Join us for an OUTDOOR ADVENTURE @ Cub Scout Day Camp & Residential Cub Experience

Who:
Housatonic Council is proud to offer summer day camps for ALL boys and girls, Scouts and non-Scouts, entering grades K-5 in the fall of 2024. Our day camps offer outstanding activities for fun, learning and adventure. Campers are divided into small, well-supervised groups.

When:
- Cub Residential Experience at Camp Strang: 6/30 - 7/3 2024
- Cub Scout Day Camp Week 1: 7/29 - 8/2 2024
- Cub Scout Day Camp Week 2: 8/5 - 8/9 2024

Where:
Cub Scout Day Camp will be held at Warsaw Park, Ansonia, CT
125 Pulaski Highway, Ansonia, CT,

Cub Residential Experience
Camp Strang, Goshen, CT
178 West Side Rd, Goshen, CT

CONTACT:
Carole Cafaro
203-734-3329
carole.cafaro@scouting.org

SIGN UP NOW

HOUSATONIC COUNCIL DAY CAMP IS A NATIONALLY ACCREDITED CUB SCOUT AND WEBELOS DAY CAMP OPERATED BY THE HOUSATONIC COUNCIL, BSA.
Dear Scouts, Families and Friends,

Please join us this summer for 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 excited to return to Warsaw Park located in Ansonia, CT. Our day camp 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.

Housatonic Council Day Camp and Resident Camp is open to youth ranging from current Lions to Webelos (ages 5 - 11).

If you are interested in an overnight resident camp (sleep-away) try Camp Strang where your whole family can participate. Located in the foothills of Litchfield County. Camp Strang is 184 acres of forest, fields and streams provide the back drop to an exciting scouting experience.

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

Yours in Scouting,

Ben Wheeler
Ben Wheeler
Scout Executive

HOUSATONIC COUNCIL
111 New Haven Ave., Derby, CT 06418
Phone: (203) 734-3329  ★  www.housatonicbsa.org
**Directions to Camp**

**Cub Scout Day Camp**

WARSAW PARK, Ansonia CT
125 Pulaski Hwy, Ansonia, CT
Directions from Housatonic Council Service Center

- Head South on CT-34 E/ New Haven Avenue
- Turn left on Sodom Lane
- Turn left onto Marshall Lane
- Turn right onto CT-243
- 125 Pulaski Hwy, Ansonia, CT

**Residential Cub Experience**

Edmund D. Strang Scout Reservation, Goshen, CT
278 West Side Rd, Goshen, CT
Directions from Housatonic Council Service Center

- 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 Caretaker's house.
- At Camp Strang all vehicles must be parked in the main parking lot.
Cub Scout Day Camp

SAFETY IS OUR TOP PRIORITY
Our camps are 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.

FOOD
Lunch/ Snacks should be brought daily from home. Lunch will be provided to Campers attending Week 2's Friday Field Trip. (this is included in the camp fee.)

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.

Cub Scout Day Camp Schedule:

Week 1: 7/29 - 8/2 2024  
Location: Warsaw Park  
Ranks: Lions - Webelos

Week 2: 8/5 - 8/9 2024  
Location: Warsaw Park  
Ranks: Lions - Webelos

***Monday morning check-in will be from 8:00-9:00 am.***
Drop off on Tuesday - Friday is 8:30-9:00 am at the white tent  
Pick up is from 4:00-4:30 pm parents must sign scouts out

Cub Scout Day Camp is an organized summer program. Campers participate in a rotating variety of activities.
**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.

**REQUIRED MEDICAL FORMS**

All cub scouts and adult volunteers are required to submit their medical form prior to the start of camp. 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. 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. This is a state law.

**Medications must be picked up prior to leaving camp at the end of the week. All medications left behind are destroyed two weeks after the end of camp.**
RESIDENTIAL CUB EXPERIENCE @ Strang June 30th—July 3rd

The program provides a fun and educational experience for youths. 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.

