

Camp Decorah Presents:

CUB SCOUT SUMMER CAMP

LEADER / PARENT GUIDE 2018



July 29—August 1, 2018

Camp Decorah

W7520 Council Bay Road, Holmen, WI 54636

Council: 608-784-4040

www.gacbsa.org

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Welcome to Cub Scout Camp!

Dear Leaders and Parents,

Thank you for choosing Gateway Area Council's Cub Scout camping adventure. We have been preparing for your visit all year! We have a great program in store for you! Our staff is committed to developing age progressive activities for your scout to ensure fun and adventure around every corner.

ATTENTION: New this year. Webelos will partake in the "Webelos Outpost Adventure." An overnight Boy Scout like campout in Camp Decorah's Wilderness Outpost Area. Webelos will build a camp area, pitch their own tent, prepare their own dinner and have some night time fun while enjoying smores at the campfire.

Camp is an awesome experience for *all* campers, not just the younger ones. Just think...three days away from the stress of daily life where each day is spent swimming, trying new activities, and playing games at beautiful Camp Decorah with your child. Find inspiration in your Scout's energy, excitement, and interest. The more excited and involved you are in the activity, the more excited and involved your Scout will be. Remember, you're a paying customer too, so **HAVE FUN!** Conducting yourself in a Scout-like manner will help teach your Scouts values, maturity, character development and independence that are the goals of Scouting. What a better place to do this than at summer camp?

Scouts can register with their Pack or if their Pack will not be attending they can register with their adult partner to have a great experience.

Thank you so much for taking time out of your schedule to accompany your Scout. Scouting depends on active, involved leaders such as yourself. This camping trip may not have been possible for your Scouts without you and other parents getting involved. Since you're here, make sure you take advantage of it! We plan to give everyone an enjoyable and memorable experience.

We can't wait for you to arrive at camp this summer! If you have any questions regarding our summer program, please don't hesitate to call. We're prepared to give you and your Scouts the best summer camp experience they've had to date. Now it's your job to spread the word about our program so that as many Cub Scouts as possible can benefit.

Thank you for all you do for Scouting!

Alan Abrahamson Jr.
Camp Director
Alan.abrahamson@scouting.org
608-853-1082

Things to Note in 2018

Cub Scout Program: The Cub Scout summer camp program provides experiences in all facets of outdoor activities including camping, swimming, shooting sports, rank advancement, and Pack/Den development. Our goal is to provide a fun outdoor experience that facilitates growth in citizenship, character, family, and fitness.

Health Forms: Health form (part A and B) must be filled out by **all participants**. All forms will be kept by camp medical staff. Please bring them with you to camp. Do not mail them in. To receive health forms back, you should make arrangements with the Camp Director or Health Officer prior to departure. You can find the health form here: <http://www.scouting.org/scoutsource/HealthandSafety/ahmr.aspx> download the less than 72 hours version.

Swim Checks: Swim checks will be held Sunday afternoon during check-in. Please remind all adults in your group that they also need to take a swim check with scouts. Your Pack may choose to complete a swim check prior to your arrival at camp as part of a Pack or Den activity this spring or early summer (see **Swim Classification Test information on page 12**). If your pack cannot take a swim check prior to camp, you will have the opportunity to take one upon arrival at camp. To complete **SWIM CHECKS**:

Upon arrival,

1. Check in
2. Complete camper medical checks -
3. Drop off your gear at your camp site
4. Head immediately to the pool

Encourage your Pack members to wear their swimsuits to camp.

Check in time: Sunday July 29th at 1:00 pm.

Pack Roster: Please be prepared to show a completed Pack roster at check-in, including all names (first and last), rank, and ages of any siblings attending.

Camp Site Reservations

If you are attending as a Pack you may reserve a campsite by placing a \$100.00 deposit at the Council Office (first come, first serve). This deposit will count as registration for your first Scout. If your Pack has no preference you will be assigned to one of Camp Decorah's quality camp sites.

Camp Fees

There are two registration preferences and/or options:

1. Pack Registration; Pack registers as group, designated leader collects fees and turns into council office. (See Registration Form on page 19)
2. Individual Scout, Adult Partner registration; if Pack not attending as a group, individual families have the opportunity to register. (See Registration Form on page 19).

NOTE: Program developed to accommodate both pack and individual Scout participation.

Registration Fee:

\$145.00 per Scout

\$50.00 per adult

First two leaders are free if registering as a Pack.

Late Fee:

\$5.00 late fee will be assessed if not fully registered by July 6, 2018.

Camperships

Campership Assistance is available for scout families in need. Please contact the Council Office. Camperships may be awarded up to 50% of camp fees, but they cannot be used to cover initial deposits. Campership applications are due May 1st. Campership forms are available from the Gateway Area Council website (www.gacbsa.org) and the Gateway Area Council Office.

Refunds

Camp fees are non-refundable, but are transferable within the Pack. In the event of an emergency, a written refund request can be submitted to the Gateway Area Council Scout Executive for review (there are exceptions to this policy) instances include:

- Individual illness or injury with physician's note
- Death or serious illness in the immediate family
- Relocation of the family outside Gateway Area Council
- Scout or leader fees are transferable (within the same summer camp season).

Camp Preparation Timeline

Right Now

- Submit your Pack reservation and deposit to secure a campsite.
- Recruit at least two adult leaders (one at least 21 or older) to be in camp at all times during your stay. Recruit additional leaders if you will have 10 or more Scouts (Maintaining a 1 adult for every 5 youth ratio). Tigers must attend with an adult partner.
- Remember if you will have female Cub Scouts attending you will need to recruit one female leader.
- Take note of the payments and be sure to stay on target with the due dates.

