

Cub Scout Camping Brochure



2014

HOUSATONIC COUNCIL, B.S.A.



Camp Cedarcrest and Edmund D. Strang Scout Reservation are Nationally Accredited Cub Scout and Webelos Day and Resident Camps operated by Housatonic Council, BSA.



HOUSATONIC COUNCIL, B.S.A.

Dear Scouts, Families and Friends,

Please join us this summer for any of our Cub Scout summer camp programs. On behalf of myself and the entire summer camp staff, welcome!

Camping is the keystone to any scouting program. We are pleased to offer two spectacular locations this year, Camp Cedarcrest in Orange, CT and Camp Strang in Goshen, CT. Each of these camps is a Nationally Accredited Camp by the Boy Scouts of America and meets all standards set forth by the National Office of the Boy Scouts of America for the operation of a Cub Scout Day or Resident Camp.

Camp Cedarcrest is our day camp facility, which is open to scouts ranging from current Tiger to Webelos. Established in 1924, Cedarcrest provides a peaceful and relaxing setting along the Wepawaug River in Orange, Connecticut.

Camp Strang is our overnight resident camp, located in the foothills of Litchfield County. 186 acres of forest, fields and streams provide the back drop to an exciting scouting experience.

Camping is the great scouting experience that every boy should experience. This is where his resourcefulness and self-reliance grows, where the outdoors become a lifelong source of recreation. You will learn a lot and have fun! We hope you will join us this summer for the adventure of a lifetime.

Yours in Scouting,

Chuck Stankye
Camping Committee Chair

111 New Have Ave, Derby CT 06418
Phone: (203) 734-3329 ★ www.housatonicbsa.org

SCOUT EXECUTIVE

Kevin Bishop
(203)734-3329 ext. 304
kbishop@bsamail.org

RESIDENT CAMP DIRECTOR

Bill Zinky
(203) 734-3329
(203) 906-7185 CELL
wzinky@bsamail.org

DAY CAMP DIRECTOR

Sonia Hoponick
(203) 814-6696
thehopfam@sbcglobal.net

CAMPING COMMITTEE CHAIR

Chuck Stankye
(203) 736-9539
(203) 996-6262 CELL
cmstankye@snet.net



Camp Directory

- ➔ Introduction *Page 2*
- ➔ Cub Scout Day Camp *Pages 3-6*
- ➔ Cub Scout & Webelos Resident Camp *Pages 7-9*
- ➔ Medical Forms *Pages 10-14*
- ➔ Campership Application *Page 15*
- ➔ Request for Refund *Page 16*
- ➔ Directions *Page 17*

“Keep close to Nature's heart...and break Clear away, once in a while, and Climb a mountain or spend a week in the woods. Wash your spirit clean. None of Nature's landscapes are ugly so long as they are wild.” – John Muir





Cub Scout Day Camp is an organized five-day program for ALL Cub Scouts and Webelos Scouts. It is conducted at an approved site, during the day, but not overnight. Scouts can learn and work on rank activities while having fun and making new friends. Special activities include sports, games, nature, & more. It's safe and fun for everyone. Day camp is the camp that comes to the boy.

Cub Scout Day Camp

Cub Scout Day Camp is being held at Camp Cedarcrest in Orange. The camp is conveniently located off of Route 34, near the Merritt Parkway entrance. Campers will enjoy spacious fields, a dining hall, a fishing pavilion, a separate bath house, and more! Rainy days are no problem with ample covered pavilions. Cub Scout Day Camp will begin at 9:00 a.m. and close at 4:00 p.m. Before-and-After-Care is available for an additional fee of \$10.00 per session used.

SAFETY IS OUR TOP PRIORITY

Our camp is staffed daily, by a certified health officer. Cub Scout Day Camp meets or exceeds National BSA Camp Standards and Complies with Connecticut State Law for youth camps.

INSURANCE

Housatonic Council provides secondary health and accident insurance for participants, which covers costs not paid by the primary carrier. Non-Housatonic Council participants need to provide proof of council/unit insurance.