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. Volunteer leaders are responsible for a group of youths 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.
Residential Cub Experience (formerly Webelos Resident Camp) is an organized program for ALL Cub Scouts. It is conducted at the Edmund D. Strang Scout Reservation. Activities include: Ga-ga ball, swimming, canoeing, and other water sports, archery, nature, & more. It’s safe and fun for everyone. Resident camp is the camp that youths come to for the adventure of a lifetime.

**Daily Schedule at Camp Strang**

- 6:30 am – Polar Bear Swim or Sunrise Sports
- 8:00 – Breakfast
- 9:00-12:00 – Morning Activities
- 12:30 – Lunch
- 1:00 – Siesta
- 2:00-4:00 – Afternoon Activities
- 4:00– 5:00 Free Swim
- 6:00 – Dinner
- 7:00-8:00 – Evening Activities
- 8:00 – Campfires in sites
- 9:00 pm – Lights out

**What to Pack**

- Swim Suit
- Towel
- Sneakers
- Waterproof Boots
- Water Bottle
- Clothing for # of Days of Camp
- Sweatshirt or Jacket
- Socks
- Pajamas
- Undergarments
- Sleeping Bag
- Pillow
- Foot Locker (recommended)
- Bug repelent (non aerosol)
- Sun Screen
- Soap
- Shampoo/Conditioner
- Toothpaste, Brush, etc
- Flashlight
- Insect Netting & Poles
- Pocket Knife
- Whittling Chip Card
- Rain Gear

**What Not to Bring**

- Food or Snacks that are kept in the site/ tent
- Tobacco products, alcohol, illegal drugs
- Fireworks
- Scented Toiletries
- Electronics

Edmund D. Strang Scout Reservation suggests that any swimwear worn at the waterfront or Day Camp be appropriate attire for the activity as suggested by the BSA National Aquatics Committee. Appropriate attire is required for all activities and pertains to all ages, genders, Scouts, Scouters, staff, visitors, and family members. If there are any questions or concerns regarding this please reference the BSA National Aquatics Committee statement on swimwear and contact the camp director.
Gear up for a FUN and an EXCITING program where Scouts will work on requirements for the CUB SCOUT 2024–2025 program year...

CHECK-IN PROCEDURE

Upon arrival to Camp Strang, you will be greeted by our welcoming staff who will direct you to the Tierney Building. Please arrive and Check-in for 9:00 am.

Pack Leaders will already be in the Camp Sites so that after checking in scouts and parents can go to the site to set up and get ready for the swim test at the designated time. At that time scouts will get into their bathing suits and go to the waterfront to take the swim test.

CHECK-OUT PROCEDURE

Parents are welcome to arrive early to help scouts pack up and get ready to leave camp. Parents are welcome to join scouts for breakfast but will need to purchase a meal ticket at the office upon arrival.

As soon as breakfast is over and personal gear is stowed away leaders will dismiss scouts from the camp sites to the dinning hall for a closing ceremony around 9:00 am. After the closing ceremony scouts are dismissed to their parents to go home.
# 2024 Cub Scout Day Camp Registration Form

$25 deposit per Camper per week due by June 1, 2024.

<table>
<thead>
<tr>
<th>Pack No.</th>
<th>Parent Last Name</th>
<th>Parent First Name</th>
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<th>Address</th>
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<th>Home Phone Number</th>
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<th>Email Address</th>
<th>Parent Signature</th>
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## Available Weeks of Camp

**WEEK 1**
- **FEE:** $250
- **Monday, July 29th - Friday, Aug 2nd**
- **WARSAW PARK**

**WEEK 2**
- **FEE:** $250
- **Monday, Aug 5th - Friday, Aug 9th**
- **WARSAW PARK**

## Select Weeks for Campers in the Family

**1st Camper's Name**
- **Date of Birth**
- Rank as of Sept. 2024

**2nd Camper's Name**
- **Date of Birth**
- Rank as of Sept. 2024

## Discounts:
Scouts attending 2 weeks of camp will receive a $100 Discount
and family’s sending multiple youth will receive a $50 Discount per week

Make checks payable to: Housatonic Council, BSA

**Total:**

Deposit of $25 per week per person due by June 1, 2024

## Payment by Cash or Check

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<th>Amount Enclosed: $</th>
<th>Date</th>
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## Credit Card Payment

