



2019

CUB SCOUT ADVENTURE CAMP

Leader & Parent Guide

This guide is intended for use by the Unit Camp Coordinator to give information on camp policy and procedures. For the most up to date information. See www.TVSRBSA.org.





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Camp & Program Overview

Treasure Valley Scout Reservation (TVSR) is a camp full of history and pride. Our beautiful 1,600-acre woodland camping facility spreads across the towns of Paxton, Rutland, Spencer, and Oakham, and surrounds the 89-acre Browning Pond. The camp features 70 miles of hiking and biking trails, a variety of eco-systems and wildlife habitats, nationally accredited summer camp programs for Scouts of all ages, and a night-time view of the sky that will inspire the imagination.

Many thanks go out to the dedicated volunteers who take their time to assist with the numerous events for our Scouts. Without their help, Council support, committed staff, leaders, parents and incredible campers, our programs would not be a success.

Cub Scout Adventure Camp is our summer camp dedicated solely to Cub Scouts. Adventure Camp is set on the West side of Browning Pond and is home to multiple programs for Cub Scouts. As we continue our journey into the second century of Scouting, we are constantly thinking of ways to build upon the success of yesterday while preparing for the future.

"Loyalty is a feature in a boy's character that inspires boundless hope." – Sir Robert Baden-Powell

DAY CAMP

At Day Camp, Scouts are split into tribes of Scouts of similar age and rank who are led by a dedicated Staff Guide who serves as a role model and mentor throughout their camp experience as well as provides care for each scout's individual needs and abilities.

Campers from the same packs are kept together by rank. Contact should be made with camp administration one week prior to camper arrival if campers should be kept together regardless of rank. Please note that this may alter a camper's experience as there are certain activities not suited for certain ages, and requirements are completed by rank.

The camp program is based on a block schedule that rotates each Tribe to program areas including swimming, boating, archery, BB, handicraft, Scoutcraft, sports, STEM, nature, and the trading post. Each Tribe will visit each area multiple times throughout the week, but not necessarily every day. Camp begins at 8:30AM and concludes with closing flags at 3:00PM. Camper drop-off begins at 8:00AM.

All campers must be at least 5 years old by the start of their camp week to participate. Boys and girls will be placed into co-ed tribes by age and rank in order to complete rank-appropriate adventure requirements.

FAMILY CAMP

Family camp is an exciting resident camp experience for scouts of all ages. Families are welcomed out to camp to experience the magic of summer camp with their scout. Families will get to choose from many open program offerings with varying daily activities, enjoy hot cooked meals in a dining hall setting, have fun at special activities, and camp in their own tents - or one of our canvas tents, complete with a shower and restroom facility in site. Family camp runs for a long weekend during the 4th of July and includes an exciting 4th of July party to celebrate. The camp runs from Wednesday morning and concludes after our closing campfire on Saturday morning.

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WEBELOS UNDER THE STARS

Webelos Under the Stars is an overnight program at Adventure Camp for Cubs going into their Webelos and Arrow of Light years of Cub Scouts, (4th and 5th grade). Full week and half week experiences are available throughout the summer. Campers arrive Sunday and depart Wednesday (half weeks) or Friday (full week), following a closing campfire. All meals for the week are provided.

Campers are placed into Patrols of boys from other Packs. Scouts from the same pack are kept together, and placed together in tenting assignments. Contact should be made with camp administration one week prior to camper arrival if special arrangements are requested.

Campers sleep in canvas cabin-tents like the Boy Scouts, with supplied canvas cots. No camper will sleep by himself. Campers are typically put two-per tent, but triples can be accommodated. Lanterns, bedding, linen, and poles for bug-nets are ***not provided***.

Overnight campers will experience a more flexible camp experience based on the Patrol Method, to best prepare them for Boy Scouts. Campers, among their patrol members and with the help of the overnight Guide, will create their own experience - choosing which activities they want to take part in and when. Regular Day Camp activities will be offered, as well as special activities for overnight Scouts only. Exciting evening programs will also be offered directly following dinner each night.

See details in later sections for information on how your camper can turn their half-week overnight stay into an extended-experience.



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Welcome to Adventure Camp

THE CAMP COORDINATOR

Every Pack is asked to designate a Camp Coordinator who is the point of contact for their unit's families for camp information and coordination of registration. The Unit Camp Coordinator works with the camp director and promotions team to ensure that they have all necessary information and documents for sending scouts to camp.

REGISTRATION

All participants must use the Council's online registration system to register for camp. Please coordinate with your unit to determine if your unit will register together using a Unit Account or on an individual basis using Family Accounts.

The online system gives units the option to sign up together as one unit where parents can contribute using the 'parent portal' feature to pay for camp individually.

Payment for all registrations can be done online using a credit/debit card, or eCheck, or funds can be requested to be taken from the Unit Account at the Worcester Scout Shop. Additionally, cash or check are accepted at the Service Center.

For detailed instructions on how to register, please see www.TVSRBSA.org/Registration.

Registration will open on October 28, 2018.

ADVANCEMENT

As the founder of Scouting, Lord Robert Baden-Powell said, "A week of camp life is worth six months of theoretical teaching at the meeting room." Our Cub Scout summer programs are intentionally designed to do just that. Scouts will learn and practice skills and complete adventure requirements by doing many exciting activities offered. The program has been intentionally designed so that the Scout gets the most out of his week at camp without losing any of the fun. A full listing of requirements completed will be provided at www.TVSRBSA.org/downloads once program plans have been finalized. A final report will also go out to families following the closing campfire.

STAFF GUIDE

Every tribe and patrol will have a dedicated Staff Guide who will serve as a mentor and role model throughout the week. The guide will lead the tribe to the various program areas throughout the week and will serve as your camper's go-to person for help and assistance.

LEADER/PARENT INVOLVEMENT

It takes a village! CSAC is pleased to be able to staff its programs with quality Scouts and counselors from our area. Units are not required to send leadership to camp, and parents are free to come and go as needed. But, we could use the help! Day Camp parents love spending the day with their campers, and our overnight staff could always use a hand. ***Any overnight adult camper must be a registered member of the Boy Scouts of America and must fill out a CORI and SORI background check available at tvsrbsa.org/downloads in the green section.*** Adults should check in at the camp office each morning, and should wear an identifying camp name tag or lanyard always. Please note that limited camping space is available for those staying overnight with their Webelos Under the Stars participant and may be contacted about supplying a personal tent. If no message is received during the week prior to arrival, assume a camp tent is assigned.

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ALLERGIES & MEDICATIONS

Please ensure to list all serious allergies and any medications being taken on the medical form and at registration. If medications are to be taken at camp, the State of Massachusetts Medication Authorization Form must be presented along with medications in their original container. All forms can be found at TVSRBSA.org/downloads. The camp medical officer will hold and administer all medications. Epinephrine Auto-Injectors and rescue inhalers will be held by the camper. If the camper is not able to administer their Epinephrine Auto-Injector themselves, it may be held by his Staff Guide who has been trained to use them, and is CPR and First Aid trained.

If a parent is at camp with their camper, they may sign a waiver to hold and administer medication themselves.

PREPARING YOUR CAMPER FOR A GOOD EXPERIENCE

It is imperative that campers arrive at camp with the essentials that they need for the day. While the camp provides all the tools that they need to succeed, it is crucial that all campers be sent to camp with appropriate clothing and equipment to suit their camping adventure. Please refer to the packing lists in this guide for more information.

Day Camp, Check Daily – Lunch, Snack, Refillable Water Bottle, Rain Jacket/Poncho, Swim Gear, Check the Weather – *Our rainy-day program is our regular-day program with a poncho.*

Overnight Campers – It gets cold in July! Do you have long pants, a sweatshirt, and more than enough changes of underwear and socks? A refillable water bottle, a flashlight?

DEN CHIEF RESIDENT TRAINING

A program for Boy Scouts, Den Chief Resident Training allows Scouts to sleep over at camp for one week and work alongside our staff, learning how to work with large groups of Cub Scouts in all sorts of situations. Upon successful completion of the program, Scouts will be awarded their Den Chief cords. See the camp website for more details.

HOMESICKNESS

Homesickness can be a very real issue at camp, especially for first time campers. Your camper will be instructed to go to his Staff Guide with any issues who will work with other staff members to console him.

