



# CAMP **WORKCOEMAN**

A CONNECTICUT RIVERS COUNCIL SCOUT CAMP



SCOUTS BSA | **2020**  
SUMMER CAMP | **PROGRAM GUIDE**



# WELCOME TO CAMP WORKCOEMAN

Dear Scoutmaster,

**Welcome to the 97<sup>th</sup> summer camp season at Camp Workcoeman!** Founded in 1924, countless Scouts have experienced the benefits of the summer camp program at this special place with a long tradition of a fun-filled camp program on the shore of West Hill Pond. Camp Workcoeman is one of the longest running camps in the country to offer a summer camp experience to Scouts.

A summer camp experience at Camp Workcoeman will make your Scout troop grow. It is here that the Scouts advance and grow in confidence and skills.

In 2009, a camp study report evaluating the camping programs in Connecticut Rivers Council was compiled by "The Camp Doctor, Inc." The following are statements from the report:

**"Good traditional Scout camping needs to survive, for this is where real Scout camping happens...  
The basic Boy Scout program at Camp Workcoeman was the best of the council's camps."**

At Camp Workcoeman, our task is to work side-by-side with you to tailor a program that best fits your troop. The staff is ready for this challenge. Once again, many of the old familiar staff veterans will be returning along with new, energetic characters. Many of which come from troops like yours!

Now is the time your troop should begin the process of planning for summer camp. Besides this program guide, the camp website, [campworkcoeman.org](http://campworkcoeman.org), can assist you in finding information about programs, camp arrival procedures, staff contact email addresses and all related camp forms. Comments from leaders about the web site indicate that it is easy to navigate and provides a wealth of information.

**Faster. Higher. Stronger! This year's theme will be a "Celebration of the Olympics!" With the 2020 Tokyo Olympics held this summer, we have our own games and activities at Camp Workcoeman. Each campsite will be assigned as a country. Your Scouts can do pre-camp planning to take on the role and represent your designated country in the Workcoeman Olympic Games. Songs, Skits, and Cheers will happen at campfires and in the dining hall. Campwide athletic and skill based games and activities will test the tenacity of your Scouts throughout the week. Get ready to compete!**

Please contact us if you have any questions or special requests with your summer camp plans. We are here to help you prepare for a summer camp experience second to none.

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# CAMP WORKCOEMAN

**CAMP WORKCOEMAN** is located on beautiful West Hill Pond in New Hartford, Connecticut. Established in 1924, it is one of the oldest continuously operated Scout camps in the country. For 96 years, thousands of Scouts and Scouters have had unforgettable Scouting experiences at Camp Workcoeman. This fine tradition of Scouting continues today.



**THE CAMP WORKCOEMAN STAFF** is chosen by a Camp Director with 40 years experience. The staff is highly skilled and trained with all key staff trained by the Boy Scouts of America at their National Camping Schools. Camp Workcoeman's veteran staff has a positive impact on a quality program.

## THE SUMMER CAMP PROGRAM AT CAMP WORKCOEMAN

contains valuable opportunities for skill instruction, advancement and FUN and is available to every troop and Scout. The quality of your troop's summer camp experience rests with you, the Scoutmaster, and your troop's junior leadership. Use this program guide to learn about camp procedures and policies. You will then be able to inform all Scouts and parents. You and your Scouts can collectively select from among the many program opportunities that meet the needs of your troop.

**TROOP LEADERSHIP IN CAMP** The National Council of the Boy Scouts of America requires that each troop must have at least two adult Scouters in camp at all times. As of January 2019, a minimum of two Scouters must be 21 years of age or older. **All adults must have completed Youth Protection Training.** These Scouters stay at camp free of charge. The cost of any additional adults is determined by the number of Scouts in your troop at camp. The following table indicates the cost of additional adults.

# OF YOUTH PER PROGRAM	# OF FREE SCOUTERS	EACH ADDITIONAL ADULT
5 - 10	2	\$120
11 - 20	3	\$120
21 - 30	4	\$120
31 - 40	5	\$120





# PRE-CAMP INFORMATION

## PRE-CAMP PROGRAM PLANNING

Two pre-camp planning meetings are scheduled for your troop leadership to meet with key members of the camp staff and develop a program that meets your needs. Your **CAMP SCOUTMASTER** and **SENIOR PATROL LEADER** are encouraged to attend **ONE** of these meetings. You will also be given information regarding camp policies, medical forms and related health information, as well as procedures for your Sunday arrival and check-in. A visit to your campsite is possible with a Camp Commissioner.

*2020 Camp orientation meetings are scheduled for:*

**Saturday, May 2**

**or**

**Saturday, May 30**

**both beginning at 10:00 AM  
in the Camp Workcoeman  
Dining Hall.**

*An additional planning meeting will take place  
in Long Island:*

**Saturday, April 25th at 10:00 AM**

**Notre Dame Parish Rectory  
45 Mayfair Rd.  
New Hyde Park, NY 11040**

## TROOP ACTIVITY AND MERIT BADGE SIGN-UP

Your troop should sign up for merit badges and troop activities prior to camp. **This will be done online using a fillable Google Form for which the appropriate links will be emailed to troop contacts following each program planning meeting.** Link information can also be found on the Camp Workcoeman website or by emailing the Program Director at [tleisten@campworkcoeman.org](mailto:tleisten@campworkcoeman.org).

**MERIT BADGE** selections should be submitted online at least three weeks prior to your week at camp. The Program Director will be in contact to verify receipt of selections and work with you in regards to any necessary program changes. A list of merit badge offerings can be found on pages 14-21 of this guide.