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<td>MC</td>
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<td>VISA</td>
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**Remit to:**

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

**Signature:**

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**Refund Policy:** There is no refund for missed days. Each session requires a $25 non-refundable deposit per week. All refund request must be made in writing to the Council Service Center by August 31st.
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Resident Camp at Strang

CUB SCOUT & WEBELOS RESIDENT CAMP AT CAMP STRANG
REGISTRATION FORM

Rate includes a $25 non-refundable deposit

Name: ______________________ Age: ______ Birth date: ______ / ______ / ______
Address: _____________________ Town: ___________ State: ______ Zip: ___________
Phone: ______________________ Unit #: _______ Unit's Town: _________________
School Name: __________________ Town: _______________

Rank as of September 2024: Lion Tiger Wolf Bear Webelos I Webelos II

Name of Adult Attending Camp with Scout: ______________________________________
Parents Signature (Required): ________________________________________________
Email: ________________________________________________________________

CAMP SESSION

<table>
<thead>
<tr>
<th>CAMP SESSION</th>
<th>CAMP RATE</th>
<th>EARLY BIRD RATE</th>
<th>SIBLING FEE</th>
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<tbody>
<tr>
<td>CUB &amp; WEBELOS RESIDENT CAMP: Includes One Parent (FREE) with each Cub Scout) Sunday, June 30th–Wednesday, July 3rd</td>
<td>$295</td>
<td>$265</td>
<td>$240</td>
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Payment by Cash or Check

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Credit Card Payment

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<th>Exp. Date:</th>
<th>Sec # on back</th>
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<tr>
<td>Housatonic Council, BSA 111 New Haven Avenue Derby, CT 06418</td>
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<tr>
<td>Signature:</td>
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Each medication to be administered by the health officer will need to have the:

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel form completed, filled out, and signed by a doctor for each individual medication to be administered. This includes any over the counter vitamins, inhalers, and EpiPens.

If this form is not filled out medications can not be administered.

***Please Note***

- Camp Medical
- Medical Form Addendum
- Authorization for the Administration of Medications

All these forms should be brought to camp and not the Council Office and turned in at check in.
MEDICAL ADDENDUM
(must be completed by parent/guardian for scouts under 18 yrs old)

SCOUT ________________________________

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

I give my permission for the camp Health Office/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, kindly 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: __________________

**REMARKER – 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 medication to be administered at camp. Any medications not picked up within one (1) week after the scout leaves camp will be destroyed.
Part A: Informed Consent, Release Agreement, and Authorization

Full name: ____________________________
Date of birth: ________________________

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 these 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 standards of conduct.

In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the 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 heath-care provider involved in providing medical care to the participant, in accordance with the Health Information (HIPAA) and other applicable laws and regulations.

I, ____________________________, having carefully considered the risks involved, hereby give my informed consent for my child to participate in all activities offered in the program. I authorize the sharing of the information on this form with any BSA volunteer or professional 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.

High-adventure base participants:
Expedition/crew No.: ________________________
or staff position: ________________________

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/videos/electronic representations and/or sound recordings made of me or my child at all Scouting activities. 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/videos/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any B7 device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor (California Penal Code Section 19815(b)). My signature below on this form indicates my permission.

☐ Checking this box indicates you DO NOT want your child to use a B7 device.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants and any limitations imposed by parents or medical providers. However, I agree that leaders can be as familiar as possible with any limitations. I also understand that if limitations are imposed on a child participant in connection with programs or activities below, those limitations are still in effect.

List participant restrictions, if any: ☐ None

Participant's signature: ____________________________ Date: ____________
Parent/guardian signature for youth: ____________________________ Date: ____________
If participant is under the age of 18:

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:
You must designate at least one adult. Please include a phone number.

