be Prepared! Here is a list of personal equipment you should bring. Check it carefully; change it as you see fit.

- □ Water bottle or Canteen
- □ Sneakers or Comfortable Hiking Boots
- □ Water shoes
- □ Insect repellent (non-aerosol)
- □ Scout knife (NO sheath knives)
- □ Personal First Aid kit
- □ Spending money (suggested $35 - $50)
- □ Poncho or Raincoat
- □ Backpack
- □ Camera
- □ Wrist watch
- □ Swim trunks (2) and Towel
- □ Medical Forms (with Parent & Doctor's signatures)
- □ Materials for theme **(costume)**

PLEASE LEAVE AT HOME:

Radios, video games, comic books, expensive jewelry, etc. Articles such as these tend to detract from the Scouting atmosphere that should prevail at camp.

PETS: Sorry, Pennsylvania will not permit pets in camp by campers or leaders.

GRAND VIEW HOSPITAL RELEASE

GRAND VIEW HOSPITAL
Sellersville, PA

Date: _____

I hereby give permission to the Emergency Room at Grand View Hospital, Sellersville, PA to treat my son/

daughter named: _____ while a camper at Cub Adventures at Camp Hart from

(Starting date): _____ to (Ending date): _____

I understand this permission covers the average camp emergency such as sprain, cut, bruise, scrape, bump, skin rash such as impetigo, poison oak or ivy, bites such as bee sting and snake bites, allergic reactions, foreign bodies in eyes or skin, upset stomach, diarrhea, pink eye, minor burns, fevers, diagnostic x-rays, suturing and the like.

I also understand that in cases of major significance such as fracture, an appendectomy, or any illness or injury requiring regular admission to the hospital that additional consents will be necessary for treatment and that the hospital will make every attempt to try and reach me.

My child is allergic to the following drugs:

_____

I also give permission for my child to receive a tetanus booster if needed. His/Her last tetanus immunization was on

(Date): _____

Authorization is hereby given to my Insurance Company: _____ to provide any information needed to complete the hospitalization claim.

Finally, I understand that in cases of acute emergency when hospital personnel have attempted to notify me and are unable to reach me, that this permission form will suffice for treatment until such time as I am able to be reached.

Parent Name (print):_____

Parent Signature: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

RELEASE OF CAMPERS

Musser Scout Reservation

PARENTAL RELEASE FORM

To ensure the safety of all campers, the Cradle of Liberty Council, BSA has enacted the following policy. Any Scout who leaves camp prior to normal departure time on Wednesday/ Saturday Morning with their unit, will only be permitted to leave under the auspices of an adult approved by the parents of the Scout. A camper Release Authorization form, signed by the parents of the Scout, must be on file at the Camp Office. This form will list all adults, who are authorized by the parents, with whom their son may leave camp.

We, the parents of Scout _____, of Pack _____,
Of the _____ Council, authorize the following adults, with whom our son may leave camp with prior to Saturday Morning checkout.

1. _____

2. _____

3. _____

4. _____

5. _____

Signed: _____ Date: _____

Print: _____

Flik FRESH FOOD INDEPENDENT SCHOOL DINING

eat | learn | live BALANCE it takes you®

CUB ADVENTURES MENU - SUMMER 2013

Breakfast **Closed** **Lunch** Sausage and Peppers on a Hoagie White Rice Steamed Vegetables Italian Ice **Dinner** Roast Beef with Gravy Roasted Potatoes Steamed String Beans Cake	**Breakfast** Whole Wheat Pancakes Sausage Link Home Fries **Lunch** Hamburger Veggie Burger Tater Tots Steamed Carrots Watermelon **Dinner** Baked Chicken Buttered Noodles Steamed Broccoli Frozen Yogurt	**Breakfast** Scrambled Eggs Hash Brown Sauteed Mushrooms **Lunch** Chicken Fingers Pasta Primavera Celery Sticks and Carrots Brownie **Dinner** Beef Tacos Burritos Spanish Rice Roasted Corn Churro	**Breakfast** Bagels with Cream Cheese, Butter and Jelly Cheese Danish Morning Juices Assorted Cereals Fruit Salad Low-Fat Yogurt Cottage Cheese **Lunch** Staff Lunch **Dinner** Rigatoni with Meatballs Steamed Green Beans Garlic Bread Ice Cream Cup	**Breakfast** Sausage Patty on a Biscuit Tater Tots **Lunch** Hot Dog Baked Beans Corn on the Cobb Sliced Cantaloupe **Dinner** Grilled Ham Steak Macaroni and Cheese Steamed Vegetables Cake	**Breakfast** French Toast with Bacon Sauteed Tomatoes **Lunch** Tomato Soup Grilled Cheese Onion Rings Steamed Broccoli Cookie **Dinner** Roasted Turkey Stuffing Mashed Potatoes Baby Carrots Apple Pie	**Breakfast** Bagels with Cream Cheese, Butter and Jelly Cheese Danish Morning Juices Assorted Cereals Fruit Salad Low-Fat Yogurt Cottage Cheese **Lunch** **Closed** **Dinner** **Closed**

SAMPLE

PLEASE NOTE: This is a SAMPLE Menu.