It is important that your child knows what to expect at camp. Talks with other campers who have been to camp or seeing pictures from our Camp Gallery at hne.smugmug.com is a great way to prepare your Scout for camp.

Homesickness appears not just in first-time overnight campers, but in the oldest day campers too. Our staff are trained to spot signs of homesickness and will work with them to the best of their ability to get them refocused on the adventure at hand. The worst thing that can be done is giving a camper the option of an early departure – admitting defeat will make it that much harder for him to return in the future.

While the camp will do everything it can to see that a Scout completes his experience, if a camper is inconsolable or poses an extreme burden on camp resources, his family will be contacted.

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Day Camp Specifics

OPTIONAL - EXTENDED DAY

An Extended-Day program for Day Campers will be offered at camp this year. Campers signed up for extended-day will participate in multiple fun activities with a dedicated staff member until they are picked up. This allows parents to forego the regular pick-up process, and pick up their camper any time between 3:30PM and 5:00PM. Check-out will be in the camp office in the West Lodge for Extended-Day participants. It is recommended to send campers with a snack for the afternoon.

Extended-Day does not run on Friday. All campers are dismissed following the Closing Campfire, please arrive around 2:45 for our closing campfire at 3PM.

OPTIONAL - DAY CAMP MEAL PROGRAM

Day Campers and adults have the option to bring their own packed lunch each day, or participate in our lunch program. You or your camper will be provided with a bagged lunch each of the five days of camp including a choice of sandwich, two snacks, fruit, and drink. Registration for the meal program must be done online prior to camp.

DAY CAMPER SCHEDULE

The following schedule or one like it will be followed for Day Campers.

8:00-8:25	Check-in
8:25-8:30	Morning Flag
8:30-9:15	Program
9:15-10:00	Program
10:00-10:45	Program
10:45-11:30	Program
11:30-12:30	Lunch
12:30-1:15	Program
1:15-2:00	Program
2:00-2:45	Program
2:50-3:00	Closing Flag
3:00	Pick-Up
3:00-5:00	Extended Day <i>(Optional Feature)</i>

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IMPORTANT TIMES AND INFORMATION FOR PARENTS OF DAY CAMPERS

Drop Off

Upon entering TVSR, follow signs for Adventure Camp. Once in the West Camp parking lot, please form a line of cars, and staff will be awaiting your arrival and direct you to the drop off location in the Adventure Camp parking lot. Drop off begins at 8:00AM. Please be careful when entering the property, as the roads are very narrow and mostly unpaved. **The speed limit in camp is 10MPH to ensure everyone's safety.**

Monday Check-In

Check-In does not begin until 8:00AM. The process for Monday check-in will be the same as drop off any other day, but will take longer. Your patience is asked during this process; camp will not begin until all are checked in, and delays are expected and planned for. Once entering the West Camp parking lot, you will be directed to one of two drop-off lines. You will be asked for the names of all those campers in your vehicle as well as for their medical forms and authorization forms. If you plan to stay, you will then be directed where to park. All drivers must follow this same drop off process, **parking to avoid the drop off line is not permitted to ensure the safety of our campers and staff.**

Pickup

Pickup will be at the parade area in front of the West Lodge Monday through Thursday. Whomever is picking up the camper should park and walk down to locate them, and check-out with their individual Guide. Please have the child's pickup password ready to tell the Tribe Guide. Passwords are set at the time of registration. Please pick-up no later than 3:15, unless you have signed up for extended day.

Password System

Upon registration, you will be asked to provide a "password" for your camper. This password is used to expedite the pick-up process. Once a password is established, it is the parent or guardian's responsibility to inform anyone who is authorized to pick up the camper of this password. Any person that does not have the pick-up password will need to see a camp administrator with a photo ID to check against the Authorized Parental Release form on file.

Note –For camper security, no child will be released to any person who does not know the correct Pickup Password, or is not listed on the camper's Authorized Parental Release form with valid photo ID.

Forms

Campers are required to present a completed BSA Medical Form, Parts A, B, & **D** upon arrival to camp. Part C is not required for Day Campers. In addition, any camper that is bringing medications will need to fill out the medical authorization form located at tsrbsa.org/downloads.

Friday

Friday is a special day at camp! In lieu of the regular pickup process, we invite parents, family and friends to arrive at camp around 2:45PM for the Closing Campfire beginning at 3:00PM. Please park in the Adventure Camp parking lot as directed and follow the path down the hill through the woods to the activity field where the camp will be participating in a camp-wide game. Staff will be on hand to direct you. All handicap visitors should follow the signs to the handicap parking area.

Check out will be at the Columbus Building. All are required to check-out with the medical officer and claim your med-form. Patches and other paperwork will be handed out at this time as well. The trading post will also be open, conveniently located in the Columbus Building as well this year! Scouts are invited to take their parents for a tour around camp after completing the check-out process.

There is no extended-day on Fridays.

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Packing List for Day Campers

- Completed BSA Medical Form Parts A, B, & D. + Parent Authorization Form for Medications
- Comfortable closed toed shoes only (*no crocs, sandals, etc.*)
- Backpack (*day-pack, school backpack will suffice*)
- Swimsuit
- Towel
- Packed lunch with drink (*if not participating in lunch program*)
- Refillable water bottle
- Trail Snack
- Sunblock
- Insect repellant
- Hat/sunglasses
- Rain jacket or poncho
- Sweatshirt or light jacket
- Change of shirt
- Spending money for trading post (*optional*)

What Not To Bring

- Pets
- Excessive electronic devices
- Weapons of any kinds (including toys)
- Knives (unless Scout has Whittlin' Chit.)
- Items of significant value.
- Any and all illicit drugs or paraphernalia.

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Webelos Under the Stars Specifics

OPTIONAL - WEBELOS EXTENDED EXPERIENCE

Scouts participating in half-week Webelos Under the Stars programs will have the option to finish their week as a Day Camper. Scouts will follow the Day Camp rotations and do rank-specific activities with other Webelos from the overnight group, or join an existing Webelos Day Camp Tribe. Participants will pack a lunch on Thursday and Friday that they attend Day Camp.

OVERNIGHT CAMPER SCHEDULE

The Webelos schedule will be made entirely by the participants within that patrol. With the help of the overnight guide, Scouts will sign up for different activities and areas to go to! Scouts will also have the options to do additional activities throughout the day for overnight campers only; as well as participating in exciting evening activities every night after dinner.

Most days will begin with Breakfast at 8:00AM, and Morning Flag at 8:30. Evening Flags are at 5:30PM, with dinner following. Lights out is 9:30PM.

IMPORTANT TIMES AND INFORMATION FOR PARENTS OF OVERNIGHT CAMPERS

Check-In

Check-In is at 2:00PM on **Sunday**. Please go to the West Lodge to check-in. Proceed to the check-in table so that the medical officer and camp staff can make sure you have all the necessary paperwork, then continue to the Fort Courage campsite with your gear for campsite set-up. Any person with medications or allergies should go into the West Lodge to be checked by a medical officer. **Please pack appropriately to walk gear down to the Fort Courage campsite.** Staff will be available to help transport gear down to the campsite. Light packing, or gear with sturdy wheels is preferable.

Parents are asked to stay to help set up their camper's tent. Staff will be available at the campsite to answer any questions. The Trading Post will also be open now in case you are missing any necessary gear. After site set-up will be swim checks. **Please have your camper in a bathing suit for check-in to expedite this process.** Campers will proceed to the West Lodge for dinner once swim checks are complete.

Forms

Campers are required to present a completed BSA Medical Form upon arrival to camp. Parts A, B, and **D** are required for ½ Week campers. **Part C is also required for Full Week campers.** In addition, all campers who take medications must complete the Medical Authorization Form on the camp website at tvsrbsa.org/downloads.

Closing Campfire

Camp ends on Wednesday for ½ week programs and Friday for full week programs.

Parents, family, and friends are invited to camp at **5:00PM** on the camper's last day for closing dinner and campfire. Campers have worked all week on a skit to perform for you, it is asked that Scouts stay for the campfire. Please park in the Adventure Camp parking lot and head towards the west lodge. Families are welcome to enjoy a barbecue and finish out their campers experience with their scouts.

