



# Hudson Valley Council



# Camp Chester

**Cub Scout Day Camp  
2016**





# BOY SCOUTS OF AMERICA®

## HUDSON VALLEY COUNCIL



### ABOUT THE DAY CAMP:

Since 2002, Hudson Valley Council has opened Cub Scout Day Camp in the Chester Area. We're one of the area's largest and most safety conscious providers of Summer Camp Fun and Excitement. Come in and explore your future! This year's theme is CSI, "Cub Scout Investigation".

### CAMP PROGRAM "CUB SCOUT INVESTIGATION":

Our 2016 camp theme has inspired a wide variety of activities related to different investigations in nature, science, scout skills, and other areas. Cub Campers will explore the great outdoors and enjoy many age appropriate adventures while learning to be good team members. Campers will have ample opportunities to develop or enhance their skills in the following program areas: archery, arts & crafts, BB shooting, field sports/games, nature, scout skills, and more!

### REQUIRED CAMP FORMS:

At the end of this packet you will find several important forms that need to be returned before Camp starts. Please be sure to bring your BSA Informed Consent/Release Agreement/Authorization and General Information Health History forms, a copy of your insurance card, dismissal forms, and Family BBQ form. Per New York State law and Boy Scout Guidelines, campers will not be able to attend camp if these forms are not turned in.

### ORIENTATION & ON-SITE REGISTRATION:

Sunday July 31st there will be on-site check in at Camp Chester at 5pm. Please bring all your required camp forms to this check in. The Camp Director, Program Director, and most of the staff will be on site to answer questions and address any concerns.

### CAMP HOURS:

Our camp program day is from 8:30 AM to 3:30 PM Monday through Friday. For your child's safety we require campers to be signed in each morning and signed out each afternoon by an adult listed on your camper dismissal form. Campers may be dropped off no earlier than 8:15, unless they have signed up for the early drop off program.

### EXTENDED HOURS:

For an additional fee, we offer extended camp hours. EARLY DROP-OFF between 7:30 AM and 8:30 AM, and LATE PICK-UP between 3:30 PM and 5:00 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 sign your camper in at the camp office in the center of camp.

### EARLY DEPARTURES:

In the event that you need to pick-up your camper before the end of the program day, please be sure to provide a note to your child's Den Guide or the Camp Director at drop-off. 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 your child is over the age of 18 and is included on your child's Camp Dismissal form. The adult should report to the Camp Director upon arrival at camp.





### THURSDAY NIGHT IS FAMILY NIGHT:

Each Thursday we will host a Family BBQ/Campfire. Following camp dismissal at 3:30 PM, the Chester Police department will be conducting a bike rodeo for campers and siblings. At 5:00 PM, we will gather near the pavilion for our BBQ. Following dinner, we invite you to join us near the soccer field for an evening of entertainment including camp songs and scout skits let by that weeks' "teams of investigators".

### WRIST BANDS:

For your child's 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:

Campers will receive camp T-shirt(s) at Sunday's registration. We ask that campers wear camp shirts to camp each day. One shirt is included in your child's registration. Additional shirts may be pre-ordered online through the council website.

### WHAT TO WEAR TO CAMP:

Please send your child to camp in a light colored T-shirt/camp-shirt, comfortable shorts 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, swimsuit and bug repellent (non-aerosol); also rain ponchos are recommended. We ask that each camper have a small notebook and pen/pencil with them throughout the program day.

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

**LUNCH:** Campers will need to bring lunch with them each day.

Please do not send electronic devices (handheld games, mp3 players, cellular phones, tablets) to camp with your child.

### 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 the close of the Summer.

### CAMP TRADING POST:

Each day, campers will have an opportunity to visit our Trading Post. Cold drinks and light refreshing snacks will be available for purchase. Feel free to visit before or after camp. The trading post will also be open during on-site registration and Thursday's BBQ.

### 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 your child is to receive medication at camp, this form may be completed and signed by a parent or guardian. The camp medic will be available at arrival to receive medications directly from an adult or guardian.