VISITORS

All visitors must sign in and out at camp headquarters.

FAMILY PICNIC

THURSDAY

The Cub Scout Day Camp Family Picnic will be held on Thursday evenings. The camper meal is included in the cost of registration. Family members may attend for an additional fee. Friday will be a fun-filled day that begins at 9:00 a.m. and ends at 4:00 p.m.



CEDARCREST



WHAT TO PACK

- Swimming Trunks and Towel
- Swimming Shoes
- Sneakers
- Canteen or Water Bottle
- Sweatshirt or Jacket
- Extra shorts/pants/t-shirt/socks
- Bug Repellent (non-aerosol)
- Sun Screen

AN INFORMATION PACKET WILL BE MAILED OUT TO EVERY PARENT THAT SIGNS UP THEIR CUB SCOUT, PRIOR TO THE START OF DAY CAMP.

LUNCH

A healthy lunch and snack must be brought from home daily.

REQUIRED

MEDICAL FORMS

All cub scouts and adult volunteers must submit a medical form with their registration form and payment by July 1st. **MAKE COPIES!!!** Health forms will not be returned, per state law. No medical examinations can be given at camp.

MEDICATIONS

All medications for scouts and adults needed while at camp must be turned into the health officer during check-in. All medications must have a photo of the camper attached. Each form of medication must have a date as well as a doctor's name on the container. Medications must be in the original container with an attached photo! Non-prescription medication must be left with the health officer also.

CAMP TRADING POST

The camp trading post will be open each day offering a variety of snacks, treats, scout items and small toys for purchase.

BONUS FOR VOLUNTEERS!

Parents and other volunteers who serve on Day Camp staff will receive a refund of 20% of the day camp fee for each day served. **Serve the entire week and your son attends camp for free!**

Volunteers must complete Day Camp Staff Training and BSA Youth Protection Training, otherwise refund will be at 10% per day.

Den Guides provide adult supervision while Camp Staff provides the program. Den Guides also provide help when activities require it.



Cub Scout Day Camp



➔ REGISTRATION FORM

Camper Name: _____ Birth date: ____/____/____

Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

T-Shirt Size: YM _____ YL _____ YXL _____

Pack #: _____ Current Grade and Rank: _____

Parents Signature _____ E-mail: _____

■ CUB SCOUT DAY CAMP SESSIONS AT CAMP CEDARCREST

The following prices are the rates for one and two-week sessions at Camp Cedarcrest. Check the appropriate week(s) you will attend and circle the fee amount(s) per your payment date.

✓	CAMP SESSION	1-WK RATE	2-WK RATE	SIBLING RATE	EARLY BIRD
	WEEK #1: Monday, July 14- Friday, July 18	\$240	\$220	-\$20	-\$25
	WEEK #2: Monday, July 21- Friday, July 25	\$240	\$220	-\$20	-\$25
	NON-SCOUT: (6-10 yr. old) Fill out a BSA registration form with Pack 555. Additional \$25 FEE	\$255	\$220	N/A	-\$25



Total Number of Weeks: _____ Total Payment Amount: _____

■ REFUND POLICY

THERE IS NO REFUND FOR MISSED DAYS. Each session requires a \$25 non-refundable deposit.

Refunds for the balance are made only for the following:

- Serious illness or accident
- Death in the family
- Your son attend summer school, which will conflict with the camp schedule
- Your son moves from the Housatonic Council jurisdiction prior to camp starting

ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31, 2014.

■ PAYMENT

Payment by Cash or Check

Amount Enclosed: \$ _____

Date: _____ Check #: _____

Remit to: Housatonic Council, BSA
111 New Haven Avenue
Derby, CT 06418

Credit Card Payment

Credit Type: (check one) MC VISA

Name of Card Holder: _____

Account Number: _____

Expiration Date: _____

Signature: _____

For Office Use Only: Medical and Medication Form attached: Y N Invoice #: _____

Cub Scout Day Camp



➔ EXTENDED HOURS PROGRAM

We offer early morning drop off starting at 7:30 a.m. and extended afternoon hours until 5:30 p.m. During this time, campers enjoy a variety of different activities and programming.