**TROOP ACTIVITY** requests should be submitted online at least three weeks prior to your week at camp. We will develop a schedule for your troop from the requested activities. Please understand that we will make every effort to schedule your desired troop activities. Some activities are in high demand and we want to be fair to everyone. Suggested activities can be found on page 25 of this guide. A blank schedule to begin planning your troop's week can be found on page 33.

*Staff resources are allocated based on sign-ups done ahead of time.  
As a result, some programs might not be available without pre-camp sign-ups.*



# MEDICAL FORM INFORMATION

## WHO NEEDS A COMPLETED MEDICAL FORM?

**All Scouts and Scouters staying more than 24 hours** need parts A, B, C and D of the BSA Annual Health & Medical Record form completed and submitted along with any applicable Medication Administration and Food Allergy Treatment Plan forms!

**PLEASE ONLY USE THE MEDICAL FORMS FOUND IN THIS GUIDE OR ON:  
CAMPWORKCOEMAN.ORG**

These sites contain only the appropriate forms that need to be completed. All forms should list a published date of 2019 printing (located on lower right hand corner of form).

## CHECK THE FOLLOWING ITEMS BEFORE SUBMITTING ALL MEDICAL FORMS:

### Part A:

- This form is permission for the camper to participate in camp activities as well as stipulates who may or may not remove the camper from camp.

### Part B1:

**NOTE:** This information must be completed even if you are using a state (school) physical form.

- Telephone Number: Camper's home phone number; mobile phone is a parent's mobile number
- Unit Leader: Scoutmaster or Cubmaster
- Council: CRC/066
- Unit: Troop, Pack, or Crew number
- Your health insurance company and member ID are critical if the camper or staffer must go to the urgent care center or emergency room. (We no longer need a copy of your health insurance card.)
- Health History

### Part B2:

- **ALLERGIES:** Does the camper have allergic reactions to food, medications, plants, and/or insects that could require medical treatment? If the answer is yes to any of the allergens, an Emergency Treatment Plan for Allergic Reactions form from the examining Physician/PA/APRN must be attached to the physical form. (This replaces the old allergy treatment plan form.)
- Immunization history with dates or a copy of immunization history from doctor's office. If using a copy of the immunization history, it must be a legible copy signed and dated by the physician. Your health care provider may write "Up-To-Date" and sign in the box.

- Tetanus must be within 10 years
- **MEDICATIONS:** This form is used by the BSA nationally, but Connecticut has special requirements for the administration of medications in camps, schools, etc. In Part D, there is a listing of medications that can be administered at camp without a physician's order. It is very limited. For all other medications, both prescribed and over the counter, an Authorization for Administration of Medication form must be completed, signed, and dated by the physician and parent. A separate form is required for each medication. **NOTE:** All medications must be physically checked by the nurse at check-in.

### Part C – Physical Examination:

- SIGNED and DATED by MD within 1 year of first day of camp. (In the event that the physical exam falls within the 30 days prior to your week at camp, you may submit the previous year's physical.)
- Copy of school physical is acceptable if it is SIGNED and DATED within 1 year of first day of camp and parts A & B are completed.

### Part D Connecticut Rivers Addendum:

- Completed, SIGNED and DATED by parent, guardian or self



# MEDICAL FORM INFORMATION

## Camp Foord Accommodation Request

- If you have *food allergies* or *religious dietary restrictions*, complete this form. **It must be received, without exception, at least two (2) weeks prior to your arrival at camp.** We do not have a Kosher or Halal kitchen nor a vegetarian option however arrangements can be made for you to supply any special foods that your diet may require.

## Medication Notes:

- If a camper is **only** prescribed *emergency allergy medication* (i.e. Epi-Pen or Rescue Inhaler), then only the **Emergency Treatment Plan for Allergic Reactions** form is required. The **Authorization for Administration of Medications** form is not required.
- All medications will be given at the health lodge before meals. It will be the camper's responsibility to get there.
- Adults (18+) with medications: You are permitted to administer your own medications; however, you must store them under lock and key or in the Health Lodge. Due to safety regulations, with the exception of Rescue Inhalers and Epi-Pens, no medications may be kept in the campsite(s).

## **MAKE COPIES OF ALL MEDICAL FORMS PRIOR TO SUBMISSION!**

All Medical Forms **SHOULD** be submitted to camp at least 3 weeks prior to your week at camp.

- Please include a roster of those Scouts and Scouters attending camp when sending medical forms.
- Include phone and email contact information for one primary contact for all medical form questions.

### **MAIL ALL FORMS TO:**

Camp Workcoeman  
169 Camp Workcoeman Road  
New Hartford, CT 06057  
Attn: Camp Nurse

*Do not fax or email forms to camp!*

Our Health Officers will review all forms and inform your Troop Medical Contact or parents with any problems to address prior to your arrival at camp. Please understand that submitting all forms three weeks ahead of your Troop's week at camp will help streamline your check-in process.