Name: ________________________________________ Phone: ________________________
Name: ________________________________________ Phone: ________________________

Adults NOT Authorized to Take Youth to and From Events:

Name: ________________________________________ Phone: ________________________
Name: ________________________________________ Phone: ________________________

Prepared, For Life
Part B1: General Information/Health History

Full name: ____________________________________________

Date of birth: _______________________________________

Age: ____________________ Gender: ________________ Height (inches): __________ Weight (lbs): __________

Address: __________________________

City: ___________________________ State: ___________ ZIP code: ___________ Phone: ___________

Unit leader: ______________________ Unit leader’s mobile #: ___________

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Condition</th>
<th>Last HbA1c percentage and date:</th>
<th>Explain</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Diabetes</td>
<td></td>
<td>Insulin pump: Yes ☐ No ☐</td>
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<td></td>
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<td>Hypertension (high blood pressure)</td>
<td>Last attack date:</td>
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<td></td>
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<td>Adult or congenital heart disease/heart attack/angina/heart murmur/angina/coronary artery disease</td>
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<td>Any heart surgery or procedure, explain all “yes” answers.</td>
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<td>Family history of heart disease or any sudden heart-related death of a family member before age 50</td>
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<td>Stroke/TIA</td>
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<td>Asthma/reactive airway disease</td>
<td>Last attack date:</td>
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<td>Lung/respiratory disease</td>
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<td>COPD</td>
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<td>Ear/eyes/nose/sinus problems</td>
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<td>Muscular/skeletal condition/muscle or bone issues</td>
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<td>Head injury/concussion/TBI</td>
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<td>Ulcer disease</td>
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<td>Psychiatric/psychological or emotional difficulties</td>
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<td>Neurological/behavioral disorders</td>
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<td>Blood disorders/sickle cell disease</td>
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<td>Fainting spells and dizziness</td>
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<td>Kidney disease</td>
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<td>Seizures or epilepsy</td>
<td>Last seizure date:</td>
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<td>Abdominal/colon/digestive problems</td>
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<td>Thyroid disease</td>
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<td>Skin issues</td>
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<td>Obstructive sleep apnea/sleep disorders</td>
<td>CPAP: Yes ☐ No ☐</td>
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<td></td>
<td>List all surgeries and hospitalizations</td>
<td>Last surgery date:</td>
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<td>List any other medical conditions not covered above</td>
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Prepared. For Life.

680-001
2019 Printing
Part B2: General Information/Health History

Full name: ____________________________

Date of birth: _________________________

High-adventure base participants:

Expedition/crew No.: ____________________
or staff position: ________________________

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) ________

☐ YES  ☐ NO

DO YOU USE AN ASThma RESCUE INHALER? Exp. date (if yes) ________

☐ YES  ☐ NO

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

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<thead>
<tr>
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<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
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<td>Food</td>
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<td>☐</td>
<td>☐</td>
<td>Insect bites/stings</td>
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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 list on a separate sheet and attach.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
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</table>

☐ 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. 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Had Disease</th>
<th>Immunization</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
<td>Tetanus</td>
<td></td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Pertussis</td>
<td></td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Diphtheria</td>
<td></td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Measles/mumps/rubella</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Polio</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Chicken Pox</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Hepatitis A</td>
<td></td>
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<td>☐</td>
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<td>Hepatitis B</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Meningitis</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Influenza</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Other (i.e., Hib)</td>
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<td>☐</td>
<td>☐</td>
<td></td>
<td>Exemption to immunizations (form required)</td>
<td></td>
</tr>
</tbody>
</table>

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: ________________________________

Date of birth: ________________________________

High-adventure base participants:
Expedition/crew No.: ____________________
or staff position: ____________________

You are being asked to certify that this individual has no contraindication for participation in 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. You can also visit www.scouting.org/health-and-safety/shnr to view this information online.