The Menu for the 2014 Summer will be available online by May 15 at www.colbsa.org/cubadventures

NOTES

Annual Health and Medical Record
Registro Médico y de Salud Anual
Part A/Parte A

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No.
Expedición/grupo no.: _____
or staff position
o puesto fijo: _____

GENERAL INFORMATION/INFORMACIÓN GENERAL

Name _____ Date of birth _____ Age _____ ◯ Male ◯ Female
Nombre Fecha de nacimiento (MM/DD/Year) - (MM/DD/Año) Edad Masculino Femenino

Address _____ Grade completed (youth only) _____
Domicilio Grado escolar completado (sólo niños)

City _____ State _____ Zip _____ Phone No. _____
Ciudad Estado Código postal No. telefónico

Unit leader _____ Council name/No. _____ Unit No. _____
Líder de la unidad Nombre y no. del concilio No. de unidad

Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
No. de Seguro Social (opcional; puede ser solicitado por las instalaciones médicas para brindar tratamiento) Preferencia religiosa

Health/accident insurance company _____ Policy No. _____
Compañía de seguro médico/accidental No. de póliza

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF YOU DO NOT HAVE MEDICAL INSURANCE, ENTER "NONE" ABOVE.
ANEXAR UNA FOTOCOPIA DE AMBOS LADOS DE LA TARJETA DEL SEGURO. SI USTED NO TIENE SEGURO MÉDICO, ESCRIBA "NINGUNO."

In case of emergency, notify/En caso de emergencia, notificar a:

Name _____ Relationship _____
Nombre Parentesco

Address _____
Domicilio

Home phone _____ Business phone _____ Mobile phone _____
Teléfono de casa Teléfono de oficina Teléfono móvil

Alternate contact name _____ Alternate's phone _____
Nombre de contacto alterno Teléfono del contacto alterno

HEALTH HISTORY/HISTORIAL MÉDICO

Do you currently have, or have you ever been treated for any of the following?
¿Tiene actualmente, o ha tenido alguna vez los siguientes?

Please fill in the bubbles as indicated below:
Por favor rellene los círculos tal como se indica a continuación:
Incorrect: ✓ ✗ ◒ Incorrecto
Correct: ● Correcto

Yes/Sí	No/No	Condition/Padecimiento	Explain/Explique
◯	◯	**Asthma** Asma — **Last attack:** (MM/YY) Último ataque: (MM/AA) ☐☐/☐☐	
◯	◯	**Diabetes** Diabetes — **Last HbA1c:** (Percentage) Última HbA1c: (Porcentaje) ☐☐.☐ %	
◯	◯	**Hypertension (high blood pressure)** Hipertensión (presión alta)	
◯	◯	**Heart disease/heart attack/chest pain/heart murmur** Enfermedad del corazón/infarto/dolores de pecho/soplo cardíaco	
◯	◯	**Stroke/TIA** Apoplejía/Accidente isquémico transitorio	
◯	◯	**Lung/respiratory disease** Enfermedades pulmonares/respiratorias	
◯	◯	**Ear/sinus problems** Problemas del oído/senos paranasales	
◯	◯	**Muscular/skeletal condition** Condiciones musculares/óseas	
◯	◯	**Menstrual problems (women only)** Problemas menstruales (sólo mujeres)	
◯	◯	**Psychiatric/psychological and emotional difficulties** Dificultades psiquiátricas/psicológicas y emocionales	
◯	◯	**Behavioral/neurological disorders** Trastornos de conducta/neurológicos	
◯	◯	**Bleeding disorders** Enfermedades hemorrágicas	
◯	◯	**Fainting spells** Desmayos	
◯	◯	**Thyroid disease** Enfermedades de la tiroides	
◯	◯	**Kidney disease** Enfermedades del riñón	
◯	◯	**Sickle cell disease** Anemia falciforme	
◯	◯	**Seizures** Convulsiones — **Last seizure:** (MM/YY) Última convulsión: (MM/AA) ☐☐/☐☐	
◯	◯	**Sleep disorders (e.g., sleep apnea)** Trastornos del sueño (por ejemplo, síndrome de apnea-hipopnea durante el sueño)	Use CPAP: Usa CPAP ◯ Yes Sí ◯ No No
◯	◯	**Abdominal/digestive problems** Problemas abdominales/digestivos	
◯	◯	**Surgery** Cirugía — **Last surgery:** (MM/YY) Última cirugía: (MM/AA) ☐☐/☐☐	
◯	◯	**Serious injury** Lesión grave	
◯	◯	**Excessive fatigue or shortness of breath with exercise** Fatiga en exceso o dificultad para respirar al hacer ejercicio	
◯	◯	**Other** Otro	