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Packing List for Overnight Campers

- Completed BSA Medical Form Parts A, B, & D (+Part C for full week campers)+ Parent Authorization Form for Medications
- Sturdy hiking shoes or boots
- Comfortable sneakers
- Shower shoes
- Field Uniform (Class A) Shirt
- Sweatshirt or light jacket
- Rain poncho or rain jacket
- T-Shirts and Shorts (*at least one extra set*)
- Underwear/Socks (*at least one extra set*)
- Long pants (1) (*it gets cold at night!*)
- Extra clothing; extra socks
- Small backpack/day pack
- Swimsuit (2)
- Towels (1 Beach, 1 Shower)
- Sleeping pad (*optional*)
- Sleeping bag or sheets/blankets
- Pillow
- Refillable water bottle
- Sunblock
- Insect repellant (*non-aerosol*)
- Hat/sunglasses
- Spending money for Trading Post (*optional*)
- Mosquito net (*optional but strongly recommended*)
- Poles or rope to secure bug net
- Flashlight (*with extra batteries*)
- Webelos/AOL Scout Handbook
- Toiletry Items (Toothbrush, toothpaste, shampoo, soap, washcloth)
- Recreation items such as playing cards, books, football, etc. (*optional*)

What Not To Bring

- Pets
- Electronic devices
- Weapons of any kind (*including toys*)
- Knives (*unless Scout has Whittlin' Chit*)
- Items of significant value
- Any and all illicit drugs or paraphernalia

We recommend packing compactly, as gear must be walked from the Adventure Camp parking lot to the Fort Courage campsite. Utility vehicles will be on hand to help transport gear.

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Family Camp Specifics

Family camp is an intimate camping experience for scouts and their families. Family camp offers an immersive camp experience in one long weekend, combining exciting programs in an open program style- giving families the individual choice of selecting which adventure comes next. Family camp offers exciting activities for all ages. Family Camp this year will take place July 3-July 6.

Program

An open program such as the one featured here will be used. Campers are offered the chance to do a more structured program, or go to one of the open areas for some family fun! Activities change daily so that your adventure is one you will not forget. Evening programs are also offered every night, including a 4th of July party for the family.

DAILY SCHEDULE (SAMPLE)

TIME	SCHDULED ACTIVITY	LOCATION	OPEN AREA
12:45	Coat of Arms/ Family Crest	Handicraft	Boating, WF, SS
1:45	Ooblek Experiment	STEM (Venture Lodge)	Boating, WF, HC, SS
3:00	Gaga Tournament	GAGA Pit behind Columbus Field	Boating, WF, HC, SS
4:00	Webelos Mtn Biking	Behind Venture Lodge	Boating, WF, HC, SS, SL, BW
5:15	Dinner	Columbus Building	
6:00	Open Programs		Boating, WF, HC, SS, SL, BW
7:45	4th of July Party!!	Columbus Building	

Key:

SS= Shooting Sports

WF= Waterfront

HC= Handicraft

SL= Slack Line

BW= Bouldering Wall

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REGISTRATION

Family camp offers families the choice to stay either in their own tents in Columbus Field or in one of the canvas tents supplied in the Fort Courage Campsite. The added cost for the Fort Courage site is the cost for maintenance of the tents as well as the showers in-site.

Columbus Field

Columbus field is a fun experience for families that want to bring their own tent! Families are able to park their car in their campsite for easy access to camping equipment and is close to the Columbus Building where all meals will be served. Columbus field has running water by the Columbus building and will have porta-potties as well. Anybody that would like to take a shower will need to walk up to the Venture Lodge during prescribed hours.

Fort Courage Campsite

The Fort Courage campsite offers running water and individual shower and bathroom stalls, as well as canvas cots to sleep on. While a little farther away from the Columbus building where meals are served, the Fort Courage campsite gives families the ultimate resident camp feel. Camp utility vehicles will be on hand to get gear down to the camp site.

CHECK-IN/CHECK-OUT

Check-in begins at 10AM Wednesday morning, and all families are asked to arrive by noon on Wednesday. Follow the signs on the road to which campsite you will be headed to. Columbus field campers will check in at the Columbus Field, while Fort Courage campers will check-in at the West Lodge. All participants must have parts A, B, and D of the medical form filled out, adults included. This form can be found at tvsrbsa.org/downloads. Check out will be after our closing campfire on Saturday morning.

MEALS

Family camp begins with lunch on Wednesday and concludes with breakfast on Saturday morning. All meals in between will be served in the Columbus building. The trading post will also be open periodically during the day if you would like to purchase any snacks.



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Adventure Camp Fees and Dates

SUMMER CAMPING PROGRAMS

Camp fees and dates for the 2019 season are as follows. All participants must register online. See www.TVSRBSA.org/Registration for more information.

CAMP WEEK	DATES	PROGRAM	COST
Week 1	July 3– July 6, 2019	Family Camp – Supplied Tent	\$225 – Adult + Scout Pair \$75 – Extra Adult or Scout
		Family Camp – Bring Your Own Tent	\$200 – Adult + Scout Pair \$75 – Extra Adult or Scout
Week 2	July 7 – July 12, 2019	Webelos Under the Stars (Full Week)	\$350
	July 8 – July 12, 2019	Day Camp	\$250
Week 3	July 14 – July 17, 2019	Webelos Under the Star (1/2 Week)	\$300
	July 15 – July 19, 2019	Day Camp	\$250
Week 4	July 21 – July 24, 2019	Webelos Under the Star (1/2 Week)	\$300
	July 22 – July 26, 2019	Day Camp	\$250
Week 5	July 28 – July 31, 2019	Webelos Under the Star (1/2 Week)	\$300
	July 28- August 2, 2019	Webelos Under the Stars (Full Week)	\$350
	July 29 – August 2, 2019	Day Camp	\$250

OPTIONAL VALUE-ADD PROGRAMS

See descriptions in sections above. Register for these programs at the time of registration.

PROGRAM	APPLICABLE CAMPERS	COST
Day Camp Meal Program	Day Camp	\$25
Extended Day	Day Camp	\$75
Webelos Extended Experience	Webelos Under the Stars	\$50

"What about the early-bird deadline?" There is none! Campers pay the same rate no matter when they sign up. Parents are urged to register early because spots will fill up quickly!

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DISCOUNTS & FINANCIAL AID

Sibling Discount

Take \$50 off per additional sibling registered for any week of camp. Applies across Cub Scout Adventure Camp programs only. Does not apply to Family Camp. The discount must be applied when registering, refunds will not be given.

Camperships

It is the policy of the Council to make sure that all Scouts have the chance to benefit from the programs offered at Treasure Valley. Should a Scout's family be in a financial situation where assistance is needed, they may apply online at www.TVSRBSA.org/Camperships. The deadline for camperships is April 1, 2019 at 11:59PM. Those awarded camperships will be provided a code to apply to their registration. **No exceptions.**

CAMP REFUND POLICY

All requests must be made using the refund request form at least two weeks prior to the start of the camp. Requests must be sent to the Worcester Service Center at 19 Harvard Street Worcester, MA 01609. You can find the form at www.TVSRBSA.org/Downloads, or at the Council Service Center.

Any last-minute refunds will only be given for extenuating circumstances (i.e., death in the family, major illness). Refunds will not be given for a change of mind, vacation plans, summer school, or no shows.

Refunds will not be given once the session of camp has begun, and will be processed after the end of the season.

Fees may be transferred from one Scout to another within the same unit.

Because many expenses occur 6 weeks prior to the start of camp, the Heart of New England Council reserves the right to withhold an administrative fee of \$50.00 per registration for any refund given.