### 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 PERSON WITH KNOWN ALLERGIES:

Our camp medic and relevant camp staff will need to be made aware of any actions to assist campers with any known allergies. Please make certain to discuss your child's allergies and action plans with our camp medic upon arrival at camp.

### IN THE EVENT OF...

**INCLEMENT WEATHER:** Our staff is prepared to conduct an alternate program in the event of heavy rains or strong winds. The public works buildings next door are designated as safe havens in the event of lightning storms and other inclement conditions.

**MINOR INJURIES/AILMENTS:** Your child 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 your child is involved in an accident at camp you will be notified by our camp medic immediately.

**CAMPER ABSENCE:** Please make your child's counselor aware of any planned absences. We ask that you 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.

### DO NOT HESITATE TO CONTACT US WITH ANY QUESTIONS OR CONCERNS ABOUT YOUR CHILD'S CAMP EXPERIENCE

Deb Searle, Camp Director, Cell # (845) 775-9175, Email [searlehome@hotmail.com](mailto:searlehome@hotmail.com)

Dan Decker, Program Director, Cell # (845) 220-6250, Email [dandecker217@yahoo.com](mailto:dandecker217@yahoo.com)





## **Camp Leadership 2016:**

### **Camp Director: Deb Searle**



Deb Searle will be the Chester Summer Camp Director for Cub Camp this year. She has been involved in scouting since her boys started as cubs. Deb has many BSA trainings and is CPR/First Aid certified. She is National Camp School Certified and has been a part of our Traveling Cub Camp Program in Chester and New Windsor for 9 years in many different roles. Deb is also the Camp Nooteeming and Camp New Windsor Camp Director. She has served in many positions in her local Pack, Troop, Venturing Crew, and at the district level.

Deb believes in the core values that scouting offers and enjoys guiding the experience having as much fun as possible, in the safest way possible. She eagerly awaits the fun, laughter and adventure that our summer camp provides.

**Cell # (845) 775-9175, Email: [searlehome@hotmail.com](mailto:searlehome@hotmail.com)**

### **Program Director: Dan Decker**



Dan Decker started in Boy Scouts as a Tiger Cub in 1999. He continued into Boy Scouts in 2004, and earned the rank of Eagle Scout in 2011. He would also spend several years in the BSA Venturing program. Currently he serves as the Scoutmaster of Troop 477, a Committee member in Venturing Crew 135, an Eagle Board Member for the Heritage District, and a District Committee Member for the Heritage District. When not scouting Dan volunteers with the Rebel Legion and 501st Legion where he portrays Star Wars characters at different charitable events.

Dan has worked at Hudson Valley Council Summer Camps since 2012, initially at Chester, and New Windsor traveling cub camps as Archery Director. In 2015 he became program director for both Camp Chester and New Windsor. Dan is looking forward to using his scouting experience to create another fun year at Hudson Valley Council Summer Camps.

**Cell # (845) 220-6250, Email: [dandecker217@yahoo.com](mailto:dandecker217@yahoo.com)**





Hudson Valley Council  
Cub / Boy Scout Adventure Day Camp

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

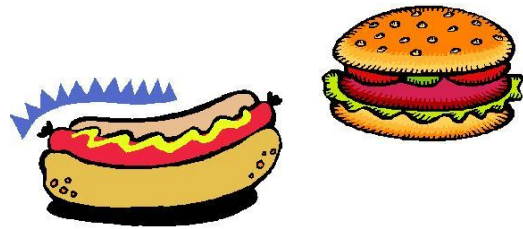
**Who:** Scouts, Parents, Siblings and Guests  
**When:** Thursday Night  
**Cost:** Campers are FREE  
\$8.00 per each additional person



(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 Sunday Night Orientation before Camp.

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

Camp (please circle):

Chester

New Windsor

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

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

# 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 3:30 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 wellbeing.

**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

# 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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## 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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

### 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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