March

- If registering as a pack, collect \$100.00 deposit from each participant

April

- Collect balance of camping fee from each Scout to deposit in Pack account at Council office for final payment.
- Hold a pre-camp preparation parent meeting.
- Complete Campership (Financial Assistance) Applications for scouts in need. Submit to the Gateway Area Council office by **May 1st** for review and approval.
- Final Payment due by **July 6 to Council office**, note; a \$5.00 late fee per participant will be added to all final payments received after July 6.

May

- Send out final camp preparation notice to all parents including a list of what Scouts need to bring to camp.
- Ensure that all Scouts and leaders complete their required Medical Forms before arriving at camp.
- Complete special requests for all Scouts and leaders with dietary/special needs and/or food allergies.

Two Weeks Before Camp

- Collect all medical forms and dietary /special needs forms. Review medicine with parents-including dosage & administration. Remind parents to provide enough medicine for the entire stay. Please forward all dietary/special needs forms to the Camp Director by July 16.
- Inspect personal packs and equipment.
- Prepare unit's equipment for camp.
- Discuss camp safety and Leave No Trace policies.

Before You Leave Home

ADULT LEADERSHIP: The mandatory adult to youth ratio is 1 adult for every Tiger Cub and 1 adult for every 5 Cub Scouts. If you will have female Cub Scouts attending at least one female leader will be necessary. Two deep leadership required at all times.

Health Forms: Please DO NOT mail in Health Forms. All campers are required to provide a current completed health history form upon arrival at camp. Youth forms must be signed by a parent or guardian. Adults must provide a completed health history form. Health forms are available at the Scout Office and online at www.campdecorah.org.

TELEPHONE SERVICES: You may reach Camp Decorah at (608) 526-6418.

RECOMMENDED EQUIPMENT LIST:

- | | | |
|--|--|---|
| <input type="checkbox"/> Uniform Shirt** (Class A Blue or Tan) | <input type="checkbox"/> Pants/T shirts/Shorts | <input type="checkbox"/> Sweater or jacket |
| <input type="checkbox"/> Swimsuit | <input type="checkbox"/> Underwear & Socks | <input type="checkbox"/> Mosquito Repellent |
| <input type="checkbox"/> Cap or hat | <input type="checkbox"/> Pajamas | <input type="checkbox"/> Cub Scout Handbook |
| <input type="checkbox"/> Poncho or Raincoat | <input type="checkbox"/> Flashlight (Required for Webelos) | <input type="checkbox"/> Sun Screen |
| <input type="checkbox"/> Personal Hygiene Items | <input type="checkbox"/> Towels | <input type="checkbox"/> Shoes (2 pair-no open-toes) |
| <input type="checkbox"/> Binoculars* | <input type="checkbox"/> Camp Chair | <input type="checkbox"/> Camera* |
| <input type="checkbox"/> Matches (ADULTS ONLY) * | <input type="checkbox"/> Water Bottle | <input type="checkbox"/> Watch* |
| <input type="checkbox"/> Cub Scout Knife | <input type="checkbox"/> Whittlin' Chip | <input type="checkbox"/> Small Backpack or Tote Bag |
| <input type="checkbox"/> Spending Money for Trading Post | <input type="checkbox"/> Sleeping Bag and Pillow | <input type="checkbox"/> Sports equipment for free time |

* Optional Items; **BOLD** items are very important

** The uniform is recommended, but no Cub Scout is denied admittance because he or she does not own one.

Separate shower and restroom facilities are designated for adult men, women, male and female youth under age 18. Please respect these separate facilities.

Bicycles:

Packs may bring bikes to camp for transportation purposes. **Helmets are required for anyone riding a bike.** Each Pack is responsible for teaching bike safety. Areas where bike use is prohibited are clearly marked. Specifically no biking on the hill behind the pool house. Bike privileges will be revoked if the Scout is not obeying the rules of the road. Camp staff will report any unsafe behaviors to the Program or Camp Director who will take further action. Bikes are a great way to get around Camp Decorah; load 'em up!

NO ROLLERBLADES - NO ALCOHOL OR TOBACCO – NO PETS-NO FIREWORKS

Checking In and Out of Camp

CHECK-IN: Plan to arrive at camp on Sunday. Camp does not open until 1:00 pm. Please be punctual and have your health forms and swimmer classification form (if swim checks have been completed prior to camp) readily available when you arrive. Arriving on time will allow you time to take the camp tour, drop off your gear at your campsite and complete your swim check (if needed).

The camp tour is highly recommended.

PARKING: Camp staff will greet campers near the entrance to camp and direct them to the camp's parking lot. The in-camp road is reserved for camp vehicles only. However, you may drive your vehicle to transport gear to your campsite during check-in.

CHECK-OUT: Tidy up your campsite, secure trash and double check for lost and misplaced items. Your pack will have the option to check out of your campsite Tuesday afternoon or Wednesday morning. Your campsite commissioner will arrange for a check-out time and perform your campsite checkout inspection. All gear can be stored in vehicles or trailers in the main parking lot until departure.