Emergency contact No.: Teléfono en caso de emergencia
Allergies: Alergias
DOB: Fecha de nacimiento
Full name: Nombre completo
Part A Parte A

PART A (*continued on next page*)

HEALTH HISTORY/HISTORIAL MÉDICO

Are you allergic to or do you have any adverse reaction to any of the following?
¿Es alérgico a, o le causa alguna reacción adversa cualquiera de los siguientes?

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:

Incorrect: ✓ ✗ ◒
Incorrecto

Correct: ●
Correcto

Yes/Sí	No/No	Allergies or Reaction to Alergias o Reacciones a	Explain Explique
○	○	**Medication** Medicamentos	
○	○	**Food, plants, or insect bites** Alimentos, plantas o picaduras de insectos	

The following immunizations are recommended by the BSA. **Tetanus immunization is required and must have been received within the last 10 years.** For each item, indicate if you have been immunized, the date of the immunization (MM/YY), if you have had the disease, and the date (MM/YY).

BSA recomienda las siguientes vacunas. **La vacuna contra el Tétanos es obligatoria y debe haberla recibido en los últimos 10 años.** Por cada punto, indique si ha sido vacunado, la fecha en que la recibió (MM/AA), si ha padecido la enfermedad, y la fecha (MM/AA).

Immunized? ¿Vacunado?		Immunizations Vacunas	Date (MM/YY) Fecha (MM/AA)	Had Disease? ¿La ha padecido?		Date (MM/YY) Fecha (MM/AA)
Yes/Sí	No/No			Yes/Sí	No/No	
○	○	**Tetanus** Tétano	☐☐/☐☐	○	○	
○	○	**Pertussis** Tos ferina		○	○	
○	○	**Diphtheria** Difteria		○	○	
○	○	**Measles** Sarampión		○	○	
○	○	**Mumps** Paperas		○	○	
○	○	**Rubella** Rubéola		○	○	
○	○	**Polio** Polio		○	○	
○	○	**Chicken pox** Varicela		○	○	
○	○	**Hepatitis A** Hepatitis A		○	○	
○	○	**Hepatitis B** Hepatitis B		○	○	
○	○	**Meningitis** Meningitis		○	○	
○	○	**Influenza** Influenza		○	○	
○	○	**Other (i.e., HIB)** Otra (por ejemplo, HIB)		○	○	
○		**Exemption to immunizations claimed (form required).** Exención de vacunas solicitada (formulario obligatorio).				

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.

○ No medications
Sin medicamentos

○ Additional medications (sheet attached)
Medicamentos adicionales (hoja anexa)

MEDICAMENTOS Enumere todos los medicamentos que usa en la actualidad. (Si requiere espacio adicional, favor de sacar una fotocopia de esta parte del formulario.) Se debe incluir información sobre inhaladores y EpiPen, incluso si son sólo para uso ocasional o en caso de emergencia.

Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____
Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____	Medication Medicamento _____ Strength / Dosis _____ Frequency / Frecuencia _____ Approximate date started Fecha aproximada de inicio _____ Reason for medication Razón del medicamento _____

Administration of the above medications is approved by (if required by your state): _____ / _____
La administración de los medicamentos arriba mencionados está aprobada por (si lo requiere su estado)
Parent/guardian signature / Firma del padre o tutor
and/or / y/o
MD/DO, NP, or PA signature / Firma del Dr., Enfermera profesional, Asistente médico

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.

Asegurarse de traer los medicamentos en cantidades suficientes y en los envases originales. Asegurarse de que NO ESTÉN CADUCADOS, incluyendo inhaladores y EpiPens. NO DEBE DEJAR DE tomar cualquier medicamento de mantenimiento a menos que se lo indique su médico.

DOB: _____ Fecha de nacimiento

Full name: _____ Nombre completo

Part A Parte A

680-001
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Rev. 9/2012

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No./Expedición/grupo no.: _____
or staff position/o puesto fijo: _____

Part B/Parte B

INFORMED CONSENT AND RELEASE AGREEMENT

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.

NOTIFICACIÓN DE CONSENTIMIENTO Y EXONERACIÓN DE RESPONSABILIDAD

Entiendo que la participación en actividades Scouting implica un cierto grado de riesgo y que pueden ser física, mental y emocionalmente agotadoras. Asimismo, entiendo que la participación en dichas actividades es completamente voluntaria y requiere que los participantes se acaten a las reglas y estándares de conducta pertinentes.