**Upon arrival, all Scouts and Scouters must fill out a medical survey. The survey form can be found in the "Camp Forms" section of this guide. These surveys are to be turned in to the Health Officers during your Sunday medical check-in.**

**One week prior to your arrival at camp, Troop leadership will be provided a time for your Sunday check-in with the Health Officers. Failure to follow this procedure will negatively affect the check-in schedule of all troops in camp.**

**Email all medical related questions to: [nurse@campworkcoeman.org](mailto:nurse@campworkcoeman.org) or call 860-379-1756**



# GENERAL CAMP INFORMATION

**MAIL** is received at camp and distributed daily. Outgoing mail is brought to the post office on a daily basis too. Stamps are available in the Trading Post. Incoming mail should be addressed as follows:

Camp Workcoeman  
169 Camp Workcoeman Rd.  
New Hartford, CT 06057  
Scout's Name \_\_\_\_\_ Troop # \_\_\_\_\_  
Campsite \_\_\_\_\_

**TELEPHONE** It is highly recommended that Scouts do not bring cell phones to camp. The cell service is very limited, and charging is not available. Any important incoming messages can be made to the Camp Director's phone. **Camp Office:** 860-379-2207 **Fax:** 860-379-1311 **Camp Health Lodge:** 860-379-1756

**PARKING/AUTOMOBILE USE** No vehicles may be taken into campsites, program areas, or on camp roads. Please see the Camp Director or Ranger if you have any need for the use of a vehicle to your campsite. Parking will be in designated areas only. **No passengers are ever to ride in the back of trucks.**

All vehicles are required to have a parking permit displayed on the dash board while in camp. ALL leaders and visitors must display this permit. Parking Permits can be obtained in the camp office.

**WRIST BANDS** All Scouts, Scouters, staff and visitors must wear a wrist band. Visitors must check-in at the camp office to obtain a wrist band.

**CHECK-IN/CHECK-OUT AND VISITOR PROCEDURES** Anyone arriving or departing camp after Sunday check-in **MUST** sign in or out at the Camp Office. This includes any temporary Scouters and ALL VISITORS. Visitor meal costs are: Breakfast \$4.00, Lunch \$5.00, Dinner \$6.00. Visitor meals can be paid for at the Camp Office before meals.

Any Scout leaving camp during the week for any reason with someone other than his parent or guardian must complete a special permission form. See the "Camp Forms" section of this guide for a sample of this form. This form must be completed and submitted at the time of arrival.

*\*If your troop leadership will change during the week, please submit a list of names and a day/ time schedule for leader rotation. Please submit this list to the camp office or at the Sunday Scoutmaster meeting.*

**TROOP PHOTOS** will be taken each week on Tuesday at lunch. Photo orders will be placed directly with the Camp Photographer and all payments will be made to Rockwell Photography at the time pictures are taken. Photos will be delivered to camp and distributed on Friday night. The cost of an 8x10 photo is \$10.

**LANTERNS, STOVES AND FUELS** Lanterns and stoves using liquid and propane fuels are permitted provided they are used in compliance with BSA policy as detailed in the "Guide to Safe Scouting." This includes following the policy excerpts below:

- Scouts or youth visitors under the age of 18 may not fuel or refuel any stoves, lanterns or appliances on CRC property.
- A quantity of liquid fuel not to exceed 32 ounces per appliance may be kept in a "Sigg" type container, stored in accordance with National BSA Policies and never in tents or buildings. Any fuel in excess of this amount is to be turned over to the Camp Ranger for proper storage.

**NO CANDLES, LANTERNS OR OTHER FLAMES ARE PERMITTED IN TENTS AT ANY TIME!**



# GENERAL CAMP INFORMATION

## FIRE SAFETY

Campfires are permitted ONLY in the fire pit in your campsite and should never be left unattended. Proper methods to extinguish fires should be available at all times. When the fire is out cold, stack partially burnt wood near the pit for future use. Disposing of cold ash should be done regularly. This can be arranged through the Commissioners or the Scoutcraft staff. Trees are not to be cut down.

## DINING HALL CONDUCT

All meals are served family style and use the host system. **Every table in the dining hall should have at least one Scouter sitting with the Scouts.** Scouters ensure proper table manners, safety and Scout-like behavior.

## TROOP LEADER ASSISTANCE

Troop leaders hold a wealth of information and are a great source of assistance to the staff. You are asked to share your talents in a particular program area. Please complete the Adult Resource Form in the "Camp Forms" section of this guide and return it to the Program Director.

## COMMISSIONER SERVICE - "Your Source For Help at Camp"

The Camp Workcoeman Commissioners are here for any assistance to your troop while at camp. Program changes, campsite needs & repairs, as well as any special requirements are all ways that we can make your stay at camp as best it can be. Each morning before reveille, the Commissioners will visit your campsite to bring coffee and deliver your daily copy of the morning newspaper.



## DAILY CAMPSITE VISITATIONS

A Scout is Clean. While your Scouts are at morning merit badge sessions, the Commissioners will visit your campsite. A colored feather will be placed in the tent that is best arranged and tidiest. The top three scores will be announced during lunch in the dining hall. A sample visitation rating sheet will be distributed at the Sunday afternoon leaders meeting. The Commissioners will visit with leaders to address any health and safety concerns and will be looking for top notch, clean campsites.

## DIRECTIONS TO CAMP WORKCOEMAN

Camp Workcoeman is located off West Hill Road in New Hartford.

**From the south (Middletown, Waterbury, etc.):** take Route 8 North to the Pinewoods Road Exit 46. Take a right at the end of the exit ramp past the Chatterley's Banquet Hall to the intersection of Route 183. Go left on Route 183 and take the next right onto West Hill Road. Follow the signs to Camp Workcoeman from there.

**From the Hartford area:** follow Route 44 to Winsted. Go left onto Route 183 and take a left onto West Hill Road. Follow the signs to Camp Workcoeman from there.

## DAMAGE TO CAMP PROPERTY AND EQUIPMENT

The cost of camp equipment such as tents, mattresses, bunks and campsite tables is quite expensive. For any camp property that is deliberately damaged, lost or stolen, the unit will be charged for the cost of repair or replacement.