Special Requests/Needs

In order to best serve you, please make us aware of any special accommodations or needs in advance to plan for your stay, examples may include

- Vegetarian meal requests
- Gluten Free meal requests
- Special dietary concerns (We cannot accommodate every diet, but we are happy to discuss options with you.)
- Electricity needs in campsites for CPAP or other machines
- Accommodations for wheelchairs or other similar needs.

If you have a special need or request please contact us at alan.abrahamson@scouting.org

Camp Program

PROGRAM ROTATIONS: Are the foundation of your experience introducing you and your Cub Scouts to every aspect of camp. All program stations incorporate age progressive programming with specific requirements for each rank.

CRAFTS AND SKILLS: These areas allow Cub Scouts to learn knot tying, camping skills, and safe use of tools.

AQUATICS: It's cool at the pool because Cub Scouts can play water games and work on their swimming skills during this rotation.

NATURE: Experience the natural world with our outstanding Nature Center staff. Check out our complete collection of snakes, insects, frogs, and organisms from every animal kingdom.

SHOOTING SPORTS: BB guns and archery are the two rotation activities in this area. Learn the safety regulations and proper shooting techniques while honing skills with plenty of time to shoot.

Requirements earned at Camp

Tiger	My Tiger Jungle	Req. 1-2	Nature
	Floats and Boats	All	Aquatics
	Games Tigers Play	Req. 1-3	Fitness
	Tigers in the Wild	Req. 1-3	Skills
	Tiger Tales	Req. 6	Campfire
	Duty to God	Req. 2	Chapel

Bear	Fur, Feathers, & Ferns	Req 1, 3-7	Nature
	Salmon Run	Req. 1-4	Aquatics
	Grin and Bear It	Req. 1	Fitness
	Bear Claws	All	Skills
	Bear Necessities	Req. 1-3	Campfire (elsewhere)
	Roaring Laughter	Req. 6	Campfire
	Robotics	Req. 3	Crafts

Wolf	Call of the Wild	Req. 3 ab-b, 6	Nature
	Spirit of the Water	All	Aquatics
	Running with the Pack	All	Fitness
	Finding your Way	Req. 2-4	Fitness
	Call of the Wild	Req. 1, 5 -6	Skills (elsewhere)
	Howling at the Moon	All	Campfire

Webelo	Aquanaut
	Webelos Walkabout
	Earth Rocks
	Into the Woods
	Activity Pin TBA
	Activity Pin TBA

Camp will have additional advancement opportunities available

Week's Outlook

Sunday

1:00 PM Check-In/Registration
Move gear into campsites, camp tour, and swim checks
5:30 PM Emergency Drill/Flag Ceremony
6:00 PM Dinner
8:00 PM Opening Campfire at the Fire Bowl
9:00 PM Return to Campsites
10:00 PM Quiet Time

Monday

7:30 AM Flag Ceremony/Breakfast
9:00 AM Morning Program
12:00 PM Lunch
1:00 PM Afternoon Program
2:00 PMWebelos Depart for Outpost Adventure
5:45 PM Flag Ceremony
6:00 PM Dinner
7:00 PM Evening Program
9:00 PM Return to Campsites for campsite fires
10:00 PM Quiet Time

Tuesday

7:15 AMWebelos Return from Outpost Adventure
7:30 AM Flag Ceremony/Breakfast
9:00 AM Morning Program
12:00 PM Lunch
1:00 PM Afternoon Program
5:45 PM Flag Ceremony
6:00 PM Dinner
7:00 PM Parent Meeting
8:00 PM Campfire
9:00 PM Campsite Time (Optional Depart for Home)
10:00 PM Quiet Time

Wednesday

7:30 AM Flag/Breakfast
9:00 AM Depart for Home

Camping With Wildlife

ESSENTIAL INFORMATION FOR A SAFE VISIT AT CAMP

(Please review this information with your group prior to camp)

CAMPSITE PRECAUTIONS: Precautions must be taken in your campsite to avoid attracting animals. Field mice, raccoon, deer, and wild turkey are native to Camp Decorah, although not dangerous, they can be a nuisance to your stay and destructive to your campsite. If you feel threatened by any wildlife, please contact Camp Management on site.

Camp Sanitation: It is essential that campsites and your surrounding area are kept clean.

Food: Food odors attract hungry critters in search of a meal. All food at camp must be stored in scent-proof containers.

No Food in Tents: Food leaves odors that attract wildlife. Snack wrappers, food boxes, juice boxes, soda cans, or even water bottles with flavored drinks mixed in them are not to be kept in tents.

Cooking in Tents: If your unit is preparing/cooking in the campsite, the cooking preparation and dining should be as far as possible from tents/sleeping area.

Cleaning Up After Food Preparation In Your Campsite: Dishes should be done immediately following a meal. Leftovers should be properly disposed of or stored in the manner described above. All tables used in food preparation and eating must be washed. Food spilled on the ground must be picked up. Liquid food spills must be cleaned up by removing the soil that is contaminated with the spill.

Snacks: Many Cub Scouts and their families bring snacks. Snacks must be stored in the same manner as described above. Snacks also include beverages other than water. Soda pop, powdered beverages, juice boxes, or other drinks should never be consumed in a tent. Spills produce odors that are very appealing to critters.

Trash: Trash containing food must not remain in a campsite. Trash must be properly bagged and disposed of in the provided trash cans. Make sure that any leakage from your trash bag is properly cleaned up as well. Trash will be picked up daily. You may choose to bring your trash to the dumpster if you notice the trash pick up has already been made for the day.