Please fill in the following information:

<table>
<thead>
<tr>
<th>Medical restrictions to participate</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Allergies or Reactions</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication</td>
<td></td>
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<td></td>
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<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Plants</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Insect bites/stings</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Weight (lbs.)</th>
<th>BMI</th>
<th>Blood Pressure</th>
<th>Pulse</th>
</tr>
</thead>
</table>

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):

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meets height/weight requirements.</td>
<td></td>
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<tr>
<td>Has no uncontrolled heart disease, lung disease, or hypertension.</td>
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<tr>
<td>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.</td>
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<tr>
<td>Has no uncontrolled psychiatric disorders.</td>
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<tr>
<td>Has had no seizures in the last year.</td>
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<tr>
<td>Does not have poorly controlled diabetes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If planning to scuba dive, does not have diabetes, asthma, or seizures.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examiner’s signature: ________________________________

Date: ________________________________

Examiner’s 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:**

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Max. Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>166</td>
</tr>
<tr>
<td>61</td>
<td>172</td>
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<tr>
<td>62</td>
<td>178</td>
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<td>63</td>
<td>183</td>
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<td>64</td>
<td>189</td>
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<td>214</td>
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<td>220</td>
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<td>70</td>
<td>226</td>
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<td>233</td>
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<td>239</td>
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<td>246</td>
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<td>74</td>
<td>252</td>
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<td>75</td>
<td>260</td>
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<td>76</td>
<td>267</td>
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<td>77</td>
<td>274</td>
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<tr>
<td>78</td>
<td>281</td>
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<tr>
<td>79 and over</td>
<td>295</td>
</tr>
</tbody>
</table>
CAMP SCHOLARSHIP APPLICATION

A $85 NON-REFUNDABLE DEPOSIT is required to process application along with the Unit Leader’s signature

Name: ____________________________ Age (as of 7/1/2024): ________________
Address: ___________________________ City: ___________________ State: _____ Zip: ______
Telephone #: ________________________ Email: ______________________
Unit: Troop/Pack/Crew # ____________
Parent, briefly explain your need for Campershiep assistance:

My child is planning on attending: ___________ week(s) of camp.
Applying for:

☐ June 30-July 3  Residential Cub Experience
☐ July 7-July 13  Week 1 - Scouts BSA Resident Camp
☐ July 14-July 20  Week 2 - Scouts BSA Resident Camp
☐ July 21-July 27  Week 3 - Scouts BSA Resident Camp

I can afford $__________ towards my child’s week(s) at camp.
The Unit will be contributing $__________ towards my child’s week(s) at camp.
Number of people in household: ____________  Gross Income: ______________

*COPY OF THE FRONT PAGE OF MOST RECENT FORM 1040 REQUIRED

I understand that this is an application, and in no way guarantees a camp scholarship. I further understand that Housatonic Council awards partial camp scholarship and that scouts are encouraged to earn part of their camp fee. This campership program is limited to use at Housatonic Council Camp facilities only.

Parents Name (please print):
Address: ___________________________ City: ___________ State: _____ Zip: ______
Parents Signature: ___________________ Email: ______________________

Mail 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: ____________

APPLICATIONS MUST BE FILLED OUT COMPLETELY
INCOMPLETE APPLICATIONS WILL BE AUTOMATICALLY REJECTED
REQUEST FOR REFUND
Housatonic Council, BSA

Refund Policy

All requests must be received by August 31\textsuperscript{ST} 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. Refunds will NOT include the non-refundable $85.00 deposit.

The only circumstances under which refunds will be granted are as follows:
1. Illness of Scout prevents their attendance at summer camp.
2. Illness or death in the campers’ immediate family prevents 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.

NO REFUNDS WILL BE GRANTED FOR "NO SHOWS" OR DAYS MISSED

Scouts name: ___________________________ Troop/Pack #: ___________________________

Address: ___________________________ City/State/Zip: ___________________________

Parent’s Name: ___________________________ Phone #: ___________________________

Camp Attending and Date(s): ___________________________

Reason for Refund

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________


Amount Paid for Camp: $ _______________ Amount Requesting: $ _______________

Scoutmaster/Cubmaster’s Signature (required): ___________________________

INCOMPLETE REQUESTS WILL NOT BE PROCESSED

Mail to: Housatonic Council, BSA, 111 New Haven Avenue, Derby, CT 06418
We hope to see you for an... OUTDOOR ADVENTURE @

Cub Scout Day Camp & Residential Cub Experience

Questions or Comments please contact: Housatonic Council, BSA
111 New Haven Avenue
Derby, CT 06418
(203)734-3329