

# Camp Nooteeming Boy Scout Adventure Camp

## WELCOME to BOY SCOUT ADVENTURE CAMP at CAMP NOOTEEMING

We are glad you have registered to attend Boy Scout Adventure Camp at Camp Nooteeming ("MEN OF THE WOODS") this year. We want to tell you about some of our plans for the summer and help you and your family prepare for camp. The information provided below should answer many frequently asked questions. We believe that good questions make great programs and invite you to contact us if you would like any additional information.

**REQUIRED CAMP FORMS:** Our Welcome packet includes several important forms that need to be returned before Camp starts. Please be sure to submit your BSA Informed Consent/Release Agreement/Authorization and General Information Health History forms, dismissal and Family BBQ forms as soon as possible. They will be used to create your "Boarding Pass" for check-in on the first day of camp.

**OUR CAMP PROGRAM "TAKE FLIGHT":** Our 2015 Camp theme has inspired a wide variety of activities related to creatures that fly (bugs, birds), methods of flight (kites, balloons, airplanes and spacecraft) and flights of imagination. We expect that the theme will carry over to part of your day as you enjoy opportunities to develop or enhance their skills in the following program areas: archery, rifle shooting, scout skills, swimming and water fun or as you work on merit badges with camp staff and volunteer counselors. Please refer to our 2015 Merit Badge Information Sheet to learn more about the badges that will be available each week at camp.

A record of your achievements will be provided to you on Friday afternoon at dismissal. It will be your responsibility to complete pre-requisites and obtain blue cards from your troop for any merit badges you plan to work on during your time at camp. Certain merit badges may also involve at-home work prior to completion.

**CAMP HOURS:** Our camp program day is from 8:30 AM to 3:30 PM Monday through Friday. Drop-Off and Pick-Up will take place in front of the "Camp Control Tower" (Administration Building). Please follow the road signs for "Arrivals and Departures". For your safety we require campers to be signed in each morning and signed out each afternoon by a responsible adult.

**EXTENDED CAMP HOURS:** For an additional fee, we offer extended camp hours. EARLY DROP-OFF between 7:00 AM and 8:30 AM and LATE PICK-UP between 3:30 PM and 5:30 PM. Extended-day campers will be provided a snack.

**LATE ARRIVALS:** In the event that you arrive after the morning drop-off period, you will need to complete sign-in procedures with the Camp Director. We conduct an Opening Ceremony each morning at 8:45 AM on the "Runway". Please check the "Flight Status" board at the Control Tower for a camp map and time-specific late arrival procedures.

**EARLY DEPARTURES:** In the event that you need to leave camp before the end of the program day, a note signed by your parent/guardian will need to be provided to the Camp Director when you arrive at camp. The note should indicate the camper's name, the name of the adult meeting the camper, as well as the time and reason for early departure. Please be sure that the person meeting you is over the age of 18 and is included on your Camp Dismissal form. The adult should report to the Camp Director upon arrival at camp. They should be instructed to check the "Flight Status" board at the "Camp Control Tower" for assistance in locating the Camp Director.

**THURSDAY IS FAMILY NIGHT:** Each Thursday we will host a Family BBQ/Campfire. Following camp dismissal at 3:30 PM, family members are invited to enjoy some of our most popular camp adventures including archery, the water slide and fun in the great-outdoors until 5:00 PM. We will gather near the "Lunch Pad" (Dining Hall) for an evening Flag Ceremony at 5:15 PM and BBQ at 5:30 PM. We invite families to bring a chair or blanket of their choice to the event. Following dinner, we invite you to join us at the "Aerodrome" for an evening of entertainment including camp songs and scout skits led by your child and our camp staff. Please remember to bring a flashlight with you to the campfire.

**WRIST BANDS:** For your safety, all campers, staff, volunteers and visitors will be provided with a wrist band upon arrival at camp. We ask that campers not remove their wristbands during the week.

**CAMP T-SHIRTS:** You will receive your camp T-shirt(s) before lunch on Monday. We ask that campers wear camp shirts to camp each day. One shirt is included in your registration. Additional shirts may be pre-ordered on-line through the council web site.

**CAMP PHOTOS:** We will be taking camp photos on Monday. Individual camper and group photos will be available for purchase throughout the week. Please speak with the Camp Director if you are interested in purchasing photos. They will be available for pick-up on Thursday evening and at dismissal on Friday.

**WHAT TO WEAR TO CAMP:** Please wear a light colored T-shirt/camp-shirt, comfortable shorts/swim trunks and a hat. Socks and sturdy closed-toed shoes (sneakers/light weight boots) are necessary for comfort and safety. Since weather conditions can change throughout the day, campers should be prepared to make adjustments for cooler or inclement weather.