Tick Awareness: With proper planning and education, tick related issues can be minimized. To assist in educating campers, camp management and staff have prepared the following plan:

All campers should wear insect repellent when they are in the woods. The most effective repellents against ticks contain 30% DEET (or permethrin). Non-aerosol

2. Parents may wish to bring "spray" type repellent that can be sprayed on clothing. Please limit these to pump sprays rather than aerosol sprays. Scouts should be supervised when they apply repellents due to potential dangers from misuse including injury to eyes and the flammability.
3. Tick information is available in your campsite. Share this information with the youth and parents in your group.
4. Remind scouts to make "tick checks" part of the daily routine of camp. Having a buddy such as a tent mate assist is a good idea. Daily showers are the best way to detect ticks early.
5. See your Health Officer for tick removal (monitor campers for fever or rash following tick bites) or Camp Director if you have additional questions.

Swimmer's Classification Procedures

Swim checks are a key element in both Safe Swim Defense and Safety Afloat. The swim check must be renewed annually, preferably at the beginning of each summer season. Traditionally, the swim classification check has only been conducted at a long-term summer camp. However, the swim check may be conducted at other locations with a certified lifeguard.

It is advantageous to conduct the swim classification prior to a unit attending summer camp.

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

Swimmer's Level: Jump feet first into water over the head, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: side stroke, breast stroke, trudgen, or crawl; then swim 25 yards using an easy resting stroke. The 100 yards must be swam continuously and include at least one sharp turn. Finish by floating on your back for a minute.

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

Learner's Level: Any youth that is unable to complete the beginner's requirements is classified as a Learner and may use the shallow section of the pool and may use a rowboat with qualified adult supervision.

Administration of Swim Classification Check

Option A: (Before Camp at unit level with council approved resource people)

The Swim Classification check done at a unit level should be conducted by one of the following council approved resources: Aquatics Instructor, BSA; Aquatics Supervisor, BSA; BSA Lifeguard; certified lifeguard; swimming instructor; or swim coach. When the unit goes to summer camp, everyone will be issued a buddy tag under the direction of the Camp Aquatics Director for use at camp. The signed form must be presented upon arrival at camp to the Aquatics Director at the pool to obtain buddy tags for the aquatics areas.

Option B: (At camp) The Swim Classification check is completed on arrival by camp aquatics personnel.

Special Note: When the swim checks are conducted away from, or at camp, the Aquatics Director reserves the authority to review or recheck individuals or entire packs to ensure that standards have been maintained.

Camper Discipline Policy

IMPORTANT: *The following information should be shared with your Pack before arriving at camp.*

- It is expected that all campers live up to the principles and values of the Scout Oath and Law.
- The Scout Oath and Law are our camp's guiding principals. Unit leadership is responsible for ensuring all adults and youth conduct themselves accordingly.
- In the case of inter-pack conflicts or problems, the unit leadership of the individual campers is responsible for disciplining those involved.
- The camp administration (beginning with the Camp Director) is available and prepared to assist in establishing communication in the event of inter-pack problems.
- If the camp administration believes further actions are required, it will be requested, if not forthcoming, the parents, chartered partner or appropriate authorities will be contacted.
- The camp administration encourages unit leadership to send any camper home immediately in cases of theft, vandalization, or intentionally placing another camper in danger or harm. The administration reserves the right to take action if necessary, including sending the entire Pack home within 24 hours.
- Hazing, "midnight raids", tent-ditching, or other such activities are not allowed at Camp. Such activities place campers at risk of injury.
- A curfew/Quiet Time of 10:00p.m. will be in effect for all campers. Scouts leaving a campsite after 10:00 p.m. must be accompanied by an adult unit leader or camp staff member always maintaining two-deep leadership (no one-on-one contact between Scouts and adults unless they are immediate family members).

All campers are required to utilize the Buddy Systems throughout their camp stay.

Safety is our highest priority.

Gateway Area Council Camper Safety Policy

For the safety of all, we ask that all leaders counsel their scouts to ensure that the Scout Oath and Laws are followed at all times.

Action Items that must be followed:

- Upon check-in, all camp units must provide a unit roster listing all Cub Scouts and adults participating in the session. All youth participants must be currently registered with the Boy Scouts of America. Each Pack must provide at least two registered adult leaders with Youth Protection Training.
- All Scouts, Scouters, and visitors in camp **MUST** wear a wristband. These wristbands will be issued at check-in. This National Standard must be followed by everyone. All camp staff are identified by their staff name tag.
- All visitors are required to check in
- All staff must submit a vehicle registration if they have a vehicle in camp.
- Camp staff under the guidance of the camp director will monitor camp for unauthorized persons. Any questions or concerns regarding unauthorized persons should be referred to the camp director. Those persons found not to be official guests of our camp will be asked to leave and escorted off the premises. Any problems or safety concerns regarding unauthorized persons will be referred to the camp director or designee. All camper arrival and departures must be signed in and out at the camp office.
- Upon departure from camp, all campers will leave with their Pack leadership, parent, guardian or individual approved by the legal parent or guardian. In order to maintain accountability of all youth, Pack and camp leadership must be informed if a scout is leaving camp with a parent or guardian. If a scout is leaving camp with someone other than their legal parent/guardian, a release form must be filled out in advance and turned in to the camp office to ensure camper safety.
- Leaders are reminded to be aware of problems related to unauthorized release to non-custodial parents. In any situation where a child will be released during camp to someone other than his or her guardian, an authorization to release form must be filled out in advance.
- Inclement Weather Policy—Packs will be notified of threatening weather conditions and will be advised to move to designated storm shelters if necessary. An emergency drill will be conducted upon arrival at camp. Please refer to your specific camp emergency procedures as shared in the appendix of this guidebook.
- All campers will utilize the Buddy System at all times. Staff will be trained to encourage and enforce the Buddy System.