■ EXTENDED HOURS REGISTRATION FORM

Scout(s) Name(s) _____ Pack # _____

Parent(s) Name _____

Address _____
 City _____ State _____ Zip _____
 Ph # _____ Cell # _____

■ EXTENDED HOURS SCHEDULES AND FEES

Before-Camp Extended Hours run from 7:30 a.m. – 9:00 a.m. After-Camp extended hours run from 4:00 p.m. until 5:30 p.m. Make your selection from the schedules below and multiply the total number of days used by \$10.00 each.

BEFORE-CAMP SCHEDULE

SUB-TTL

MON	TUE	WED	THU	FRI	#DAYS	X \$10/EA.
						\$

AFTER-CAMP SCHEDULE

SUB-TTL

MON	TUE	WED	THU	FRI	#DAYS	X \$10/EA.
						\$

TOTAL DUE: \$ _____

Cub Scout Day Camp



➔ TOT LOT PROGRAM

You're in the great outdoors all day. Your Scout is in the great outdoors all day. And now your Scout's little brothers and sisters can have a fun and active day outdoors too!

Your tot will have fun on days you are volunteering at Day Camp! Your child must be at least three years of age by the start of day camp and be potty trained. Cost is \$10 per day. Children enjoy age-appropriate activities and programs. Come prepared for camp just like your Scout: daypack, bag lunch, daily snack, water bottle, sunscreen & bug spray. Child and parent each submit a 2014 Camp Health Form (see pps. 13-18).

*The 2014 Camp Health Forms can be downloaded and printed from our Council website www.housatonicbsa.org
Tots should come in their swimsuit and bring a pillow and blanket for nap time.*

■ TOT LOT REGISTRATION FORM

Parents Name: _____

Child's Name: _____ Age: _____ Boy Girl

Child's Name: _____ Age: _____ Boy Girl

Address: _____

City/ST/Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Days you're volunteering and would like to bring your tots!!

SCHEDULE	MON	TUE	WED	THU	FRI
WEEK 1: July 14-18					
WEEK 2: July 21-25					
# of days using Tot Lot:		# of tots per day:		(X) \$10/Day: Amount Owed	\$

Payment is due at time of registration.

■ REFUND POLICY

THERE IS NO REFUND FOR MISSED DAYS. Refunds are made only for the following:

- Serious illness or accident
- Death in the family
- Your son attends summer school, which will conflict with the camp schedule
- Your son moves from the Housatonic Council jurisdiction prior to camp starting

REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31, 2014.

For Office Use Only:

Medical Form Attached: _____ Invoice #: _____ Date: _____ Amount Rec'd _____



Cub Scout and Webelos Resident Camp is an organized five-day program for ALL Cub Scouts. It is conducted at a Boy Scout campsite, overnight. Special activities include swimming, canoeing sports, archery, nature, & more. It's safe and fun for everyone. Resident camp is the camp that boys come to for the adventure of a lifetime.

Cub Scout & Webelos Resident Camp

CUB RESIDENT PROGRAM

The program provides a fun and educational experience for boys. Each Pack is assigned to a campsite together with Pack leaders. The Pack stays together all day for the duration of your stay as they follow a structured program. **This program will run alongside the Webelos Resident Camp program starting on Sunday afternoon and concluding Wednesday evening.**

Volunteer leaders are responsible for a group of boys during the week. Parents are asked to pass along any pertinent information to the Leader during check-in to help ensure that the Leader is prepared to give each camper the best experience possible.

WEBELOS RESIDENT PROGRAM

Similar to the Cub Resident Program, the Webelos Program is centered around fun and educational experiences for boys. Each Pack is assigned to a campsite together with Pack leaders. The Pack stays together for the duration of the week as they follow a structured program. Afternoon activities may vary. Participants who stay the entire week will see all program areas in camp.