En caso de que yo, o mi hijo, nos veamos involucrados en un caso de emergencia, entiendo que se hará todo lo posible para contactar al individuo mencionado como persona a contactar en caso de emergencia. En caso de que dicha persona no pueda ser localizada, por este medio otorgo permiso al proveedor de servicios médicos seleccionado por el líder adulto a cargo para asegurar que se proporcione el tratamiento adecuado, incluyendo hospitalización, anestesia, cirugía o inyecciones de medicamentos para mí o mi hijo. Los proveedores médicos están autorizados a compartir información médica protegida con el adulto a cargo, el personal médico del campamento, la administración del campamento, o cualquier médico o proveedor de servicios médicos involucrado en la administración de atención médica al participante. La Información médica protegida/Información médica confidencial (PHI/CHI, por sus siglas en inglés) bajo los Estándares de privacidad de información médica individualmente identificable, 45 C.F.R. §§160.103, 164.501, etc., y siguientes como se enmiendan de vez en cuando, incluye resultados de reconocimientos médicos, resultados de pruebas y tratamiento proporcionado para propósitos de evaluación médica del participante, seguimiento y comunicación con los padres o tutor del participante, y determinación de la habilidad del participante de continuar con las actividades del programa.

He considerado cuidadosamente el riesgo implicado y he dado el consentimiento para mí mismo o mi hijo de participar en dichas actividades. Apruebo que se comparta la información contenida en este formulario con los voluntarios y profesionales de BSA que necesiten tener conocimiento de condiciones médicas que puedan requerir consideración especial para la realización de actividades Scouting de manera segura.

Eximo a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda reclamación o responsabilidad que surja a raíz de esta participación.

◯ Without restrictions./Sin restricciones.

◯ With special considerations or restrictions (list)/Con condiciones especiales o restricciones (lista):

_____

_____

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/Sí

◯ No/No

Por este conducto asigno y otorgo al concilio local y a Boy Scouts of America el derecho y permiso para usar y publicar las fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido de mí o mi hijo realizadas en todas las actividades Scouting, y por este medio exonero a Boy Scouts of America, al concilio local, a los coordinadores de la actividad y a todos los empleados, voluntarios, grupos involucrados u otras organizaciones asociadas con la actividad, de cualquier y toda responsabilidad por dicho uso y publicación.

Por este conducto autorizo la reproducción, venta, derechos reservados, exhibición, transmisión, almacenamiento electrónico y distribución de dichas fotografías/películas/ videocintas/representaciones electrónicas y grabaciones de sonido sin limitación a discreción de Boy Scouts of America, y específicamente renuncio a cualquier derecho de compensación alguna que pueda tener por cualquiera de lo anterior.

DOB: Fecha de nacimiento _____

Full name: Nombre completo _____

Part B Parte B

PART B (*continued on next page*)

ADULTS AUTHORIZED TO TAKE YOUTH TO AND FROM EVENTS:

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

ADULTOS AUTORIZADOS PARA TRANSPORTAR AL NIÑO HACIA Y DESDE LOS EVENTOS:

Debe designar por lo menos a un adulto. Por favor incluya un número telefónico.

1. Name/Nombre _____ Telephone/Teléfono _____

2. Name/Nombre _____ Telephone/Teléfono _____

3. Name/Nombre _____ Telephone/Teléfono _____

Adults NOT authorized to take youth to and from events/Adultos NO autorizados para transportar al niño hacia y desde los eventos:

1. Name/Nombre _____ Telephone/Teléfono _____

2. Name/Nombre _____ Telephone/Teléfono _____

3. Name/Nombre _____ Telephone/Teléfono _____

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, Florida Sea Base, or the Summit Bechtel Reserve: 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. If the participant is under the age of 18, a parent or guardian's signature is required.

Entiendo que, si cualquier información que he/hemos proporcionado es errónea, puede limitar o eliminar la oportunidad de participación en cualquier evento o actividad.

Si participo en Philmont, el Centro de Capacitación Philmont, Northern Tier, la Base Marina de la Florida o Summit Bechtel Reserve: También he leído y entiendo las advertencias de riesgo explicadas en la Parte D, *incluyendo los requisitos y restricciones de estatura y peso*, y entiendo que al participante no se le permitirá intervenir en programas de aventura extrema si dichos requisitos no se cumplen. El participante tiene permiso de intervenir en todas las actividades de aventura extrema descritas, excepto aquellas específicamente señaladas por mí o el proveedor de servicios médicos. Si el participante es menor de 18 años, se requiere la firma de el padre/madre o tutor.