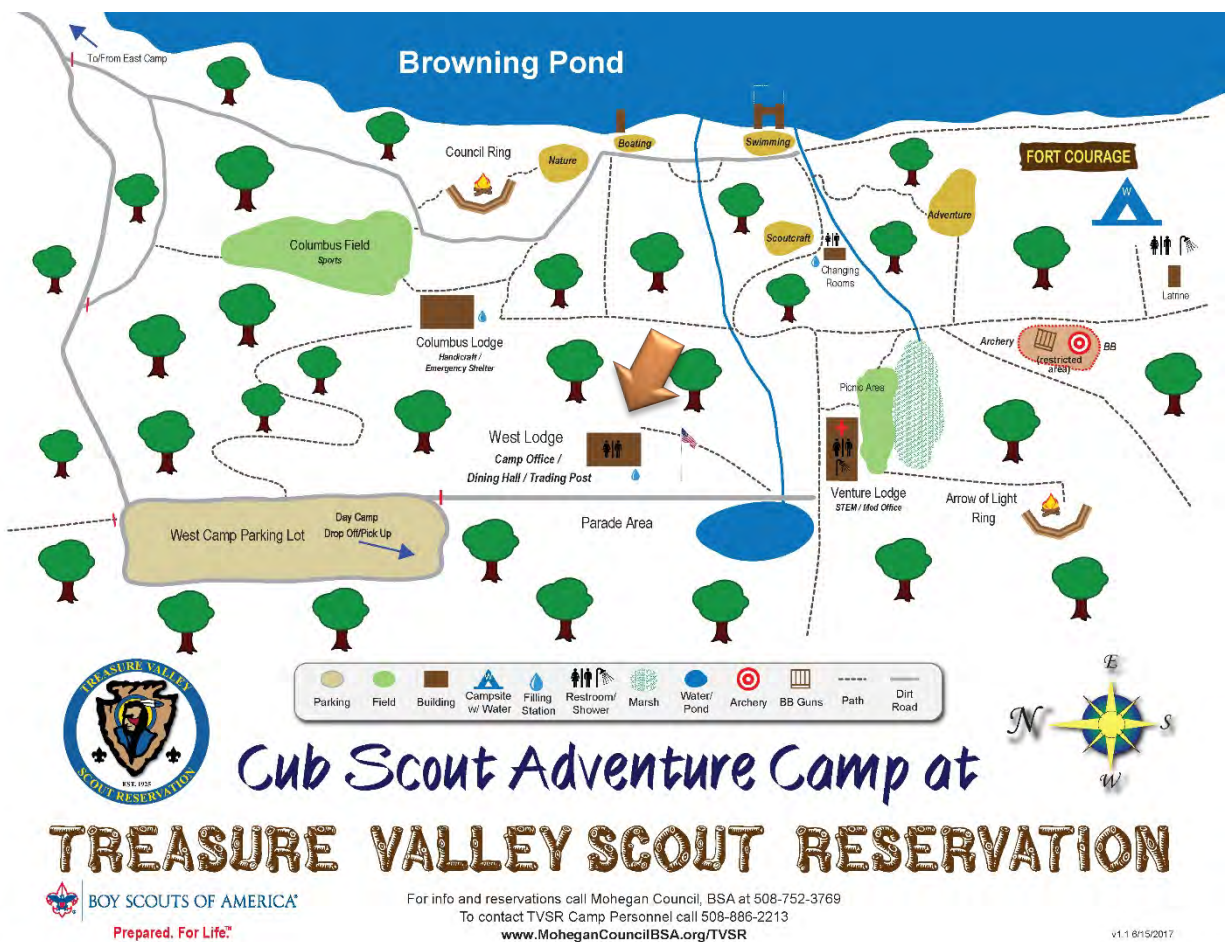


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Camp Policy & Information

CAMP HEADQUARTERS & MAP

The camp office and visitor check-in location is in the West Lodge. Upon entering Treasure Valley Scout Reservation, if the front-most gate is open (typically during check-in and check-out times), you do not need to stop at the King Office at the entrance to camp. If, however, the gate is closed for any reason, you must stop at the King Office and check in there first with the Camp Clerk.



Print this map at www.TVSRBSA.org/Downloads.

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FACILITIES

West Lodge

The West Lodge is home to our camp office where all adult guests and visitors will sign in and out. The West Lodge is also home to our camp's dining and kitchen facility. West Lodge has two bathrooms with running water and flushing toilets.

Venture Lodge

The Venture Lodge is located just down the hill from the West Lodge and features our STEM program area, multiple bathrooms with running water and flush toilets, showers, staff housing, and medical office.

Columbus Lodge

The Columbus Lodge is in the heart of Cub Scout Adventure Camp and is home to our Handicraft program area, as well as our Trading Post. The building boasts an expansive open-air dining room where day campers enjoy lunch. The building also serves as the camp's emergency shelter.

Fort Courage (Overnight Campers)

The Fort Courage campsite is located right on the water following the road from the Venture Lodge. The campsite has running water and a bathroom facility with in-site showers. Campers will stay in canvas tents on wooden platforms with provided cots just like the Boy Scouts.

Gilwell Campsite

Our newest campsite for Cub Scout Adventure Camp; this is a smaller campsite for a more intimate camp experience. This campsite can be reserved by larger dens bringing their own unit leadership.

TRADING POST

The camp Trading Post will be in the Columbus Lodge, which is down the trail marked with a blue arrow off the Adventure Camp parking lot. The Trading Post offers candy, snacks, ice cream, slushies, water bottles, clothing, and more. It is recommended to give your Scout an allowance each day that he may keep for the next day if he does not spend it. This helps teach responsibility and how to save money. Please send Scouts with small bills, cash only. Adult visitors may pay with cash, check, or card. The Trading Post will be open for Scouts at lunch and periodically throughout the day. It will also be open after the closing campfire for final purchases. The trading post will also offer gift cards for scouts to purchase. **Parents can purchase gift cards for their scouts online at tvsrbsa.org/post before the start of camp and it will be delivered to that scout on the day they arrive.**

DINING

Webelos Under the Stars campers have all meals included and eat in the West Lodge dining hall. All meals are prepared on-site by our in-house culinary staff. Please be sure to list all allergies and restrictions upon registration, as well as on your camper's medical form so our staff can prepare a suitable meal for your camper.

Scouts participating in the Webelos Extended Experience will need to pack a lunch on the Thursday and Friday that they go to day camp.

CUB SCOUT ADVENTURE CAMP - 2019

LOST AND FOUND

A Lost and Found will be maintained at the West Lodge during the summer season; afterwards items will be moved to the Magee Program Center temporarily until being disposed of on the final day of camp. Please make sure that all your camper's personal belongings are labeled. Heart of New England Council is not responsible for items lost or stolen.

MAIL

Campers attending the Webelos Under the Stars can receive mail! Letters and items should be mailed one week prior to the recipient's arrival at camp or be given at med-check during check-in. Mail will be delivered at meals or at the discretion of the Program Director.

We ask that you refrain from including family pictures or statements like "we miss you" as to avoid home-sickness. Empowering statements about how proud you are of them and can't wait to hear about their adventures are perfect.

The camp is not responsible for lost or misplaced mail. Our staff do their best to get mail to the correct individuals in a timely manner, but their first priority is always the camp program and safety of campers.

Mail should be addressed as follows:

Treasure Valley Scout Reservation
ScoutsName, CSAC, Week #
394 Pleasantdale Road
Rutland, MA 01543

COMMUNICATION

Complete and current contact information can be found at www.TVSRBSA.org/Contact. Please understand that Treasure Valley is a remote woodland camp with limited access to landline communications. While communication with families will be made whenever and as soon as possible during weather events, emergencies, etc., the priority of the staff is always the safety and security of campers on-site.

e-Mail

All registered campers are e-Mailed periodically before, during, and after their week of camp with updates, reminders, etc. These are sent to the address entered at registration. If you are not receiving these e-Mail communications, please contact the Camp Director.

Telephone

Summer camp is the best way our Scouts can connect with nature and their fellow Scouts and disconnect from the electronic world we live in every day. Parents are asked to not send campers to camp with cell phones and excessive electronics.

In the case of an emergency, or if you need to speak with camp administration, please call the CSAC phone at the number found at www.TVSRBSA.org/CSAC (June-August only) or the TVSR King Office at 508-886-2213. Our staff will contact camp administration via two-way radio.

Website

Documentation, forms (including this Leader and Parent Guide), current contact information and more is available at www.TVSRBSA.org. This website will have the most up-to-date information on camp, scheduling, and more.

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CONTROLLED SUBSTANCES

Possession or use on camp property of alcohol, tobacco and nicotine products, recreational marijuana, or any illicit drug by campers and adults is strictly prohibited by the State of Massachusetts. Camp management will not hesitate to involve local law enforcement as necessary and will remove the party from camp grounds.

PARENTAL RIGHTS

Parents/Guardians have the right to review backgrounds check, healthcare, and discipline policies. Parents/Guardians have the right to file a grievance. Grievances should be addressed to appropriate camp management or be sent to info@tvsrbsa.org.