CUB SCOUT LEADERSHIP POLICY

PARENTS OF PARTICIPANTS ARE STRONGLY ENCOURAGED TO ATTEND! It is the policy of the Boy Scouts of America that **at least 2 adult leaders**, one of whom must be 21 years of age or older, are required for camping as a unit. Camp Strang works with Packs to combine Leadership when needed. Camp Strang maintains a 5 to 1 ratio during Cub/Webelos week.





WEBELOS LEADERSHIP POLICY

PARENTS OF PARTICIPANTS NEED NOT ATTEND. Each Pack is asked to send at least two leaders. Camp Strang staff will work with Packs to combine leadership when needed. All adults staying in camp must bring their Youth Protection training certificate! It is the policy of the Boy Scouts of America that **at least 2 adult leaders**, one of whom must be 21 years of age or older, are required for all camping. Camp Strang works with Packs to combine Leadership when needed. Camp Strang maintains a 5-to-1 ratio during Webelos week. Volunteer Pack leaders are responsible for a group of boys during the week. Parents are asked to pass along any pertinent information to the Pack Leader during check-in to help ensure that the Pack Leader is prepared to give each camper the best experience possible. **Some pack leaders choose to split the week.**

WHAT TO PACK

- Swimming Trunks
 - Towel
 - Sneakers
 - Water Bottle
 - Clothing for # of Days
 - Sweatshirt or Jacket
 - Socks
 - Pajamas
 - Undergarments
 - Sleeping Bag
 - Pillow
 - Foot Locker (recommended)
 - Bug Repellent (non-aerosol)
 - Sun Screen
 - Soap
 - Shampoo/Conditioner
 - Toothpaste & Brush, Floss
 - Flashlight
 - Insect Netting & Poles
 - Flashlight
 - Pocketknife and Whittling Chip Card
- DO NOT PACK:**

Electronics
Food





Gear up for a FUN and EXCITING program where scouts work towards activity pins such as Aquanaut, Craftsman, Readyman, Forester, Geologist, Naturalist, and Outdoorsman. Scouts will also participate in shooting sports and aquatic programs.

CHECK-IN PROCEDURE

Parents are to check-in scouts at the check-in area adjacent to the parking lot between **3:00 p.m. and 4:00 p.m.**

Cub Scouts are to arrive with bathing suits on for swim tests. Once Packs are assembled, pack leaders may escort their packs to the waterfront beginning at 3:30 p.m.

HALF WEEK OPTION!

We will give scouts an opportunity to register for the 1st half week only for a reduced rate to allow them to experience Resident Camp for the first time. Scouts are then able to complete the week if they choose. Parents are to pick up half session campers by 7:00 p.m. on Wednesday evening.

FRIDAY CHECK-OUT PROCEDURE

Parents are welcome to arrive Friday evening for dinner (need to have meal ticket) beginning at 6:00 p.m. There will be a closing campfire and awards ceremony immediately following dinner. Scouts will be dismissed to their parents following the closing campfire at approximately 7:30 p.m.



TYPICAL DAY AT CAMP STRANG

- 6:30 – Polar Bear Swim
- 8:00 – Breakfast
- 9:00-12:00 – Morning activities
- 12:30 – Lunch
- 1:00 – Siesta
- 2:00-4:00 – Afternoon activities
- 5:00 – Free Swim
- 6:00 – Dinner
- 7:00-8:00 – Evening Program
- 8:00 – Campfires in sites
- 9:30 – Lights out

Resident Camp



➔ REGISTRATION FORM

Name: _____ Age: _____ Birth date: ____/____/____

Address: _____ Town: _____ State: _____ Zip: _____

Phone: _____ Unit #: _____ Unit's Town: _____

School Name: _____ Town _____

Rank as of September 2014: Wolf Bear Webelos I Webelos 2

Name of Leader Attending Camp with Scout: _____

Parents Signature (Required): _____

■ CUB SCOUT and WEBELOS RESIDENT CAMP AT CAMP STRANG

The following prices are the rates for one and half-week sessions at Camp Strang. Check the appropriate week(s) you will attend and circle the fee amount(s) per your payment date. Camp rate includes a \$25 non-refundable deposit.