Participant's name/Nombre del participante _____

Participant's signature/Firma del participante _____ Date/Fecha _____

Parent/guardian's signature/Firma del padre o tutor _____ Date/Fecha _____
(if participant is under the age of 18/si el participante es menor de 18 años)

Second parent/guardian signature/Firma del otro padre o tutor _____ Date/Fecha _____
(if required; for example, CA/si se requiere; por ejemplo en CA)

This Annual Health and Medical Record is valid for 12 calendar months.
Este Registro Médico y de Salud Anual tiene vigencia por 12 meses calendario.

Part B
Parte B

Full name: _____
Nombre completo

DOB: _____
Fecha de nacimiento

680-001
2012 Printing
Rev. 9/2012

Part C/Parte C
Pre-participation Physical
Examen físico previo a la participación

High-adventure base participants:
Participantes en la base de aventura extrema:
Expedition/crew No.
Expedición/grupo no.:_____
or staff position
o puesto fijo: _____

TO THE EXAMINING HEALTH CARE PROVIDER
(Certified and licensed physicians [MD, DO], nurse practitioners, and physician assistants)

You are being asked to certify that this individual has no contraindication for participation in a Scouting experience as described in Part D. For individuals who will be attending a high-adventure program, either unit-based or at one of the national high-adventure bases, please refer to Part D for additional information.

PARA EL PROVEEDOR DE SERVICIOS DE SALUD QUE REALICE EL RECONOCIMIENTO (Médicos certificados y licenciados, enfermeras profesionales y asistentes médicos)

Se les está solicitando que certifiquen que este individuo no tiene contraindicación para participar en una experiencia Scouting tal como se describe en la Parte D. Para individuos que estarán participando en un programa de aventura extrema, ya sea en la unidad o en una de las bases nacionales de aventura extrema, por favor consulte la Parte D para información adicional.

Height (inches) / Estatura (pulgadas) ☐☐.☐
Weight (pounds) / Peso (libras) ☐☐☐.☐
Maximum weight for height / Máximo peso para la estatura ☐☐☐
Meets height/weight limits / Cumple con los límites de estatura/peso ◯ Yes/Sí ◯ No/No

Blood pressure / Presión arterial ☐☐☐/☐☐☐
Pulse / Pulso ☐☐☐
Percent body fat (optional) / Porcentaje de grasa corporal (opcional) ☐☐☐.☐

If you exceed the maximum weight for height as explained on the next page and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you **will not** be allowed to participate. At the discretion of the medical advisers of the event and/or camp, participation of an individual exceeding the maximum weight for height may be allowed if the body fat percentage measured by the health care provider is determined to be 20 percent or less for a female or 15 percent or less for a male. (Philmont requires a hydrostatic weighing or DXA test to be used for this determination.) Please call the event leader and/or camp if you have any questions. Enforcing the height/weight guidelines is strongly encouraged for all other events.

Si usted excede el peso máximo para su estatura tal como se explica en la siguiente página y su actividad de aventura extrema planeada le llevará a más de 30 minutos de distancia de una vía con acceso para un vehículo de emergencia, usted **no podrá** participar. A juicio de los consejeros médicos del evento o campamento, la participación de un individuo que exceda el peso máximo para su estatura puede permitirse si el porcentaje de grasa corporal medida por el proveedor de servicios de salud determina que es 20 por ciento o menos para una mujer o 15 por ciento o menos para un hombre. (Philmont requiere que se use una prueba de peso hidrostático o de densitometría ósea para determinarlo). Por favor llame al líder del evento o del campamento si tiene preguntas. El cumplimiento de los lineamientos de estatura y peso se recomienda encarecidamente para todos los demás eventos.

Examiner: Please fill in the information.
Examinador: Favor de completar la información.

Please fill in the bubbles as indicated: / Por favor rellene los círculos tal como se indica: Incorrect: / Incorrecto ✓ ✗ ◒ Correct: / Correcto ●

	Normal / Normal	Abnormal / Anormal	Explain Any Abnormalities / Explique cualquier anomalía
Eyes Ojos	◯	◯	
Ears Oídos	◯	◯	
Nose Nariz	◯	◯	
Throat Garganta	◯	◯	
Lungs Pulmones	◯	◯	
Neurological Neurológico	◯	◯	
Heart Corazón	◯	◯	
Abdomen Abdomen	◯	◯	
Genitalia/hernia Genitales/hernia	◯	◯	
Skin Piel	◯	◯	
Emotional adjustment Ajuste emocional	◯	◯	

	Range of Mobility / Rango de movilidad	Normal / Normal	Abnormal / Anormal	Explain Any Abnormalities / Explique cualquier anomalía
Knees (both) Rodillas (ambas)	◯	◯		
Ankles (both) Tobillos (ambos)	◯	◯		
Spine Espina	◯	◯		