## CAMP DISCIPLINARY POLICY

The Scout Oath and Law is the basis for the conduct of Scouts, Scouters and staff in camp. Scouts who display improper conduct will be asked to leave camp immediately with their parents. Troop leaders will be informed by the camp staff of any Scouts displaying misconduct. The following are examples of conduct that will result in the expulsion of an individual from camp: deliberate injury to another person, theft, vandalism, fighting and the use of alcohol or drugs. Prescription and over-the-counter medications must be submitted to the Camp Nurse. Improper use of drugs is strictly prohibited. Possession or use of alcohol and the improper use of drugs will result in the expulsion from camp and referral to law enforcement agencies.



# SUNDAY CHECK-IN PROCEDURES

**CHECK-IN BEGINS AT 2:00 PM**

## **IMMEDIATELY UPON ARRIVAL**

1. The Scoutmaster must check in with the Camp Director PRIOR to going to your campsite. No Scouts will be allowed in the campsite until the Scoutmaster arrives and checks in with the Camp Director.

### **You will need to submit the following:**

- An accurate roster of Scouts and Scouters in camp. This list should include any leaders rotating during the week with names and times of arrival and departure.
- All payment balances due for Scouts and extra leaders should be paid prior to camp. Payments for last minute additional Scouts and extra leader fees must be paid upon arrival.



2. All Scouts will be directed to their campsites to check-in with Troop leadership. Be sure to inform the camp administration if you plan to gather Scouts and parents in a location other than your campsite.

One week prior to camp, you will receive an assigned time for your medical check-in with the nurse. Please arrive at the parade ground pavilion at your assigned time with completed Medical Screening Forms for all Scouts and Scouters. Any Scout with medications should accompany the leader including those with orders to self-carry.

**\*If medical forms are incomplete or not submitted ahead of time, your Troop will have to wait until the end of check in to see the nurse.\***

It's very important that you follow the assigned times. Arriving before or after your time will affect everyone's schedule. Please keep your troop together through this process.

3. A Camp Staff Guide will be assigned to your troop to assist you and your Scouts with all check-in procedures.

## **SUNDAY AFTER CHECK-IN**

### **4:00 SCOUTMASTER MEETING IN THE DINING HALL**

Here you will receive information from the Camp Commissioners, the number of waiters that you will need for meals and updates from the Program Director. At least one leader from each troop must attend this meeting.



### **5:40 PARADE GROUND FOR CAMP-WIDE RETREAT AND STAFF INTRODUCTIONS**

### **6:00 DINNER**

### **AFTER DINNER...**

### **7:30 CAMP SITE ORIENTATION AND TROOP TIME**



### **8:30 OPENING CAMPFIRE HOSTED BY THE CAMP STAFF**





# FRIDAY AT CAMP WORKCOEMAN

## FRIDAY NIGHT FAMILY BAR-B-QUE & COURT OF HONOR

### FAMILY BAR-B-QUE

Our traditional **Family Bar-B-Que** will begin the evening festivities in the Dining Hall for all Scouts, Scouters, parents and visitors with reservations. Our serving time is approximately 6:00 p.m. Reservations are required for all visitors. Be sure to submit your "BAR-B-QUE RESERVATIONS FORM" (found in the "Camp Forms" section) to the Camp Business Manager by Tuesday at noon. The cost for family and visitors is \$8 for adults and \$5 for children ten and under.



### CAMPFIRE & COURT OF HONOR

The Campwide Campfire and Court of Honor will be conducted on Friday evening after dinner in the amphitheater. In addition to Troops and the Staff performing traditional skits, songs and cheers, advancement and other awards, some goofy, will be presented. Each troop will also have an opportunity to present an *Honor Camper* award to a Scout they feel best deserves the accolade. Additionally, Scouts will be presented their Veteran Camper awards, while troops fulfilling the requirements for the CLASS "A" TROOP distinction will also be recognized.

### CHECK-OUT PROCEDURES

On Saturday, Troops will enjoy a continental breakfast with check out following. The Commissioners will distribute to all troops a Campsite Check-Out form. Please complete the form and return it to your Camp Commissioner prior to leaving camp. Your Camp Commissioner can assist with all check-out procedures.

### PLEASE BE SURE ...

- that all tent flaps are down and bunks are moved to the center of each tent.
- to bring all trash to the dumpsters behind the Ranger's Shop.
- the latrine is cleaned and ready for the next troop.
- to pick up any medications from the nurse prior to departure.
- to bring to the camp office your evaluation forms and any other business forms or borrowed items
- that you have reserved a campsite for 2021 online before you depart!



# PROGRAM HIGHLIGHTS

Camp Workcoeman continues to be a leader in BSA Shooting Sports programs as one of the initial camps to offer a Pistol Shooting Program.

This program is open to Scouts who are at least 13 years old and have completed the eighth grade.

There are two options for Scouts to participate:

- A Five-Day Program consisting of a Winchester/NRA Marksmanship Qualification course

Monday: Orientation

Tuesday – Friday: Range Training and Qualification Sessions

- A One-Day Open Shoot consisting of safety review followed by an open shoot session



Participation forms signed by parents are required. The form is available in the Forms Section in this guide. There is a strict instructor to shooter ratio of 1:2. The number of participants could be limited based on available instructors.

## BLACKSMITHING



## WEDNESDAY NIGHT PATROL COOKING COMPETITION



NEW FOR

2020



IT'S BACK:  
CARDBOARD BOAT REGATTA





# THE MERIT BADGE PROGRAM

The Merit Badge program at Camp Workcoeman is extensive and includes approximately 45 badges spread over three morning sessions and an afternoon period.

Troops are requested to complete merit badge selections prior to arriving at camp through a fillable Google Form that will be emailed to troop contacts in May. Troop leadership will be able to complete merit badge registration for each Scout, or Scouts will be able to complete the information themselves. **Please make sure your merit badge selections are submitted at least three weeks prior to your arrival at camp.** The Program Director will be in contact with any necessary information and program changes.