Pack and Leader Responsibilities

RECOMMENDED EQUIPMENT FOR THE PACK:

- Pack first aid kit
- Advancement records
- Alarm clock
- Sports equipment for free time
- Treats for the campsite campfire
- Lantern

PACK LEADER CHECKLIST:

- Two deep leadership with at least one adult for every five Cub Scouts, including at least one female leader if female Cub Scouts will be participating; Tigers are required to have an adult partner.
- Parents know all plans including camp address and boys needing current, signed Health Form
- Health History completed for each Scout and adult attending camp, bring to check-in, all medication must be labeled with scout's name and dosage information
- Scouts personal gear
- Roster of Scouts and emergency contact information
- Fees paid to Gateway Area Council. Final fees are due prior to arrival at camp.
- Transportation to and from camp arranged
- Pack records including current advancement status of each Scout
- All boys registered in your Pack prior to your camp check-in date
- Ensure that no alcoholic beverages are brought with group to camp

CAMP PATCHES: Every youth and adult will receive a participant patch as part of their camp fee. Additional patches may be purchased in the Trading Post.

Conservation: Hundreds of campers come through Camp Decorah each summer. Please stay on designated trails to minimize out impact on the environment. Review the elements of Leave No Trace and Tread Lightly

CAMPFIRES: Conserve firewood by building small fires. Large campfires are a waste of resources and a camping practice that creates relationships problems when Scouts repeat the practice in state and national parks. Consider using your Pack's gas stove for your cooking needs. All fires require adult supervision and a full water bucket for dousing. Never leave a fire unattended.

LITTER: Please dispose of all litter in the proper manner. Camp Decorah recycles aluminum cans, glass, plastic, and cardboard, recycling bins are located in the Dahl Center. It is everyone's responsibility to keep camp litter-free.

FORESTRY: Our camp regularly experiences forestry improvement practices. While some parts of camp may look unkempt with downed branches (called "slash"), the cuttings improve camper safety by eliminating hazard trees and mimic natural disturbances such as fires that have been suppressed by human invention. This cutting will keep the forest healthy and productive for another half century.

Camp Standards

A good camper always maintains high standards of personal conduct, safety, courtesy, and conservation. Therefore, our campers must observe the following minimum camping standards.

FOR SAFETY:

- Follow the Buddy System, at least 2 scouts or more traveling and participating together.
- BSA policy requires two-deep adult leadership for all Scout outings and campouts and one leader for every 5 Cub Scouts.
- Tiger Scouts must have an adult partner attend with them.
- If female Scouts are registering the unit will need to provide one female leader.
- Aquatic activities are conducted under lifeguard staff supervision.
- Determine the location of natural hazards, such as poison ivy or steep hills, and avoid them.
- Do use liquid fuels (gasoline, kerosene, charcoal lighter) to start campfires. Gas lanterns may be used adult supervision. Gas must be in locked storage under adult control.
- ALL CAMPERS MUST FOLLOW CAMP DECORAH'S POSTED WILDLIFE POLICY
- Personal BB guns, rifles, and archery equipment are not allowed.
- National Standards prohibit flames in tents at any time. All tents, personal and camp, must be marked "No Flames in Tents" on the tent or by a sign attached to the tent. This policy includes screen tents.
- Never leave a fire unattended. Always put a fire out with water before leaving the area or going to bed.
- Do not apply insect repellent near campfires. Many brands contain alcohol or other flammable ingredients.
- No passengers are allowed to be transported in the cargo section of pickups and trucks.
- Never play games with any knife. Scouts must have their Whittlin' Chip card in order to use a knife.
- No pets (cats or dogs) allowed in camp.

FOR COURTESY:

- Always leave a supply of firewood for the next group of campers,
- Leave the campsite neat and clean. Police grounds for any trash.
- Check in when arriving and check out when departing with your commissioner. (An inspection will be made prior to approving your departure.)
- There is no tobacco use of any kind allowed on camp property. This includes e-cigarettes and smokeless tobacco.
- Keep the toilets (latrines, too) and showers clean.

FOR CONSERVATION:

- Vehicles are restricted to parking areas and roads.
- Do not cut down any trees or branches
- Only conduct conservation projects that have the approval of the camp ranger.

PERSONAL CONDUCT:

- Be a good neighbor. Do not create a disturbance or cause other campers to have a bad camping experience.
- Respect the private property of the neighbors surrounding Camp Decorah.
- Respect the staff living areas and the maintenance garage and barn. These areas are off-limits to ALL campers.
- Take good care of camp facilities and equipment. (Units will be accountable for any damage caused on purpose.)
- NO ALCOHOLIC BEVERAGES MAY BE BROUGHT ONTO OR CONSUMED CAMP PROPERTY.

ABOUT CAMP DECORAH

Camp Decorah is nestled in the heart of beautiful Western Wisconsin. This area of the country is known for its rocky bluff lands known as coulees. Western Wisconsin is an outdoor enthusiasts paradise. Hiking and biking the bluffs, navigating the many local rivers and waterways including the mighty Mississippi River, a temperate climate, and unbelievable outdoor recreational opportunities are just a few reasons tourists come to visit the Coulee Region. Camp Decorah is roughly 15 miles north of La Crosse, WI, sitting on the Black River.