	Other / Otro	Yes / Sí	No / No	Explain / Explique
Personal or family history of heart disease Historial personal o familiar de enfermedad cardíaca	◯	◯		
Medical equipment (i.e., CPAP, oxygen) Equipo médico (por ejemplo, CPAP, oxígeno)	◯	◯		
Contacts Lentes de contacto	◯	◯		
Dentures Dentaduras	◯	◯		
Braces Tratamientos de ortodoncia	◯	◯		

Tuberculosis (TB) skin test (if required by your state for BSA camp staff): ◯ Negative/Negativo ◯ Positive/Positivo
Prueba de Tuberculosis (TB) (si lo requiere su estado para personal del campamento BSA)

Allergies/Alergias: ◯ No/No ◯ Yes/Sí (explain to what agent, type of reaction, treatment/explique a qué agente, tipo de reacción, tratamiento):

Medical restrictions to participate/Restricciones médicas para participar: ◯ No/No ◯ Yes/Sí (explain/explique):

DOB: _____ Fecha de nacimiento

Part C Full name: _____ Parte C Nombre completo

PART C (*continued on next page*)

EXAMINER'S CERTIFICATION
CERTIFICACIÓN DEL EXAMINADOR

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions above):

Certifico que he revisado el historial médico, examinado a esta persona y no encuentro contradicciones para su participación en una experiencia Scouting. Este participante (con las restricciones descritas anteriormente):

Please fill in the bubbles as indicated:
Por favor rellene los círculos tal como se indica:
Incorrect: Incorrecto ✓ ✗ ◒ Correct: Correcto ●

True Cierto	False Falso	
○	○	**Meets height/weight requirements** Cumple con los requisitos de estatura/peso
○	○	**Does not have uncontrolled heart disease, asthma, or hypertension** No tiene cardiopatía, asma o hipertensión incontrolados
○	○	**Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician** No ha tenido una lesión ortopédica, problemas musculoesqueléticos o cirugía ortopédica en los últimos seis meses o posee una carta de autorización por parte de su cirujano ortopédico o médico
○	○	**Has no uncontrolled psychiatric disorders** No tiene trastornos psiquiátricos incontrolados
○	○	**Has had no seizures in the last year** No ha tenido convulsiones en el último año
○	○	**Does not have poorly controlled diabetes** No tiene diabetes mal controlada
○	○	**If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures** Si tiene menos de 18 años de edad y piensa realizar buceo, no tiene diabetes, asma o convulsiones
○	○	**I have reviewed Part D for high-adventure activities.** He revisado la Parte D para actividades de aventura extrema.

Provider printed name
Nombre del proveedor _____

Address
Domicilio _____

City, state, zip
Ciudad, estado, código postal _____

Office phone
Teléfono del consultorio _____

Date
Fecha _____

Examiner signature in the box below.
Firma del examinador en el recuadro de abajo.

Height (inches) Estatura (pulgadas)	Recommended Weight (lbs) Peso recomendado (libras)	Allowable Exception Excepción permitida	Maximum Acceptance Aceptación máxima
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Esta tabla está basada en los Lineamientos dietéticos para estadounidenses del Departamento de Agricultura de los EE.UU. y del Departamento de Salud y Servicios Humanos.

DO NOT WRITE IN THIS BOX
NO ESCRIBA EN ESTE RECUADRO

REVIEW FOR CAMP OR SPECIAL ACTIVITY/REVISIÓN PARA CAMPAMENTO O ACTIVIDAD ESPECIAL

Reviewed by
Revisado por _____

Date
Fecha _____

Further approval required
Se requiere aprobación adicional ○ Yes Sí ○ No No

Reason
Razón _____

Approved by
Aprobado por _____

Date
Fecha _____

Click here for more information regarding high-adventure outings or go to www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.
Haga clic aquí para obtener más información sobre las excursiones de aventura extrema o visite www.scouting.org/filestore/HealthSafety/pdf/part_d.pdf.