✓	CAMP SESSION	CAMP RATE	EARLY BIRD
	CUB RESIDENT: Sunday, August 3- Wednesday, August 6	\$220	\$195
	ACCOMPANYING ADULT: NAME: _____	FREE	FREE
	WEBELOS HALF SESSION: Sunday, August 3- Wednesday, August 6	\$220	\$195
	WEBELOS FULL SESSION: Sunday, August 3- Friday, August 8	\$350	\$325



Total Payment Amount: _____

■ PAYMENT

Payment by Cash or Check

Amount Enclosed: \$ _____

Date: _____ Check #: _____

Remit to: Housatonic Council, BSA
111 New Haven Avenue
Derby, CT 06418

Credit Card Payment

Credit Type: (check one) MC VISA

Name of Card Holder: _____

Account Number: _____

Expiration Date: _____

Signature: _____

There is no credit given for missed days. See refund request form for refund policy. ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31

For Office Use Only: Medical and Medication Form attached: Y N

Invoice #: _____

➔ MEDICAL FORM ADDENDUM

Page 1 of 2



This form must be completed by parent/guardian for scouts under 18 years old.

Scout _____ Troop _____

Week(s) _____

This addendum to the Annual BSA Health and Medical Record is for scouts under 18 years of age and is required to meet Connecticut Department of Health requirements.

I give my permission for the camp Health Officer/Nurse to administer over-the-counter medications as directed by the Camp Physician in the Camp Standing Orders. The Housatonic Council's policies on medications at scout camp are written to comply with the National Standards of the Boy Scouts of America and the State of Connecticut Health Department. If you do not wish to have any of the following over-the-counter medications administered, please cross out and initial.

- Over-the-Counter Medications may include: (Generics may be substituted)
- Tylenol by mouth, per weight/age dosing as needed every 4-6 hours
- Advil by mouth, per weight/age dosing as needed every 6-8 hours
- Bacitracin/Neosporin/Hydrogen Peroxide topically as needed
- Hydrocortisone Cream topically every 6 hours as needed
- Benadryl by mouth, per weight/age dosing as needed, per package directions
- Claritin by mouth, per package directions
- Sudafed by mouth, per package directions
- Zantac by mouth, per package directions
- Sunscreen topically, as needed
- Bug repellent topically, as needed every 2-4 hours
- Solarcaine/Aloe Vera topically as needed every 2-4 hours



Signature _____ Date _____

REMINDER – Prescription medications must be in the original pharmacy container with label, this includes EPI-Pens. Please bring only amount needed for camp. Failure to comply will result in the inability for the medications to be administered at camp. Any medication not picked up with-in 1 week after scout leaves camp will be destroyed.

MEDICAL FORM ADDENDUM

Page 2 of 2



Scout _____ Troop _____

Week(s) _____

List Allergies:

	Prescription	Date	Parent's Signature	Doctor's Signature
1				
2				
3				
4				



Attach a photo of the scout her to assist the health officer in identifying the scout to which prescription is administered.





HOUSATONIC COUNCIL, B.S.A.

- 2014 CAMBERSHIP APPLICATION -

DEADLINE: APRIL 30, 2014

Scouts Name _____ Age (as of 7/1/2014): _____

School Name _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Unit #: _____ Troop Pack Crew

Parent, briefly explain your need for Campership assistance:

Scout is planning on attending: _____ week(s) of camp. Application has been submitted: Yes No

Applying for:

() Boy Scout Camp week of: July 6-12 July 13-19 July 20-26 July 27-August 02

() Webelos/Cub Scout Resident Camp for: Half-Week Full-Week

() Cub Scout Day Camp week of: July 14-18 July 21-25

There are _____ persons that reside in my household. Our annual household income is \$ _____
I will be paying: \$ _____ towards my son's week at camp. Our Pack/Troop will pay the amount
of: \$ _____ towards my son's week at camp. I am requesting a Campership in the amount of:
\$ _____ towards my son's week at camp.