**WHAT TO BRING TO CAMP:** Each camper will need a lightweight camp-bag/day-pack to carry their own towel, sunscreen and bug repellent. We ask that each camper have a small notebook and pen/pencil with them throughout the program day. Campers should plan to change out of wet swimwear following their time at the pool, slide and/or waterfront.

**WATER-BOTTLES:** To ensure that you stay hydrated, we ask that you arrive with a pre-filled see-through water bottle. Refill stations will be available throughout camp.

**LUNCH:** You will need to bring lunch with you each day. All lunches will be refrigerated at the "Lunch Pad" until lunch time. Reusable lunch bags will be collected after lunch and returned to you at the end of the day.

Please do not bring electronic devices (handheld games, mp3 players, cellular phones, tablets) to camp.

**LOST & FOUND:** We ask that all personal items brought to camp be properly labeled to facilitate their return. Lost and Found items will be on display at arrival and dismissal each day and incorporated into our events on Family Night. All unclaimed items will be donated to local charitable organizations after Labor Day.

**CAMP TRADING POST:** Each day, you will have an opportunity to visit our "Trade Port" (at the Camp Control Tower). Cold drinks and light refreshing snacks will be available for purchase. We will also offer camp gear, craft kits, and camp souvenirs for sale.

**CAMPER HEALTH AND SAFETY:** For the health and well being of everyone at camp it is mandatory that each camper, volunteer and staff member submit Parts A & B of the BSA Informed Consent/Release Agreement/Authorization and General Information Health History forms prior to arrival at camp. Unless you are to receive medication at camp, this form may be completed and signed by your parent or guardian. Health forms will be returned at the close of camp on your last day at camp.

**ADMINISTRATION OF MEDICATION:** A physician's signature is required for the administration of any medications (prescription or over-the-counter) at camp. All medications are to be provided in their original containers which clearly indicates the dose & means of delivery. The camp medic will be available at arrival to receive medications directly from an adult or guardian.

**SAFETY PLAN FOR PERSONS WITH KNOWN ALLERGIES:** Our camp medic and relevant camp staff will need be made aware of any action plan necessary to assist campers with any known allergies. Please make certain your parent/guardian meets with the camp medic to discuss your allergies and action plans upon your arrival at camp.

#### **IN THE EVENT OF...**

**INCLEMENT WEATHER:** Our staff is prepared to conduct an indoor program in the event of heavy rains or strong winds. Certain camp buildings are designated as safe havens in the event of lightning storms and other inclement conditions.

**MINOR INJURIES/AILMENTS:** You will be seen by the camp medic in the event of any injury or ailment suffered at camp. Parents/guardians will be contacted by camp staff to report all visits with the camp medic.

**A HEALTH EMERGENCY:** In the event that you are involved in an accident at camp your parent/guardian will be notified by our camp medic immediately.

**CAMPER ABSENCE:** Please make the Camp Director aware of any planned absences. We ask that a responsible adult contact the Camp Director by 8:30 AM to report any unanticipated absences from camp.

**FEVER:** Anyone with a body temperature above 100 °F will be required to stay away from camp until they are fever-free without medication for 24 hours.

**DIGESTIVE CHALLENGES:** Anyone that experiences diarrhea or vomiting is asked to stay away from camp until they are symptom free for 24 hours.

**PLEASE DO NOT HESITATE TO CONTACT US WITH QUESTIONS OR CONCERNS ABOUT YOUR CHILD'S CAMP EXPERIENCE.**

**Yours in Scouting,**

**Deb Keesler, Camp Director, cell # 845-554-6527 or e-mail [CampNooteeming@gmail.com](mailto:CampNooteeming@gmail.com)**

**Patty Colucci, Program Director, cell # 845.863.5104 or e-mail [teach2mom@optonline.com](mailto:teach2mom@optonline.com)**

## NEW CAMP LEADERSHIP FOR 2015

### Camp Director—Deb Keesler



The Hudson Valley Council is pleased to announce that Deb Keesler has agreed to serve as Camp Director for the 2015 Summer Camp Season at Camp Nooteeming in Salt Point, NY. Deb is a self described "stay on the go" mom who embodies a "once a scout-always a scout" way of life. She is Life Member of Girl Scouts USA and a leader for Brownie Troop 10001 in the Heart of Hudson Council. Since joining the Boy Scouts in 2009, Deb has served as den leader, popcorn kernel, advancement chair and cub master with Pack 34 in Pawling. Last Summer, she served as a leader at the Bob Rice Webelos Week at Curtis S. Read Scout Reservation in Brant Lake, NY. She has previously served as a camp volunteer at Camp Nooteeming and Camp Bullowa. Deb is a new member of the Troop Committee for Troop 1 in Carmel, NY where she is preparing for the role of Advancement Coordinator.

Following her graduation from the Cooper Union for the Advancement of Science and Art in 1988, with a B.E. in Civil Engineering, Deb pursued graduate studies in Public Administration at Pace University. She has served with many not-for profit organizations in the New York Metro area.