DOB: Fecha de nacimiento _____

Full name: Nombre completo _____

Part C Parte C

680-001
2012 Printing
Rev. 9/2012

UNIT MEDICATION STORAGE RELEASE RECORD

Cradle of Liberty Council • Boy Scouts of America

Camp_____ Dates of Camp____/____/____ to ____/____/____

Scouter Last Name	Scouter First Name	Middle Initial

Unit Type	Unit Number	Date of Birth	Campsite

Camp policy provides that, unless specifically authorized by the Camp Health Officer, all medications must be stored at the Camp Health Lodge. This form may be used to authorize an entire Unit to keep the personal medications (prescription and "over the counter") for its members with the Unit during Camp provided the adult leaders accept the responsibility for storing them securely and affirm that they have informed all parents of youth in their Unit of the risks of storing them outside the Camp Health Lodge. It also serves as a hold harmless agreement releasing the Council from any liability associated with a Unit's decision to store personal medications in a location other than the Camp Health Lodge. ***Please read and initial each bullet.***

INITIAL

_____ I/we certify that all of the medications (prescription and "over the counter") that our Unit is bringing to Camp are listed in **Part A** of our **Annual Health and Medical Records.**

_____ I/we certify that we have discussed this decision with the parents/guardians of the Scouts in our Unit, and members of the Troop Committee, and have their approval.

_____ I/we understand that storage of our medications (both prescription and "over the counter") **outside** of the Camp Health Lodge carries the following risks:
- Destruction or alteration of medication efficacy by natural elements (temperature, moisture, light)
- Loss
- Theft
- Potential for abuse, through loss or theft, of my medications by those for whom they are not intended

_____ I/we affirm that we have informed each parent/guardian of Scouts from our Unit who are attending Camp of the above-listed risks.

_____ I/we voluntarily choose to store our unit's own medications outside the Camp Health Lodge and in doing so agree to the following:
- **Except for EpiPens, Rescue Inhalers, Angina medications, and Insulin, which may be kept with us secured and in our direct custody at all times, we will keep all other medications in a locked container in our campsite at all times, except for when we have direct custody and oversight of the container while accessing and taking our medications.**

_____ • I/we certify that I/we am/are the only person(s) other than the Camp Health Officer with a key or combination to the locked container.

_____ • I/we will immediately inform the Camp Health Officer and the Camp Director in the event of loss or theft of the container or any of its contents.

_____ • I/we assume full responsibility for the proper storage, security, and oversight of administration of the medication to the individuals in our unit and release the Boy Scouts of America, the Cradle of Liberty Council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with my/our camping experience from any and all claims or liability arising out of, or associated with, my/our unit's storage of our unit's medications in a location other than the Camp Health Lodge.

I have read and understand all of the above and will abide by the practices I have affirmed above.

Signature	Date	Signature/Camp Health Officer	Date

FOR CANCELLATION OF REQUEST

We are aware, that at any time, we may change our minds and cancel this record. To do so, we must:

_____ • Return our copy of this form to the Camp Health Lodge and sign the cancellation portion of it,

_____ • Bring all of our medications to the Camp Health Lodge, and

_____ • Return all copies of the Cradle of Liberty Council "Drug Administration Record"

_____ • I/we have changed our minds and would like to cancel this request. I /we certify that, except for EpiPens, Rescue Inhalers, Angina medications, and Insulin, which may be kept with us secured and in our direct custody at all times, all other medications of ours (prescription and "over the counter") are now in storage at the Camp Health Lodge, where they will remain for the rest of our time at Camp.

_____ • I/we acknowledge that we will now have access to our medications only in accordance with the Camp's normal policies and practices.

Signature	Date	Signature/Camp Health Officer	Date

This form is required for ALL Youth attending camp and Adults who bring medication(s) to camp.

DRUG ADMINISTRATION RECORD

Cradle of Liberty Council • Boy Scouts of America

Camp_____ Dates of Camp____/____/____ to ____/____/____

Scout(er) Last Name	Scout(er) First Name	Unit

Date of Birth	Height	Weight	ALLERGIES

Name Emergency Contact	Emergency Phone Number(s) During Camp	1.
		2.

SECTION 1 – MEDICATIONS SUPPLIED BY CAMP

This section, completed by parent or guardian, gives consent to the Camp Health Lodge to supply a scout with an over the counter medication(OTC). OTC's will NOT be administered without the consent of the parent or guardian.

Please check YES or NO for the OTC medications that are/are not permitted. This list represents the only OTC medication that will be stocked in the health lodge. If other medication is required it must be supplied from home. (see SECTION 2 for those instructions)

Robitussin (plain)	❑ YES	❑ NO	**Sudafed**	❑ YES	❑ NO	**Ibuprofen** (Motrin, Advil)	❑ YES	❑ NO
Tylenol	❑ YES	❑ NO	**Milk of Magnesia**	❑ YES	❑ NO	**Tums Tablets**	❑ YES	❑ NO
Benadryl	❑ YES	❑ NO	**Hydrocortisone Cream 1%**	❑ YES	❑ NO	**Polysporin Ointment**	❑ YES	❑ NO

I give permission for the above Scout to receive the noted over the counter medications as needed.