## GENERAL GUIDELINES

- It is suggested that Scouts who have not attained the First Class rank utilize the "Tenderfoot's Compass Program." Included in the Tenderfoot's Compass curriculum is Swimming Merit Badge, which will take place during the 11:15 merit badge time. Earning Swimming Merit Badge opens the door to many challenging aquatic opportunities for Scouts.
- A limit of three (3) merit badges is recommended for Scouts, especially if difficult badges are being considered. If the advancement load of a Scout is too heavy, an otherwise fun week becomes one of disappointment.
- Advancement is one of eight methods of Scouting. \*\*Don't overload advancement at the expense of patrol and troop activities.\*\*
- Scouts should follow the buddy system for merit badge selection and are encouraged to sign-up with troop buddies.

## PRE-CAMP PREPARATIONS

- Some merit badges offered at camp may have prerequisites, while others require double time sessions for completion at camp. The information in the following pages details the times at which merit badges are offered as well as information that should be considered when making merit badge selections.
- The merit badge counselors have identified activities appropriate for Scouts with different experience levels and listed necessary prerequisite merit badge requirements that cannot be completed at camp. Please be advised that the list of prerequisites may be incomplete as a result of requirements changing between the publication of this guide and the summer camp season. Scoutmasters and Scouts should review badge requirements ahead of time to make sure each Scout is signed up for ability appropriate merit badges and comes to camp with necessary materials.
- Please see the appendix for merit badge specific prerequisite requirement sign-off sheets. These forms should be completed to ensure Scouts are given credit for work that must be done outside of camp.
- We want Scouts to have an enjoyable time at camp and come away from the week with a feeling of accomplishment having earned merit badges towards which they have worked. The Workcoeman counselors encourage you to use your experience as a Scoutmaster to guide your unit towards a successful and fun week at camp!



# 2020 MERIT BADGE TIME SCHEDULE

## 9:15 - 10:00 AM

<b>Swimming</b>	Lifesaving (9:15-11:00)	<b>Camping</b>
<b>Emergency Preparedness</b>	<b>Environmental Science **</b>	
Archery	Public Health	Athletics
Rifle Shooting	Art	Electricity
Canoeing	Wilderness Survival	Oceanography
Metalwork	BSA Lifeguard (9:15-12:00)	Tenderfoot's Compass (9:15-12:00)

\*\* Environmental Science is a single session for Scouts in high school and a double session (9:15-11:00) for Scouts in middle School\*\*

## 10:15 - 11:00 AM

<b>Swimming</b>	<b>Personal Fitness</b>	<b>First Aid</b> (10:15-12:00)
Kayaking	Digital Technology	Orienteering
Soil & Water Conservation	Wilderness Survival	Wood Carving
Rifle Shooting	Forestry	Climbing
Archery	Leatherwork	Small-Boat Sailing (10:15-12:00)
Chess	Public Speaking	

## 11:15 AM - 12:00 PM

<b>Cooking</b> (11:15-2:00)	<b>Camping</b>	<b>Citizenship in the Nation</b>
<b>Personal Fitness</b>	Space Exploration	Painting
Wood Carving	Nature	Mammal Study
Rowing	Shotgun Shooting	Climbing
	Robotics	

## OTHER

Indian Lore (1:15-2:00 PM)	Weather (1:15-2:00 PM)	Insect Study (1:15-2:00 PM)
Finger Printing (1:15-2:00 PM)	Snorkeling BSA (1:15-2:00 PM)	Basketry (1:15-2:00 PM)
BSA Stand Up Paddleboarding (1:15-2:00 PM)		Fishing (6:30-7:15 AM)

**Bold Type** - Eagle Required

All merit badge times are subject to change due to staff and equipment limitations. Any changes will be disclosed at the leader orientation meetings on April 25, May 2 & 30 and will be posted on the CampWorkcoeman.org website.

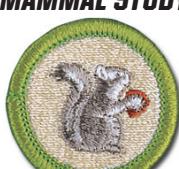
For up-to-date information or special requests contact Program Director: Tom Leisten at [tleisten@campworkcoeman.org](mailto:tleisten@campworkcoeman.org)



# MERIT BADGE INFO GUIDE

The following information suggests difficulty levels appropriate for a Scout's experience at camp. Prerequisites are requirements that cannot be met at camp. **Please see the Camp Workcoeman website for up-to-date prerequisite information.**  
(E) Indicates an Eagle required merit badge.

## ECOLOGY AND CONSERVATION

<b>ENVIRONMENTAL SCIENCE (E)</b> 	Times: 9:15 – 10:00 – Scouts in High School 9:15 – 11:00* – Scouts in Middle School Location: Henry Griffin Nature Center Prerequisites: None - Recommended for 3rd year campers or older  * Double session for middle school age Scouts, single session recommended for high school age Scouts
<b>SOIL &amp; WATER CONSERVATION</b> 	Times: 10:15 – 11:00 Location: Henry Griffin Nature Center Prerequisites: None  * Recommended for 2nd year campers or older
<b>FISHING</b> 	Times: 6:30 – 7:15 AM Location: Fishing Docks Prerequisites: None Note: Recommended for 3rd year campers or older
<b>FORESTRY</b> 	Times: 10:15 – 11:00 Location: Henry Griffin Nature Center Prerequisites: None Note: Recommended for 2nd year campers or older
<b>MAMMAL STUDY</b> 	Times: 11:15 – 12:00 Location: Henry Griffin Nature Center Prerequisites: None Note: Recommended for all Scouts
<b>NATURE</b> 	Times: 11:15 – 12:00 Location: Henry Griffin Nature Center Prerequisites: None Note: Recommended for all Scouts



# MERIT BADGE INFO GUIDE

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(E) Indicates an Eagle required merit badge.