FIREARMS AND ARCHERY EQUIPMENT

Personal firearms and archery equipment are not allowed in camp. Law enforcement not on duty must lock their firearm in their vehicle.

FIREWORKS

Fireworks are illegal in Massachusetts and are not allowed in camp.

NON-DISCRIMINATION POLICY

"The Heart of New England Council of the Boy Scouts of America operates in compliance with all relevant laws, codes, ordinances, statutes and regulations. The Council does not unlawfully discriminate with respect to employment, volunteer participation or the provision of services, on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, ancestry, or disability status, veteran status, marital status, or political affiliation. The Council policy forbids sexual harassment. The Council has the right to exclude membership to those whose behavior is inappropriate for the defined mission and values of the Council."

This resolution approved and duly recorded on the 26th day of July 2012.

HARASSMENT/HAZING

Harassment and hazing of any type from Scouts, leaders, staff and visitors is prohibited at TVSR. This includes, but is not limited to verbal, physical, sexual, initiations, etc. All local, state and federal laws will be enforced. Persons found to have engaged in such will be removed from camp immediately and proper authorities notified.

INSURANCE

The Heart of New England Council maintains an insurance policy, which covers all Council members while in camp. This policy is an excess plan. This means that if your Scout is injured at camp, your personal insurance policy becomes primary for coverage, with the camp insurance picking up any remaining amount. It is the duty of all leaders and Scouts to report accidents to the camp office or medical officer. Out of council units are required to be covered by a similar council policy, be their own unit insurance, or by insurance carried by the individual.

CUB SCOUT ADVENTURE CAMP - 2019

LEAVING CAMP

Campers must have parental permission to leave camp at any time. Parents may designate which individuals their camper may leave camp with on the medical form/parent authorization form. Individuals must sign out at the camp office.

PETS

Pets are only permitted under camp management approval under very specific individual circumstances.

SHEATH/THROWING KNIVES/STARS

Sheath/throwing knives/stars are not to be carried by campers or leaders. For all other knives, the rule of thumb is that if it is bigger than your palm, it does not belong at camp.

SECURITY

TVSR is committed to providing the safest atmosphere possible. Browning Pond has public access and many people mistake the camp for a state park. If you notice anyone suspicious, contact the camp office immediately. All leaders, Scouts, and visitors arriving at or leaving camp must sign in at the camp office (West Lodge) and a visitor's pass must be visible always. (Attendance of Scouts will be taken by their staff guide.)

YOUTH PROTECTION

The Heart of New England Council and TVSR are committed to full enforcement of BSA Youth Protection Standards as well as applicable laws. The camp management will not hesitate to involve social services and law enforcement agencies as necessary.

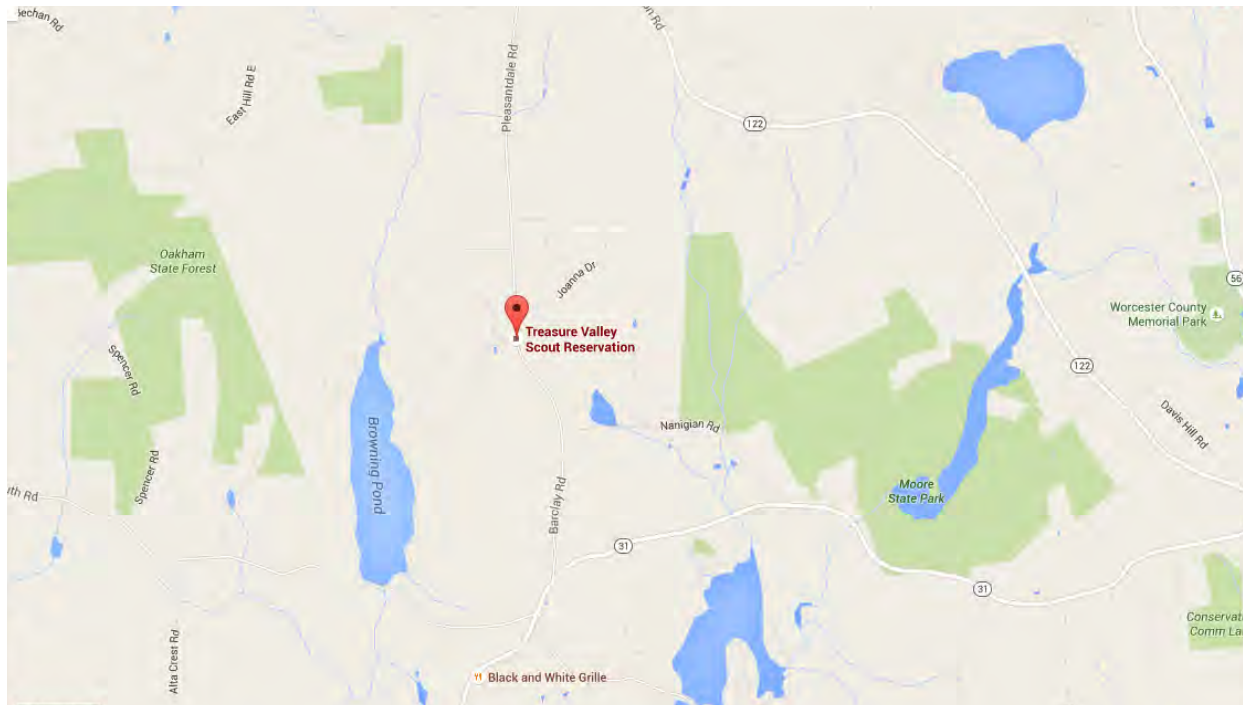
For more information about the BSA Youth Protection Policies visit [My.Scouting.org](https://my.scouting.org).



CUB SCOUT ADVENTURE CAMP - 2019

DIRECTIONS TO CAMP

Located 12 miles northwest of Worcester, Massachusetts, Treasure Valley is easily reached. If you're unfamiliar with the Worcester area or need further guidance to camp, please contact the Worcester Service Center at 508-752-3769.



From the Mass Pike (Interstate 90)/Interstate 84

Exit at Sturbridge Route 20 and go east. Approximately 1 ½ miles turn left on Route 49 toward Spencer and follow to Route 9. Turn right on Route 9 (east) and go approximately ½ mile to the traffic light and turn left on Meadow Street (on the corner there is a Big Y, Flexcon, Hess Gas Station and a cemetery). Follow Meadow Street approximately 2 miles to stop sign and turn left onto Route 31. Continue on Route 31 past St. Joseph's Abbey and the Black and White Restaurant. About ½ mile past the Black and White Restaurant turn left onto Barclay Road (TVSR sign is posted). Treasure Valley is 1 mile on your left.

From Interstate 290 (from Marlboro)

Take Exit 18 (Lincoln Street) and follow signs to Lincoln Square (Route 9). Turn right on Route 9 (heading toward the Worcester Airport and Paxton). Follow Directions from Route 9 below.

From Interstate 290 (from Auburn)

Take Exit 17 and turn left onto Route 9. Follow Directions from Route 9 below.

From Route 9/290 in Worcester

Stay straight on Route 9 – picking up Pleasant Street (north)/Route 122 toward the Worcester Airport and Paxton. Turn left onto MA-31 S and then right onto Nanigan Road. Take a right on Rockland St./Pleasantdale Road. Follow Pleasantdale Road approximately 1/2 mile, and Treasure Valley Scout Reservation entrance will be on the left side.

CUB SCOUT ADVENTURE CAMP - 2019

Health & Safety

GENERAL

Treasure Valley Scout Reservation and the Heart of New England Council, Inc. comply with all Massachusetts Department of Public Health regulations pertaining to Recreational Camps and are licensed by the Oakham Board of Health. All camping programs at TVSR employ full time health professionals that are licensed by and meet all requirements of the Commonwealth of Massachusetts.

MEDICAL EXAMS

Campers must have parts A, B, and D of the Annual Medical Form. This form can be found at tvsrbsa.org/downloads. This form should be completed by a parent or guardian. Full Week Webelos Under the Stars participants must also have Part C, completed by a licensed physician.

No physicals can be given at camp.