The Gateway Area Council and other youth-serving organizations utilize the camp throughout the year for council and community events including the operation of a Nationally Accredited Scout Summer Camping experience. Facilities include a full service dining hall, shooting ranges, a swimming pool, large waterfront area including a stocked fishing pond, a four-sided climbing tower, COPE elements, handicraft facilities, a nature center and trail network, and much more...

CAMP DECORAH—DRIVING DIRECTIONS

From Rochester

US-52 South
Merge onto I-90 East toward La Crosse
Take Exit 4, US-53 N/WI-157 toward La Crosse/Onalaska
Turn left onto US-53 North
Turn right on Council Bay Road
(1/2 mile beyond County T)

Camp Decorah Address:

W7520 Council Bay Road
Holmen, WI 54636

From Eau Claire

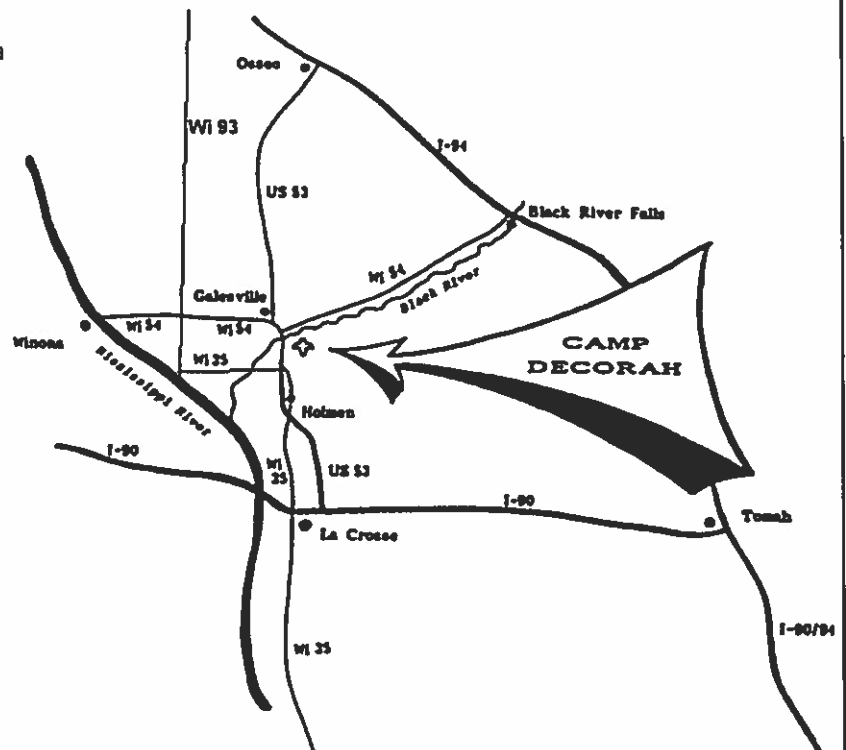
(via WI-93) / Winona (via WI-54)
Proceed to Galesville, follow US-53 South
Turn left on Council Bay Road
(just beyond the Black River "Hunter's" Bridge)

From La Crosse and South

WI-35 North through La Crosse and Onalaska
Turn Left, merge onto US-53 North
Turn Right on Council Bay Road
(1/2 mile beyond County T)

From Madison and Southeast

I-90 W/I-94 W towards Wisconsin Dells
Merge onto I-90 at Exit 45 toward La Crosse
Take Exit 4, US-53 N/WI-157 W
Turn Right onto US-53 North
Turn Right on Council Bay Road
(1/2 mile beyond County T)



CAMP DECORAH FACILITIES

CAMPSITES: All campsites are equipped with already-set-up canvas wall tents on wooden platforms, each containing two cots with mattresses. Mosquito netting is available to set up over cots, but please do not use any tent straps to hang netting. An adult may only share a tent with his or her child per BSA policy. Only two people per tent. **NO FLAMES IN TENTS!** Any damage to tents or cots should be reported to your commissioner. Units are responsible for any damage in the campsite. **You may bring your own tent's to camp if you prefer. (Please let us know ahead of time.)** Campsites include picnic tables under pavilions, latrines, sinks with running water, and fire rings. All areas of your campsite must be cleaned by your Pack before you depart camp. Firewood may be collected from already downed wood. Please do not take wood from living trees. To avoid the spread of tree diseases, no wood from outside camp is allowed in camp.

SHOWER FACILITIES: Showers are located in the Pool House. Separate shower and restroom facilities are designated for adult men, women, male and female youth under age 18. Please respect these separate facilities. Coin-operated laundry machines are available in the pool house.

FOOD SERVICE: At Camp Decorah, your food is prepared and served at the Dining Hall. Campers will serve as mess cranks with their adult leaders. Mess cranks are responsible for setting tables for meals and clearing them afterward. Meal service begins with Sunday dinner. Special diets (e.g. vegetarian, gluten/wheat free, peanut free) can be accommodated. Contact alan.abrahamson@scouting.org for special at least 2 weeks prior to your arrival at camp.

PROGRAM AREAS: All programs at Camp Decorah are age progressive. Although each Pack will stay in a campsite together, they will be divided by rank to participate in the programs. Each program station has different activities for each age group. Programs include Cub Scout camping skills, nature, crafts, swimming, BB gun and archery target shooting, and campfires.