## ECOLOGY AND CONSERVATION CONTINUED

<b>OCEANOGRAPHY</b> 	Times: 9:15-10:00 Location: Henry Griffin Nature Center Prerequisites: None Note: Recommended for 2nd year campers and older
<b>WEATHER</b> 	Times: 1:15 – 2:00 Location: Henry Griffin Nature Center Prerequisites: None Note: Recommended for 2nd year campers and older
<b>INSECT STUDY</b> 	Times: 1:15 – 2:00 Location: Henry Griffin Nature Center Prerequisites: #9

## ADDITIONAL MERIT BADGE OPPORTUNITIES

<b>CITIZENSHIP IN THE NATION (E)</b> 	Times: 11:15 – 12:00 Location: To be announced at camp Prerequisites: #2a, #2b or #2c, #8 Note: Recommended for 2nd year campers and older.
<b>PUBLIC HEALTH</b> 	Times: 9:15 – 10:00 Location: To be determined Prerequisites: None Note: Recommended for All Scouts
<b>PUBLIC SPEAKING</b> 	Times: 10:15 – 11:00 Location: To be determined Prerequisites: #2, #4 Note: Recommended for All Scouts



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(E) Indicates an Eagle required merit badge.

## OUTDOOR SKILLS

<b>CAMPING (E)</b> 	Times: 9:15 – 10:00, 11:15 – 12:00 Location: Sturge Shields Campcraft Area Prerequisites: #4b, #5e, #7b, #8c, #8d, #9a, #9b Note: Recommended for Scouts at least First Class rank **Please see pre-requisite sign-off sheet in the appendix
<b>COOKING (E)</b> 	Times: 11:15 – 12:00 (Wed., Thu. & Fri. until 2 p.m.) Location: Sturge Shields Campcraft Area Prerequisites: #5 Note: Recommended for 3rd year campers and older Scouts will eat lunch in the Campcraft area on Wednesday, Thursday and Friday. **Please see pre-requisite sign-off sheet in the appendix **Extra cost of \$10 per participant to cover cost of food
<b>EMERGENCY PREPAREDNESS (E)</b> 	Times: 9:15 – 10:00 Location: Sturge Shields Campcraft Area Prerequisites: #1, #2c #6c, #8b, #9 - May earn First Aid simultaneously Note: Recommended for 3rd year campers and older. **Please see pre-requisite sign-off sheet in the appendix
<b>ORIENTEERING</b> 	Times: 10:15 – 11:00 Location: Sturge Shields Campcraft Area Prerequisites: None Note: Recommended for 3rd year campers and older
<b>FIRST AID (E)</b> 	Times: 10:15 – 12:00 Location: Sturge Shields Campcraft Area Prerequisites: #5 Note: Recommended for 3rd year campers and older
<b>WILDERNESS SURVIVAL</b> 	Times: 9:15 – 10:00, 10:15 – 11:00 Location: Sturge Shields Campcraft Area Prerequisites: #5 Note: Recommended for 3rd year campers and older



# MERIT BADGE INFO GUIDE

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(E) Indicates an Eagle required merit badge.

## AQUATICS

<b>CANOEING</b> 	Times: 9:15 – 10:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test (Blue tag) Note: Recommended for 2nd year campers or older
<b>KAYAKING</b> 	Times: 10:15-11:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test (Blue tag) Note: Recommended for 3rd year campers or older.
<b>LIFESAVING (E)</b> 	Times: 9:15 – 11:00 Location: Waterfront Swimming Area Prerequisites: Successful completion of the BSA swimmer test (Blue tag) Note: Recommended for strong swimmers having already completed Swimming Merit Badge
<b>ROWING</b> 	Times: 11:15 – 12:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test (Blue tag) Note: Recommended for all Scouts
<b>SMALL-BOAT SAILING</b> 	Times: 10:15 – 12:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test (Blue tag) Note: Recommended for 3rd year campers or older
<b>SWIMMING (E)</b> 	Times: 9:15 – 10:00, 10:15 – 11:00 (The 11:15 session is reserved for the Tenderfoot's Compass Program only) Location: Waterfront Swimming Area Prerequisites: None Note: Recommended for all Scouts



# MERIT BADGE INFO GUIDE

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(E) Indicates an Eagle required merit badge.

## SHOOTING SPORTS

### ARCHERY



Times: 9:15 – 10:00, 10:15 – 11:00  
Location: Archery Range  
Prerequisites: None  
Note: Recommended for all Scouts

### RIFLE SHOOTING



Times: 9:15 – 10:00, 10:15 – 11:00  
Location: Rifle Range  
Prerequisites: None  
Note: Recommended for 2nd year campers or older

### SHOTGUN SHOOTING



Times: 11:15 – 12:00  
Location: Shotgun Range  
Prerequisites: Must be age 13  
Note: Extra cost of \$10 per participant to cover cost of equipment

## FIELD SPORTS & CLIMBING

### CLIMBING



Times: 10:15 – 11:00, 11:15-12:00  
Location: Douglass Climbing Center  
Prerequisites: None  
Note: Scouts must be at least 13 years of age

### PERSONAL FITNESS (E)



Times: 10:15 – 11:00, 11:15-12:00  
Location: Sports Field  
Prerequisites: #1, #6, #7, #8  
Note: Recommended for all Scouts  
Scouts must be prepared with proper footwear and clothing  
\*\*Please see pre-requisite sign-off sheet in the appendix