MEDICATIONS

In compliance with state regulations, all prescription and over the counter (OTC) medications brought to camp must come in their original containers, and permission must be given on the medical form and State Authorization Form authorizing the camp medical officer to dispense the medications. The camp health officer must hold ALL medications, including OTC medications excluding inhalers and Epinephrine Auto-Injectors as dictated by the Scout's physician.

HEALTH LODGE & MEDICAL EMERGENCIES AT CAMP

The Health Lodge at Treasure Valley is intended for temporary care of sick or injured campers, leaders, and staff. A resident health officer is always on duty, and a physician is always on call. The Adventure Camp medical station is in the Venture Lodge. There will be a schedule made to instruct all regarding medication and proper protocol. Medical issues during the day will be handled by the camper's Staff Guide who will contact the medical officer. Overnight campers will be shown which tent in their campsite houses their Staff Guides so they may locate them in the event of a medical emergency between the posted Lights Out Time and the morning. The Guide will then contact the medical officer.

INJURIES

All injuries and illnesses of any type at Adventure Camp must be reported to camp management by a camper's Guide, who will contact the medical officer for examination and treatment.

MEDICAL TREATMENT

Campers in need of treatment beyond that provided by TVSR's medical staff will be seen at a facility to be determined by the health officer and/or the Scout's parents. In most cases, an adult assistant will be responsible for providing transportation. Leaders cannot take campers out of camp to seek medical attention without the knowledge of the camp medical officer.

CUB SCOUT ADVENTURE CAMP - 2019

FIRE PROTECTION

A fire protection plan is in every camp site. It is camp policy that fires should not be fought, rather reported to the camp office immediately. Firefighting equipment is provided in each site for emergencies.

INSECT SPRAYS

Aerosol sprays are not allowed in camp by campers because they are a fire hazard and can also damage tents.

SUN SCREEN AND INSECT REPELLENT

In accordance with state regulations the Camp Nurse will have sunscreen available at the Nurses station at all times. The camp will provide sunscreen to campers in need but only with written permission from parents, located on Part D of the medical form.

It is highly encouraged to send your Scout to camp with ample sun screen protection. Campers will be reminded to re-apply sunscreen products at meals and throughout the day.

Similarly, it is encouraged that you send you camper with insect repellent as this will help reduce insect bites and ticks. The nurse will have a supply of insect repellent and will administer only with written permission from parents.

TVSR Staff only use aerosol sunscreen and insect repellent products due to Youth Protection best practices and policies.

REFRIGERATION

Adventure Camp cannot store foods for Scouts other than those required for special diets or medical reasons. If a day camper does not wish to participate in the lunch program, he must come to camp with his own packed lunch which a cooler will be provided for. All meals are provided for overnight campers.

SHOWERS (OVERNIGHT CAMPERS)

The Fort Courage campsite has in-site showers. Because of this, shower times are not built into the program schedule, but Staff Guides will enforce appropriate cleanliness with all campers. All campers may shower as frequently as they desire by coordinating with his Staff Guide. Parents who are staying overnight are asked to shower during the day during program times if they choose to.

SLEEP (OVERNIGHT CAMPERS)

It is important that all campers, leaders, and staff get the appropriate amount of sleep each night. Most scouts need at least 8-9 hours of sleep. Quiet times which meet this need will be posted and followed by the Staff Guide.

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CAMP EMERGENCY PROCEDURES

Adventure Camp has specific procedures that our staff are trained to follow in the event of an emergency. Communication of emergency events will be performed through two-way radio communication. All staff members will have a radio during program hours and all Staff Guides will have a radio always. Any instructions given over radio-communication or public-address override these procedures.

Trigger words and phrases will be used to inform staff to initiate the following procedures.

Hazardous Weather

In the event of a temporary weather hazards, a Shelter-In-Place will be performed. All areas in camp have a form of shelter. Note that Adventure Camp's 'rainy day program' is its regular program with a poncho.

Severe Weather/Electrical Storms

In the event of severe weather, whether temporary or extended, all program areas will be shut down and all staff and campers will be moved to indoor shelter for an alternative program until further notice by camp management.

Lost Camper

In the event of a lost camper, all program is stopped, and Guide's move their groups to the parade area for attendance. Program staff search a 100' radius around their program area and beyond for the missing camper.

Unidentified Person/Vehicle

Unidentified persons or vehicles shall be reported immediately to the camp management who will approach the stranger. Campers and staff should not approach strangers and should not engage with them. If approached, direct strangers to the camp office.

Lost Bather

Buddy checks and the buddy system are used always while on or in the water. However, in the event of a lost bather, all program is stopped, and Guide's move their groups to the parade area for attendance. All available staff report to the waterfront immediately to assist the life guards in searching the water.

Active Shooter/Assailant

In the event of a direct threat on campers and staff on camp property, staff will take control of campers and direct them to the farthest reaches of the camp property or beyond until an all-clear is issued to bring them back in. Boaters will move to the far end of the pond. Local authorities will be contacted immediately by camp management and radio communication will be limited. An all-clear can only be given by the direction of law enforcement.

DRILLS

Emergency drills will be conducted every week to ensure that everyone knows how to respond calmly and efficiently.

CUB SCOUT ADVENTURE CAMP - 2019

SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals in a Boy Scout of America activity is a key element in both Safe Swim Defense and Safety Afloat. The swim classification check will be performed the first time a camper visits the waterfront. Our waterfront is staffed with certified life guards. **Note, that some boating and advanced swimming activities are restricted to Swimmers, per Massachusetts state law.**

Swimmers

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

Beginners

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.

Non-Swimmer/Learner

For some Scouts, camp may be their first experience with swimming and other aquatic activities. No test is required for this level, but Scouts are all encouraged to at least get in the water.

BUDDY TAGS

A buddy tag will be used to indicate what level each camper is for swimming activities. Buddy tags will be used by aquatics staff to ensure safety. Parents and adult volunteers must complete the swim test as well and have a buddy tag if they wish to participate in waterfront activities.



Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).

Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated March 2018



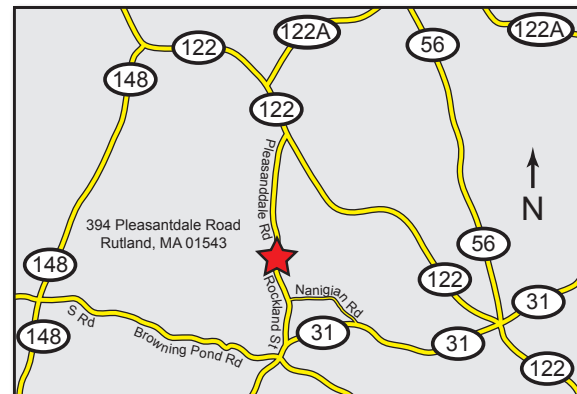
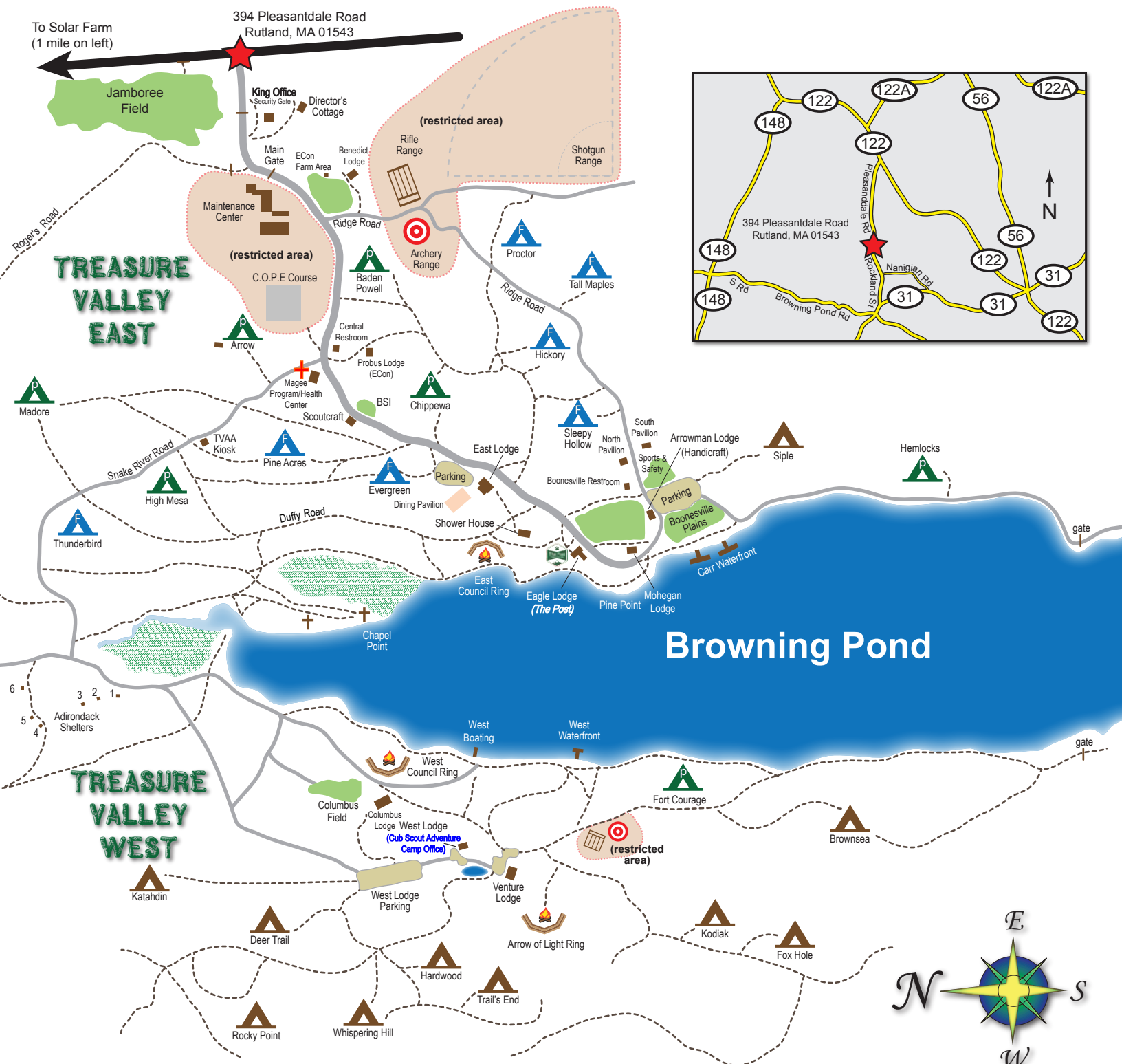
BOY SCOUTS
OF AMERICA
MOHEGAN COUNCIL