Signature_____**Relationship**_____**Date**_____

SECTION 2 – MEDICATIONS BROUGHT FROM HOME

- Fill out this section if you bring ANY medications from home (prescription or over-the-counter) - one (1) medication per box; use additional forms as necessary.
- ALL medications brought from home must be in the original container, labeled with the Scout/Scouter's name, drug name, and dosage/directions.
- Place medications in a zipper-lock plastic bag labeled with the Scout/Scouter's name, unit number, and dates of camp stay.
- ALL medications (for Scouts & Scouters) must be turned into the Camp Health Lodge for storage except for: **EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, & INSULIN**. Complete this section for all emergency medications as well and turn this form in to the Camp Health Lodge.

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

Medication Name/Strength		FOR HEALTH STAFF USE ONLY							
		Time	S	M	T	W	T	F	S
Dosage (how many & when)									
Quantity sent to camp									
Side Effects/Special Handling/Instructions									

*In accordance with the BSA Camp Standards, all medications brought from home must be stored in the Camp Health Lodge (except for **EPIPENS, RESCUE INHALERS, ANGINA MEDICATIONS, & INSULIN**). However, the Camp, its Staff, and the Cradle of Liberty Council assume no responsibility for administering medications from home. The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A unit leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Any youth campers requiring injectable medications should be able to administer these medications themselves or have an adult leader/parent/guardian available that would be able to administer these medications for them.*

I give permission for the above Scout/Scouter to receive from storage and to take the above noted medications brought from home, as directed and as listed above.

Signature_____**Relationship**_____**Date**_____

Signature/Camp Health Officer **Date**

WHITE COPY (Camp Health Lodge/First Aid Log) • **YELLOW COPY** (Return to parent upon camp departure) • **PINK COPY** (Unit Leader) 04/11

Cradle of Liberty Council
Pre-Camp Swim Classification

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in both Safe Swim Defense and Safety Afloat. The swim classification tests must be renewed annually within the calendar year of attending summer camp. Traditionally, the swim classification test has only been conducted at a long-term summer camp. However, there is no restriction that this be the only place the test is conducted. It may be more useful to conduct the swim classification prior to a unit going to summer camp.

All persons participating in BSA aquatics are classified according to swimming ability. The Classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the circumstances in which the individual will be in the water. The swimmer's test demonstrates the minimum level of swimming ability for recreational and instructional activity in a confined body of water with a maximum 12-foot depth and with shallow water footing or a pool or pier edge always within 25 feet of the swimmer.

The various components of each test evaluate the several skills essential to the minimum level of swimming ability. **Each step of the test must be followed as listed below:**

SWIMMER'S TEST:

Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breast stroke, trudgen, ore crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

BEGINNER'S TEST:

Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to starting place.

ADMINISTRATION OF CLASSIFICATION TEST

OPTION A (at camp):

The swim classification test is completed the first day of camp by camp Aquatics personnel.

OPTION B (At unit Level with approved aquatics resource people):

The swim classification test done at a unit level must be conducted by an individual with at least one of the following certifications: Aquatics Instructor, BSA; Aquatics Supervisor, BSA Lifeguard; certified lifeguard; swimming instructor; or swim coach. When the unit goes to a summer camp, each individual will be issued an official buddy tag under the direction of the Camp Aquatics Director for use at the camp.

SPECIAL NOTE:

When swim tests are conducted away from camp or at the point of activity, the aquatics director shall at all times reserve the authority to review or retest all participants to ensure that standards have been maintained. Unit must still participate in the camp aquatics orientation session on the first day of camp at the aquatics area. Use the unit swim classification record form found in the summer camp leaders guide.

UNIT SWIM CLASSIFICATION RECORD

(Must bring at least three copies of this form to camp: copies to aquatics, office, unit.)

This is the individual's swim classification as of this date. Any change in status after this date i.e., non-swimmer to beginner or beginner to swimmer, would require a reclassification test by the Camp Aquatics Director.

SPECIAL NOTE: When swim tests are conducted away from camp or at the point of activity, the Aquatics Director shall at all times reserve the authority to review or retest all participants to assure that standards have been maintained. Unit must still participate in the camp aquatics orientation session on the first day of camp at the aquatics area.

Unit Number _____ Date of Swim Test _____

Location of Swim Test_____

	FULL NAME (Please Print)	Swim Classification		
		Non-swimmer	Beginner	Swimmer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

_____ _____

Name of Troop Leader (Print) Name of Person Conducting Test

_____ _____

Signature Signature

_____ _____

Phone Number Print Address

_____

Phone Number

_____ _____

Signature – Camp Aquatics Director Type of Certification Held - Expiration

Unit Roster (please print)

Unit #:_____ Date: _____

Leaders:

Last Name	First Name	Address	Telephone	Age

Scout:

Last Name	First Name	Address	Telephone	Age