### ATHLETICS



Times: 9:15 – 10:00  
Location: Sports Field  
Prerequisites: #2a, #3a-d, #5  
Note: Recommended for all Scouts  
Scouts must be prepared with proper footwear and clothing



# MERIT BADGE INFO GUIDE

The following information suggests difficulty levels appropriate for a Scout's experience at camp. Prerequisites are requirements that cannot be met at camp. **Please see the Camp Workcoeman website for up-to-date prerequisite Information.**  
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## HANDICRAFT

<b>ART</b> 	Times: 9:15 – 10:00 Location: Handicraft Chapel Prerequisites: #6 Note: Recommended for all Scouts
<b>BASKETRY</b> 	Times: 1:15 – 2:00 Location: Handicraft Chapel Prerequisites: None Note: Recommended for all Scouts Additional material costs at the Trading Post - \$11-\$22 depending on project kit
<b>FINGER PRINTING</b> 	Times: 1:15 – 2:00 Location: Handicraft Chapel Prerequisites: None Note: Recommended for all Scouts
<b>INDIAN LORE</b> 	Times: 1:15 – 2:00 Location: Parade Ground Pavilion Prerequisites: None Note: Recommended for 2nd years campers and older
<b>LEATHERWORK</b> 	Times: 10:15 – 11:00 Location: Handicraft Chapel Prerequisites: None Note: Recommended for all Scouts Additional material costs at the Trading Post (\$4-\$8 kit)
<b>METALWORKING</b> 	Times: 9:15 – 10:00 Location: Handicraft Chapel Prerequisites: None Note: Recommended for Scouts at least age 13 Additional material costs at the Trading Post
<b>PAINTING</b> 	Times: 11:15 – 12:00 Location: Handicraft Chapel Prerequisites: None Note: Recommended for 3rd year campers and older



# MERIT BADGE INFO GUIDE

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## HANDICRAFT CONT.

### WOOD CARVING



Times: 10:15 – 11:00, 11:15 – 12:00  
Location: Handicraft Chapel  
Prerequisites: Totin' Chip Card  
Note: Recommended for 2nd year campers and older  
Additional material costs at the Trading Post (\$3 kit cost)

## STEM • SCIENCE • TECHNOLOGY • ENGINEERING • MATH

### DIGITAL TECHNOLOGY



Times: 10:15 – 11:00 AM  
Location: STEM Explorations Center  
Prerequisites: Cyber Chip, begin working on #6  
Note: Recommended for 2nd year campers or older.

### CHESS



Times: 10:15 – 11:00  
Location: STEM Explorations Center  
Prerequisites: None  
Note: Recommended for All Scouts

### ELECTRICITY



Times: 9:15 – 10:00  
Location: STEM Explorations Center  
Prerequisites: #2, #8, #9a  
Note: Recommended for 2nd year campers and older.

### ROBOTICS



Times: 11:15 – 12:00  
Location: STEM Explorations Center  
Prerequisites: None  
Note: Recommended for 3rd year campers and older.

### SPACE EXPLORATION



Times: 11:15 – 12:00  
Location: STEM Explorations Center  
Prerequisites: None  
Note: Recommended for all Scouts.  
Additional material costs at the Trading Post (\$11 kit cost)



# ACHIEVEMENT AWARDS & RECOGNITION

<b>BSA LIFEGUARD</b> 	This aquatics certification is available to both Scouts and Scouters. Candidates must spend all three morning merit badge sessions and additional time in the afternoon. CPR certification is required, and it is recommended to come to camp with this requirement completed. Participants must be at least 15 years old per BSA requirement and have strong swimming ability and watercraft proficiency. Scouts taking BSA Lifeguard should have already earned Lifesaving Merit Badge. Participants MUST attend all three merit badge times (9:15 - 12:00).
<b>MILE SWIM BSA</b> 	Designed to teach Scouts and Scouters about the endurance and training necessary to swim long distances, the Mile Swim award can be completed during your week at camp. Scouts and Scouters are encouraged to follow the Mile Swim build up standards available around the rim of your buddy tag, working up to the completion of a full mile by weeks end. Qualifications and actual times for practice and instruction will be announced at camp. Requires for hours of distance swimming training throughout the week.
<b>POLAR BEAR SWIMMER</b> 	Imagine waking from a restful night's sleep to "plunge" into beautiful West Hill Pond before reveille. Your troop is welcome every morning to do just that! You'll be surprised how many other Scouts and leaders will be there too! You'll receive a special Polar Bear patch if you attend 4 out of 5 days during the week!
<b>PAUL BUNYAN WOODSMAN AWARD</b> 	This award recognizes advanced axemannship and is offered by the Scoutcraft staff by appointment. A minimum 2 hour commitment is required for this award in addition to troop instructional time. Contact anyone in the Scoutcraft area to arrange a time.
<b>IRON MAN CHALLENGE</b> 	A great test of a Scout's strength and endurance is the Iron Man Challenge. Scouts must swim 1 mile, run 2 miles, and canoe 2 miles. The tests are conducted at various times during the week and a special patch is awarded at the Friday Court of Honor to all "Iron Men!"
<b>BSA STAND UP PADDLEBOARDING</b> 	Times: Monday, Wednesday, Thursday & Friday :: 1:15 – 2:00 Location: Waterfront Boating Area Prerequisites: Successful completion of the BSA swimmer test (Blue tag) Note: Recommended for all Scouts.
<b>SNORKELING BSA</b> 	Times: Monday, Wednesday, Thursday & Friday :: 1:15 – 2:00 Location: Waterfront Swimming Area Prerequisites: Successful completion of the BSA swimmer test (Blue tag) Note: Recommended for all Scouts.