TREASURE VALLEY SCOUT RESERVATION

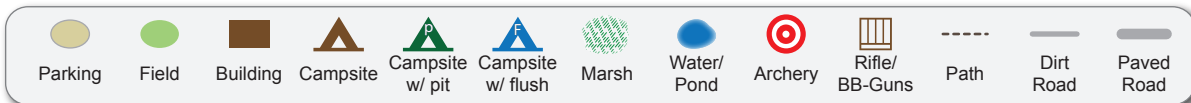


To Solar Farm
(1 mile on left)

394 Pleasantdale Road
Rutland, MA 01543



0 200 400 600
Scale: Feet



BOY SCOUTS OF AMERICA

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For info and reservations call Mohegan Council, BSA at 508-752-3769

To contact TVSR Camp Personnel call 508-886-2213

www.MoheganCouncilBSA.org | www.TVSRBSA.org

v3.0.1 - 11/28/2017

Treasure Valley Scout Reservation

Cub Scout Adventure Camp - West Lodge Menu - Week A

Sunday	Dinner	Homemade Assorted Pizzas, Fresh Cesar Salad / Novelty Ice Cream
	Breakfast	Bacon, Egg & Cheese Biscuits
Monday	Lunch	Turkey & Cheese Sandwich, Carrot Sticks & Ranch Dip, Chips
	Dinner	Hot Dogs, Beef Chili, Cornbread / Trifle Bomb
	Break	Waffles & Sausage
Tuesday	Lunch	BLT & C, Pasta Salad, Celery Sticks
	Dinner	Chicken Tenders, Rice, Corn / Chocolate Cake
	Breakfast	Scrambled Eggs & Hashbrowns
Wednesday	Lunch	Crispy Chicken Sandwich, French Fries, Baby Carrots
	Dinner	Rotini Pasta in Marinara, Bread & Butter / Strawberry Shortcake
	Breakfast	Sausage, Egg & Cheese Muffin
Thursday	Lunch	Italian Sub, Chips, Assorted Fresh Veggies, Cheese, Pickles
	Dinner	BBQ Chicken Breast, Steak Fries, Corn on the Cob / Apple Crisp
	Breakfast	French Toast & Bacon
Friday	Lunch	Buffalo Chicken Sub, Chips, Sliced Cucumber, Shredded Lettuce
	Dinner	Bacon Cheeseburger, Baked Beans, French Fries, Baby Carrots / Brownie

Breakfasts Include : Milk / Fruit Salad / Chef's Special Breakfast Bread / Cereal

Lunches Include : Bug Juice / Fresh Fruit / Tossed Salad / PB&J

Dinners Include : Bug Juice / Milk / Fresh Fruit / PB&J / Tossed Salad

Food allergies & dietary restrictions must be reported in advance of arrival to camp on the BSA Medical Form.

Summer Camp Refund Request Form

Refund requests must be submitted to the Worcester Service Center (19 Harvard St. Worcester, MA 01609) at least two weeks prior to the start of the camp week for which you have registered. Refunds will not be given for cancellations after this date except under extenuating circumstances (serious illness, family death, summer school, custody issues, and reasons that don't involve choice). Fees may however, be transferred from one Scout to another within the same unit (coupon excluded). Many expenses occur six weeks prior to the start of camp so the Mohegan Council reserves the right to withhold an administration fee of \$50.00 for any refund given.

Camper's Name: _____ ☐ Scout (Youth) ☐ Scouter (Adult)

☐ Pack ☐ Troop # _____ District: _____ Scheduled camp dates: _____

Camp: Day Camp Family Camp Webelos Under the Stars Boy Scout Resident Camp

Reason for refund request:

☐ (CIRCLE ONE) **POPCORN / SIBLING** discount missed in the amount of \$ _____; or

☐ Other: _____

Is this reason **acceptable** within the extenuating circumstances listed above? ☐ Yes ☐ No

Original Payment Method _____ **Fee Paid \$** _____ **Refund Requested \$** _____

Preferred method of refund: ☐ Mail Check ☐ add to unit account # _____

Make check payable to:

Name _____

Address _____

Phone _____ E-mail _____

I understand this refund request will be reviewed and if approved payment will be processed at the end of the camping season (August of current year). No refunds will be approved after the last day of summer camp.

Parent, Guardian, or Unit Leader signature _____ Date _____

FOR COUNCIL USE ONLY

Date request received: _____ **Account #** 1 – 6748 - 21

Reviewed by: _____ **Date:** _____

☐ **Approved** | **Amount of refund:** _____ ☐ **Denied** | **Reason:** _____

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. 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.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, 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 further 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 BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: _____

☐ None

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 supplemental risk advisories, 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.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

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

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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680-001
2014 Printing

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date:
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma	Last attack date:
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Behavioral/neurological disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures	Last seizure date:
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Excessive fatigue	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



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Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by: _____

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)



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.



Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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Part C: Pre-Participation Physical

Required for all participants of all full-week, sleep-away programs.

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.



Examiner: Please fill in the following information:

		Yes	No	Explain	
Medical restrictions to participate					

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

Height (inches): _____ **Weight (lbs.):** _____ **BMI:** _____ **Blood Pressure:** _____ / _____ **Pulse:** _____

	Normal	Abnormal	Explain Abnormalities
Eyes			
Ears/nose/throat			
Lungs			
Heart			
Abdomen			
Genitalia/hernia			
Musculoskeletal			
Neurological			
Other			

Examiner's Certification

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):

True	False	Explain
		Meets height/weight requirements.
		Does not have uncontrolled heart disease, asthma, or hypertension.
		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.
		Has no uncontrolled psychiatric disorders.
		Has had no seizures in the last year.
		Does not have poorly controlled diabetes.
		If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
		For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ **Date:** _____

Provider printed name: _____

Address: _____

City: _____ **State:** _____ **ZIP code:** _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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Part D: Treasure Valley Scout Reservation Supplement

D

Required for all youth participants of all programs.