ATHLETIC FIELD: Play sports and games during your free time in the athletic field west of the Dining Hall. Feel free to use our soccer balls, Frisbees, and footballs or bring your own.

TRADING POST: The Camp Decorah Trading Post has a selection of souvenirs, refreshments, and craft materials. Cash, checks, and VISA credit cards are accepted. Business hours are posted at the TP and throughout camp.

MEDICAL CARE: A camp health officer serves as a regular camp staff member and is on-call at all times. The health office is located in the Dining Hall located inside the western doors of the building. In the event of a serious accident, illness, or hospitalization, parents will be contacted. Medical care given in camp is without charge. **Any treatment or transportation that is needed above the capability of Camp Decorah will be an expense of the family, or is filed with the family's insurance company.** Be sure that necessary medications, inhalers, bee allergy kits, allergy medication, and other emergency items are brought to camp and kept with an adult leader or locked in a safe place with the health officer.

Cub Scout/Webelo's Camp Adventure Registration

July 29 – August 1, 2018

Due by July 6, 2018

Received: _____

Contact Information:

Pack #: _____ Name of person completing this form: _____

Cell Number: _____ E-mail Address: _____

Camping Preference:

Camp sites are issued first come first serve. Packs with no preference will be assigned a quality site. If your Pack has a preference please list below. Camp leadership will make every effort to accommodate your request but cannot guarantee it's availability.

Camp Site preference: _____

Registration:

Youth: # of Tigers _____ x \$145.00 = \$ _____

of Wolves _____ x \$145.00 = \$ _____

of Bears _____ x \$145.00 = \$ _____

of Webelos _____ x \$145.00 = \$ _____

Adults:

In accordance with BSA Youth Protection Policy of two-deep leadership, two registered adults are free if registering as a Pack. All other adults must register at \$50.00 per adult.

of Adults _____ x \$ 0.00 = \$ 0.00

of Adults _____ x \$50.00 = \$ _____

Late Fee: (Registering after July 6, 2018)

of Cub Scouts and Adults _____ x \$5.00 = \$ _____

Total: \$ _____

Forms due at check-in:

Unit Roster

Medication Form

Health Form A & B

Swim Check

Unit Roster Form

Please complete all fields.

Due at Camp Check In.

Cub Scout Summer Camp

July 29—August 1, 2018

Pack Number: _____ Council: _____

Hometown, State: _____

Name of Unit Coordinator: _____

Coordinators Email Address: _____

Coordinators Phone number: _____

Adult Name	Position	Email Address	Phone Number

Youth Name	Rank

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: _____



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

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
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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: _____

Part C: Pre-Participation Physical

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

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

DOB: _____

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		<input type="checkbox"/>	<input type="checkbox"/>		
Yes	No	Allergies or Reactions		Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Medication			
<input type="checkbox"/>	<input type="checkbox"/>	Food			
Yes	No	Allergies or Reactions		Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Plants			
<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings			

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

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

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
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	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	228	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



Medication Card

Participant's Name: _____ Parent's Signature _____
 Address _____

City _____ State _____ Zip _____ Troop # _____
 Telephone Numbers (Home) _____ (Cell) _____ (Work) _____
 Drug Allergies (Hypersensitivity) _____

I agree to be available for direct communication from the person dispensing or administering the medication(s) listed in the drug administration card below. Specific conditions under which I should be contacted regarding the condition or reactions of the Scout receiving the medication(s) are :

 Physician's Signature _____
 Address _____
 City _____ State _____ Zip _____
 Telephone No.(s) _____

This card must be completed by the physician and parent. The card must be brought to camp with any medication. No medicine container will be accepted at camp unless it is the container dispensed by the pharmacist and the name of the patient, the name of the personal physician, the prescription number, the date dispensed, the name of the medicine, and directions for use are on the container.

Routine Drug Administration Record
 (Initial, fill in date and time whenever medication is administered)

Medication: _____ Rx No: _____
 Prescribing Physician: _____
 Dosage: _____ Date Filled: _____ Route: _____
 Times: PRN Daily BID TID QID AC PC HS
 Amount In Bottle: _____ Comments: _____

Med Time	S	M	T	W	R	F	S

Medication: _____ Rx No: _____
 Prescribing Physician: _____
 Dosage: _____ Date Filled: _____ Route: _____
 Times: PRN Daily BID TID QID AC PC HS
 Amount In Bottle: _____ Comments: _____

Med Time	S	M	T	W	R	F	S

Medication: _____ Rx No: _____
 Prescribing Physician: _____
 Dosage: _____ Date Filled: _____ Route: _____
 Times: PRN Daily BID TID QID AC PC HS
 Amount In Bottle: _____ Comments: _____

Med Time	S	M	T	W	R	F	S

Medication: _____ Rx No: _____
 Prescribing Physician: _____
 Dosage: _____ Date Filled: _____ Route: _____
 Times: PRN Daily BID TID QID AC PC HS
 Amount In Bottle: _____ Comments: _____

Med Time	S	M	T	W	R	F	S

Name	Full Name of Person(s) Administering Medication	Position	Signature	Initial
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



BOY SCOUTS OF AMERICA
GATEWAY AREA COUNCIL

Date Submitted _____

Recipient Information

Youth's Name _____

Address _____

City, ST _____ Zip _____

Pack Troop Crew Unit Number _____

Amount Requested \$ _____ Event Date _____

Camp Program/Event _____

Description of why funds are needed, provide extra pages as needed.