NOTE: A camp application must be attached with a \$25.00 Deposit or Campership funding will not be approved.

I understand that this is an application, and in no way guarantees a Campership. I further understand that Housatonic Council ordinarily awards partial Camperships in belief that most Scouts can and should earn part of their camp fee. Campership assistance is open to all scouts attending Housatonic Council camps.

Parents Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

Parents Signature: _____ Cell Phone: _____

Does your child receive free or reduced lunch at school? YES NO

Please attach the cover page of your most recent 10-40 and recent pay stub and/or proof of unemployment to this form and mail it to: **Housatonic Council BSA, 111 New Haven Avenue, Derby, CT 06418**

This applicant is a registered Scout within my unit.

Unit Leader's Signature

Date

Service Center Use Only

Date Received in Office: _____ Amount Paid: \$ _____

Campership Amount Paid: \$ _____ Amount Awarded: \$ _____ Amount Due: \$ _____

➔ REQUEST FOR REFUND

■ HOUSATONIC COUNCIL'S REFUND POLICY

All requests must be received by August 31st and must have the Unit Leader's approval (signature) to be considered for refund. If a Scout will be missing days during a Camp period, that Scout needs to notify the Camp Director at check in time. No refund will include the non-refundable \$25.00 deposit.

The only circumstances under which refunds will be granted are as follows:

1. Illness of Scout prevents his attendance at summer camp
2. Illness or death in the camper's immediate family prevents his attendance at camp
3. Family relocation making attending camp impractical
4. Mandatory attendance at summer school that is verifiable
5. A Scout leaves camp for medical reasons (home sickness is not considered a refundable medical reason) must be certified by the Camp Health Officer or Camp Director. In such cases, the Scout will receive a pro-rated refund for the unused portion of the camp fee. If the unused portion constitutes three or more days and the medical excuse is not due to horseplay or negligence of said Scout.

Absolutely no refunds will be granted for —No Shows.

REQUEST FOR REFUND FORM

Scouts name: _____ Troop/Pack # _____

Address: _____ City: _____ State: _____

Zip: _____ Parents Name: _____

Phone #: _____ Cell Phone: _____

Camp Attending and Date(s): _____

Reason for Refund _____

Amount Paid for Camp: \$ _____ Amount Requesting: \$ _____

Scoutmaster/Cubmaster's Signature (required): _____

MAIL TO:

Housatonic Council, BSA
111 New Haven Avenue
Derby, CT. 06418

OFFICE USE ONLY:

Camp Week: _____

Amount paid: _____ Verified by: _____

Amount of refund: _____ Authorized by: _____



➔ DIRECTIONS TO CAMP

■ CUB SCOUT DAY CAMP

CAMP CEDARCREST, ORANGE CT

From Route 8

- Take exit 15 for Route 34 / Main Street toward Derby
- Turn right onto Route 34 for 1/10th mile
- Turn right onto Derby Avenue (continuing on Route 34) for 3.4 miles
- Turn right onto Mapledale Road for .3 mile
- Camp Cedarcrest is on the right. Parking is at second entrance on the right.

■ CUB/WEBELOS RESIDENT CAMP

EDMUND D. STRANG SCOUT RESERVATION, GOSHEN CT

Edmund D. Strang Scout Reservation is located on West Side Road in Goshen, CT.

- From the Lower Naugatuck Valley, follow Route 8 North towards Torrington.
- Take Exit 44 onto Route 4 West towards Goshen.
- Follow Route 4 West approximately 6 miles to Goshen.
- At the rotary, take a right onto Route 63 North.
- West Side Road is the first left past St. Thomas Roman Catholic Church.
- Follow West Side Road for Approximately one mile.
- The Main camp entrance will be on the right side of the road past the Rangers house.

All vehicles must be parked in the main parking lot as directed.