Scout/Child's name : _____ **Unit/Group :** _____

DOB: _____ **Camp Program/Week Attending:** _____

Shooting Sports

Compliance to State Law : Authorized use of firearms by a minor.

The Mohegan Council adheres to all applicable laws and operates under the governance of BSA National Standards as well as MA State Health Code. As a part of the Boy Scout program the council operates several safe shooting sports ranges for scouts to participate in BB shooting (Cub Scouts), rifle shooting & shotgun (Boy Scouts), and archery (Cub Scouts and Boy Scouts). In order to meet the Mass General Laws Chapter 140 section 130 the Council requires parental permission to participate in such activities.

Mass General Laws Chapter 140, Section 130 stipulates the following:

Furnishing Child 15 or older with Rifle, Shotgun and Ammunition "Nothing in this section shall be construed to prohibit an instructor from furnishing rifles or shotguns or ammunition to pupils; provided however that said instructor has the consent of a parent or guardian of a pupil under the age of 18." The pupil must be under the direct supervision of a person (the range instructor) holding a valid Firearms Identification Card or a License to Carry Firearms.

☐ I hereby **AUTHORIZE** my child, named above, to participate in all events during summer camp including (if age appropriate) use of the shooting sports program areas (for rifle and shotgun under supervision of an FID instructor).

☐ I **DO NOT AUTHORIZE** my child, named above, to participate in shooting sports activities. However, my child is authorized to participate in all other events and activities of the camp.

Over the Counter Medications

The following over the counter medications will be available through the health officer if a Scout becomes ill during camp.

Please check the medications your child may be given if needed. Medicine will be administered per package instructions. Please send your child's own supply of over the counter medicine (in the original container) if they are a normal routine or taken daily.



NOTE: Failure to complete this section or to authorize any OTC Medication can result in a uncomfortable experience at camp. If you have any questions regarding administration of medications, please contact camp personnel.

Check all that are authorized:

<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Pepto Bismol	<input type="checkbox"/> Bug Spray	<input type="checkbox"/> Sun Burn Cream (Aloe)
<input type="checkbox"/> Ibuprofen (Motrin)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> After Bite	<input type="checkbox"/> Calamine Lotion
<input type="checkbox"/> Benadryl/Antihistamine	<input type="checkbox"/> Antacid	<input type="checkbox"/> Eye Drops	<input type="checkbox"/> Antibiotic Ointment
	<input type="checkbox"/> Anti-Diarrhea	<input type="checkbox"/> Swimmer's Ear	<input type="checkbox"/> Sun Block

Informed Consent & Release

I consent that the prior provided information is accurate and true. I acknowledge that I am allowing my Scout/Child to participate at summer camp entirely upon my own initiative, risk and responsibility.

I further, in consideration of the permission extended to my child to attend summer camp, do hereby for myself, my spouse, my child, my heirs, executors, and administrators, remiss, release, and forever discharge the Camp Administration, staff, and volunteers of Treasure Valley Scout Reservation, as well as the Mohegan Council, the Boy Scouts of America, its officers, members, as well as all other participants and sponsors of said summer camp, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including death of my child or any injury to my child or loss or damage to property which may occur from any cause during summer camp.

Parent/Guardian of Scout/Child signature: _____ **Date:** _____



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Authorization to Administer Medication to a Camper

(completed by parent/guardian)

**** Newly required Summer Camp 2018 *****

Per State of Massachusetts – Department of Public Health

- All medications brought to camp, including over the counter, epinephrine injectors and inhalers must be included on this authorization. See **Advisory regarding the Parent/Guardian Authorization to Administer Medication to a Camper.**

<https://www.mass.gov/lists/recreational-camps-for-children-community-sanitation>
- All medications must be in original prescription or retail container. All medication must be given by the health supervisor/nurse. This form must be filled completely.
- If more than 4 medications are being brought to camp, please use additional copies of the **Authorization to Administer Medications to a Camper** packet.
- Please make sure that if any prescriptions are added or changed for the first day of camp – that you have updated this form to include those changes.
- We regret any inconvenience that these new State mandated regulations may have and thank you for ensuring we are in full compliance with all applicable State regulations.

Camper and Parent/Guardian Information

Camper's Name:		Pack/Troop/Unit #:
Age:	Food/Drug Allergies:	
Diagnosis (at parent/guardian discretion):		
Parent/Guardian's Name:		
Home Phone:	Business Phone:	
Emergency Telephone:		

Licensed Prescriber Information

Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:

Medication Information 1

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:

Special Directions (e.g., on empty stomach/with water):

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur: *Appropriate TVSR Med Office***Medication Information 2**

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:

Special Directions (e.g., on empty stomach/with water):

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur: *Appropriate TVSR Med Office***Medication Information 3**

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:

Special Directions (e.g., on empty stomach/with water):

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur: *Appropriate TVSR Med Office*

Medication Information 4

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:

Special Directions (e.g., on empty stomach/with water):

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur: *Appropriate TVSR Med Office*

Authorization Information

I hereby authorize the health care consultant or properly trained health care supervisor at Treasure Valley Scout Reservation
(name of camp)
to administer, to my child, _____ the medication(s) listed above, in accordance with 105 CMR
(name of camper)
430.160(C) and 105 CMR 430.160(D) [see below].

If above listed medication includes epinephrine injection system:

I hereby authorize my child to self-administer, with approval of the health care consultant ☐ Yes ☐ No ☐ Not Applicable

I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer

☐ Yes ☐ No ☐ Not Applicable

If above listed medication includes insulin for diabetic management:

I hereby authorize my child to self-administer, with approval of the health care consultant ☐ Yes ☐ No ☐ Not Applicable

Signature of Parent/Guardian:

Date:

**** Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

105 CMR 430 References

105 CMR 430.160(A): Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use. (M.G.L. c. 94C § 21).

105 CMR 430.160(C): Medication shall only be administered by the health care supervisor or by a licensed health care professional authorized to administer prescription medications. If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

105 CMR 430.160(D): A written policy for the administration of medications at the camp shall identify the individuals who will administer medications. This policy shall:

- (1) List individuals at the camp authorized by scope of practice (such as licensed nurses) to administer medications; and/or other individuals qualified as health care supervisors who are properly trained or instructed, and designated to administer oral or topical medications by the health care consultant.
- (2) Require health care supervisors designated to administer prescription medications to be trained or instructed by the health care consultant to administer oral or topical medications.
- (3) Document the circumstances in which a camper, Health Care Supervisor, or Other Employee may administer epinephrine injections. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may:
 - a) Self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
 - 1) the camper is capable of self-administration; and
 - 2) the health care consultant and camper's parent/guardian have given written approval
 - b) Receive an epinephrine auto-injection by someone other than the Health Care Consultant or person who may give injections within their scope of practice if:
 - 1) the health care consultant and camper's parent/guardian have given written approval; and
 - 2) the health care supervisor or employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.
- (4) Document the circumstances in which a camper may self-administer insulin injections. If a diabetic child requires his or her blood sugar be monitored, or requires insulin injections, and the parent or guardian and the camp health care consultant give written approval, the camper, who is capable, may be allowed to self-monitor and/or self-inject himself or herself. Blood monitoring activities such as insulin pump calibration, etc. and self-injection must take place in the presence of the properly trained health care supervisor who may support the child's process of self-administration.

105 CMR 430.160(F): The camp shall dispose of any hypodermic needles and syringes or any other medical waste in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste.

105 CMR 430.160(I): When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be disposed of as follows:

- (1) Prescription medication shall be properly disposed of in accordance with state and federal laws and such disposal shall be documented in writing in a medication disposal log.
- (2) The medication disposal log shall be maintained for at least three years following the date of the last entry.

19 Harvard Street



Worcester Service Center
Worcester, MA 01609



(508) 752-3769



BOY SCOUTS
OF AMERICA®

HEART OF NEW ENGLAND
COUNCIL

*Thank you for all you do in delivering the mission
of the Boy Scouts of America.*

Treasure Valley Scout Reservation and the Heart of New England Council, Inc. comply with all Massachusetts Department of Public Health regulations pertaining to Recreational Camps and are licensed by the Oakham Board of Health.
All camping programs at TVSR employ full time health professionals that are licensed by and meet all requirements of the Commonwealth of Massachusetts.