Following a fulfilling career as a Civil Engineer with the New York City Department of Environmental Protection, Deb now serves as a Youth Counselor with Pawling Community Services and a substitute at Pawling Central School District. Deb and her husband Jim enjoy their home alongside the Pawling Nature Preserve and reset their family calendar in Acadia National Park each September. In addition to their scouting life, Deb and her children, Cary and Kate, are actively involved with the Highland Pass Society of the Children of the American Revolution and the Hudson Valley First Lego League/Lego League Jr. programs. Deb looks forward to working with the staff and volunteers of Camp Nooteeming as we deliver a fun-filled program of summer adventures, scouting skills and family fun for scouts of all ages.

**Deborah Keesler, Camp Director cell # 845.554.6527 or e-mail [CampNooteeming@gmail.com](mailto:CampNooteeming@gmail.com)**

### Program Director—Patty Colucci



Patty has volunteered and worked with youth for many years. In her college years she spent some time as a camp counselor and assistant director at a local town camp. She holds degrees in Elementary Education and Special Education, and taught second grade for about 5 years before choosing to be become a stay at home mom to her 3 sons. In addition to her teaching career she has spent many years serving as a volunteer as both a youth minister in her church parish and PTA member at her sons' schools.

Patty was once a Brownie and Junior Girl Scout and attended many Cub Scout and Boy Scout events for packs and troops that her 3 brothers were active in. In 2007 she became more involved with scouting as she became a den leader for her son's Tiger den. Over the past 8 years she has been a Cub Scout den leader, Webelos den leader, and advancement chairperson with Cub Scout Pack 40 in Wappingers Falls. She has also volunteered several summers as a den leader at Cub Camp at Camp Nooteeming (Men of the Woods!). Most recently she has completed the training portion of Wood Badge Course N2-374-14 and is currently working her ticket to further improve Pack 40. Mrs. Colucci is looking forward to planning out a fun and productive summer with Hudson Valley cub scouts. Who's ready to "Take Flight?!"

**Patty Colucci, Program Director cell # 845.863.5104 or e-mail [teach2mom@optonline.com](mailto:teach2mom@optonline.com)**

Hudson Valley Council  
Cub Day Camp

Join us at the BBQ & Campfire  
Come and Join the scouts for an evening of fun!

**Who:** Scouts, Parents, Siblings and Guests  
**When:** Thursday Night  
**Cost:** Campers are FREE  
\$8.00 per each additional person



(Campers are released to parents/guardian at normal dismissal time or as otherwise indicated in the Welcome Packet)

**What's for Dinner?**  
Hot Dogs & Hamburgers  
Salad  
Chips  
Drinks  
Dessert



Please fill out the attached form and return it with payment by the first day of camp.

Name of Camper: \_\_\_\_\_

Week Attending Camp: \_\_\_\_\_

Camp (please check):

☐ Bullowa   ☐ Nooteeming   ☐ Chester   ☐ New Windsor   ☐ Forestburgh

\_\_\_\_\_ No, sorry we cannot attend the Thursday evening Bar-B-Q

\_\_\_\_\_ Yes, we will be attending the Thursday evening Bar-B-Q

# Day camper(s)	_____	(Free)	
# Additional Family members	_____	@ \$8.00 per person =	\$ _____
Total Attending	_____	Total Cost =	\$ _____



## CUB SCOUT and BOY SCOUT ADVENTURE CAMP CAMPER DISMISSAL PROCEDURE

Please read this form carefully and return prior to camp.

In accordance with the BSA standards and New York Department of Health guidelines, the Camp Staff has developed the following procedure for dismissing the campers at the end of the day. This procedure was designed to ensure the safety of your son.

At the bottom of this page you will be asked to list all the people (**including yourself**) that have your permission to pick up your son from Day Camp. If someone shows up at camp to pick up your son at any time and their name is not on the list (no matter who they are) your son(s) will not be released until the proper person is called and gives permission. Please realize that we are doing this for your son's safety and the safety of all campers.

If you are picking up your son at the end of the day camp, please arrive **no later** than 4:00 pm. Upon arrival at the camp, you or the Designated Person will need to:

1. Wait until the Dens are officially dismissed. There will be a closing ceremony every day.
2. After the Dens are dismissed, check in with the Camp Director. Your name will be checked against the approved list. A picture ID, of the adult picking up your son, will be asked for— please bring an ID card with you. After being cleared, you will be allowed to leave with your son.
3. Your son(s) will be released to you, at which point you are responsible for their well being.

**THANK YOU FOR YOUR UNDERSTANDING AND COMPLIANCE**

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### CAMPER DISMISSAL FORM

Day Camper Full Name (Please Print): \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

The following individuals are authorized to pick my son(s) up from the Cub Scout Day Camp Premises.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

# Part A: Informed Consent, Release Agreement, and Authorization

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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## Part B: General Information/Health History

**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

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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