Parent/Guard. _____

Email: _____ Phone #: _____

Signature: _____

Unit Approval by: _____

Email: _____ Phone #: _____

Signature: _____

The Gateway Area Council, Boy Scouts of America, would like to make the Scholarship program available to all requesting unit leaders. The Council solicits these funds from individuals and groups that desire to help make this program available. If you know of individuals and/or groups who you feel would be receptive to a scholarship funding request, please notify the Gateway Area Council at 608-784-4040.

Office Use Only

Date Received _____ Date Unit Leader Notified _____

Amt Granted \$ _____

Campership Application

The Gateway Area Council, Boy Scouts of America, has assembled a limited number of dollars to be used for a Camping Scholarship program enabling more Scouts to participate in year-round council programs, including summer camp.

Camping Scholarships may cover up to one half of the programs fee. Scholarships are limited to Scouts who attend Gateway Area Council Events.

Units who participate in council fund-raising initiatives, popcorn sales and Friends of Scouting will receive priority over units who decline these council initiatives as a portion of these funds are used for camp programs and facilities.

Please complete the information requested on this form. Applications must be recieved in the Gateway Area Council office no later than May 1.

Unit Fundraising Survey

Did your unit participate in a Friends of Scouting presentation? Yes No

Did your unit participate in the Gateway Area Council popcorn sale last year? Yes No

Did this Scout participate in their unit's popcorn sale? Yes No

What percentage of the Scout's popcorn sale was made available to apply towards council program fees? _____

Did your unit have a "Camp Savings Plan" or Budget Plan? Yes No

Did your unit have any other fund raising activities to help your Scouts attend camps that needed financial assistance? Yes No
If so, explain:

Mail To: Camp Scholarship (Confidential)
Gateway Area Council, BSA
2600 Quarry Rd., La Crosse, WI 54601



Swim Test Requirements

A certified Lifeguard **MUST** administer this test. A copy of their certification **MUST** accompany this form. Failure to comply with all of the requirements of this form will result in a retest at camp. It is very important that you administer this test exactly as stated. Do not make exceptions for any reason. If there is any question, have the Scout retest at camp. Keep in mind to the best of your ability that the water in the bay at camp is considerably colder than the swimming pool. There are three qualifications levels in the BSA Swim test:

1. **SWIMMER:** Allows Scouts to swim in all areas and boat in open areas of the bay.
2. **BEGINNER:** Allows limited boating and swimming.
3. **NON-SWIMMER:** Permits wading and boating only with qualified accompaniment.

Swimmer Test:

"Jump feet first into the water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen or crawl (no dog-paddle); then swim 25 yards using an easy, resting backstroke. The 100 yards must be completed in one swim without stops and include at least one sharp turn. After completing the swim, rest by floating." The test administrator must objectively evaluate the individual performance of the test, and in so doing should keep in mind the purpose of each test element:

1. *Jump feet first into the water over the head in depth, level off, and begin swimming...* The swimmer must be able to make an abrupt entry into the water and begin swimming without any aids. Walking in from shallow water, easing in from the edge or down a ladder, pushing off from side or bottom, or gaining forward momentum by diving do not satisfy this requirement.
2. *...Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; ...The swimmer must be able to cover distance with a strong, confident stroke. The 75 yards must not be in the outer limit of the swimmer's ability; completion of the distance should give evidence of sufficient stamina to avoid undue risks. Dog-paddling and strokes repeatedly interrupted and restarted are not sufficient; underwater swimming is not permitted. The itemized strokes are inclusive. Any strong side or breaststroke or any strong over-arm stroke (including the back crawl) is acceptable.*
3. *...swim 25 yards using; an easy, resting backstroke...*The swimmer must indicate the ability to execute a restful, free-breathing backstroke that can be used to avoid exhaustion during swimming activity. This element of the test necessarily follows the more strenuous swimming activity to show that the swimmer is, in fact, able to use the backstroke as a relief from exertion. The change stroke must be accomplished in deep water without any push-off or other aid. Any variation of the elementary may suffice if it clearly provides opportunity for the swimmer to rest and regain wind.
4. *...The 100 yards must be completed in one swim without stops and include at least one sharp turn...* The total distance is to be covered without rest stops. The sharp turn simply demonstrates the swimmer's ability to reverse direction in deep water without the assistance or push-off from side or bottom.
5. *...After completing the swim, rest by floating.* This critically important component of the test evaluates the swimmer's ability to maintain in water indefinitely even though exhausted or otherwise able to continue swimming. Treading water or swimming in place will further tire the swimmer and are therefore unacceptable. The duration of the float test is not significant, except that it must be long enough for the test administrator to determine that swimmer is, in fact, resting and could likely continue to do so for a prolonged time. The drown proofing technique may be sufficient if clearly restful, but it is not performed. If the test is completed except for the float requirement, the swimmer may be re-tested on the floating only (after instruction) provided that the test administrator is confident that swimmer can initiate the float when exhausted.

Beginner Test:

"Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to starting place." The entry and turn serve purpose as in the swimmer test. The swimming can be done with any stroke, but no underwater swimming is permitted. The stop assures that the swimmer can regain a stroke if it is interrupted. The test demonstrates that the beginning swimmer is ready to learn deep water skills and has a minimum ability required for safe swimming in a confined area in which shallow water, sides, or other support is less than 25 feet from any point in the water.

Non-swimmer Test:

No test is required; however all are encouraged to get in the water.