# THE TENDERFOOT'S COMPASS PROGRAM

## INTRODUCING YOUNG SCOUTS TO WHAT SCOUTING IS ALL ABOUT



The Tenderfoot's Compass program is designed for first year and all young Scouts new to the summer camp experience. By participating in the program, Scouts are introduced to camping at Workcoeman, have the opportunity to learn cooperatively using the patrol method, learn about the history of Scouting and can even complete Swimming Merit Badge.

### PROGRAM HIGHLIGHTS

- Patrol based activities  
Show the Scouts what they have to look forward to in years ahead
- Cooperative patrol learning  
Scouts develop and reinforce skills with their friends
- Scout skills instruction  
Learn how to be a true Scout
- Swimming Merit Badge  
Multiple counselors providing individualized instruction
- Rank requirements  
Skill development so Scouts can work towards Tenderfoot, 2<sup>nd</sup> Class and 1<sup>st</sup> Class ranks
- Scouts will complete a 5 mile hike  
Thursday from 10:00 a.m. - 2:00 p.m.



**Scouts spending their week in Tenderfoot's Compass will meet for all three periods of the morning merit badge sessions. The program is divided into three portions:**

- 9:15 – 10:00 – Scouts learn about camp and essential skills necessary for rank advancement
- 10:15 – 11:00 – Scouts meet in the program area for skill instruction and patrol competition
- 11:15 – 12:00 – Participants meet at the waterfront for Swimming Merit Badge – this swimming class is only open to Scouts in the Tenderfoot's Compass Program

**The patrol method is an integral component of Scouting. During the week, Scouts will be learning and practicing skills within patrols composed of Scouts of their own and other troops. The teamwork and cooperative spirit will be an experience that Scouts can bring back to their own troops.**



*All Scouts participating in the Tenderfoot's Compass Program will receive a special patch!*

***Enroll your new Scouts into Tenderfoot's Compass. It will be an adventure that defines their Scouting experience for years!***



# PROGRAM AREA HIGHLIGHTS



**WATERFRONT...** The waterfront at Camp Workcoeman is the finest in the council! It has all the facilities for the best aquatic programs. The camp's fleet of boats and canoes includes many varieties of sail boats for beginners and experts. West Hill Pond is also a great place to try your hand at sailing and kayaking. The swimming opportunities are superb, offering a world of water fun and knowledge always under the utmost safety. Mile Swim, Snorkeling BSA, and Lifeguard BSA are among the special awards instructed by our trained aquatics staff.

**ECOLOGY/CONSERVATION...** Camp Workcoeman is the location of the Henry Griffin Nature Lodge. It is the center of the outdoor laboratory for all of its programs, an excellent demonstration area and example of wilderness management. Many displays and activities let Scouts experience the need for nature and conservation. Come see all of the live exhibits in the Nature Lodge.



**SHOOTING AND FIELD SPORTS...** This is the camp's center for fitness development. Activities are inter-troop, patrol and individually centered. Our basketball court is a real hit. Rifle shooting, shotgun shooting and archery are always popular activities. Muzzle loading rifle shooting is a great part of the Shawtown Wilderness Trek for older Scouts.



**SCOUTCRAFT...** The Sturge Shields Scoutcraft area offers patrols and troops a wide variety of outdoor activities. These programs encourage self-reliance and foster an appreciation of the environment, all while having fun. Many of these activities include demonstrations that show Scouts the techniques of camping, ranging from basic cooking to advanced survival. The Scoutcraft Staff offers training for both youth leaders and Scouters, with a special emphasis on Leave No Trace. Most Scoutcraft activities occur at the Sturge Shields Scoutcraft Area located at the beginning of the Red Trail; however, many activities can be conducted in your campsite.



**HANDICRAFT...** The Handicraft Area offers a choice of formal or informal programs for those Scouts who would like to try their hand at a specific craft. The Trading Post carries a large variety of craft supplies in addition to materials on hand in the Handicraft Pavilion. You are always welcome to bring your own supplies and finished work to show others.



**CLIMBING AND RAPPELLING...** This new 4 sided, 32' tall rock climbing tower is for Scouts who want to test their strength and ability to conquer the various new slopes and obstacles that makes this an extreme challenge. "The Wall" is located at the Activities Field where Scouts are shown the proper use of technical climbing equipment including climbing harnesses, ropes and belay devices.



# TROOP ACTIVITY SUGGESTIONS

The following is a list of fun program activities that your troop can consider when planning your afternoon and evening camp program. They are listed by program and are simply a list of suggestions. Please don't hesitate to ask for any assistance with any other programs not listed here.

## WATERFRONT

- Farmington River Tubing (out of camp)
- Swimming Instruction
- Water Trampoline & Slide
- Fishing Trip Around the Lake
- "THE MAT" Log Rolling
- Water Polo Watermelon Polo
- Funyaking Troop Swim
- Water Basketball Troop Sailing
- Troop Canoeing Team Canoe Hike
- Paddleboarding



## SHOOTING SPORTS

- Rifle Shoot
- Shotgun Shoot
- Target Archery



## FIELD SPORTS

- Basketball
- Volleyball
- Soccer
- Softball
- Whiffle Ball
- KanJam
- Ultimate Frisbee
- Gaga Dodge Ball
- 9-Square in the Air
- Capture the Flag



## CLIMBING & RAPPELLING

- Troop Climb
- Troop & Patrol COPE Events
- Initiative Games



## HANDICRAFT

(may require items available at the Trading Post)

- Woodcarving & Whittling
- Leatherworking
- Neckerchief Slides
- Scout Staves



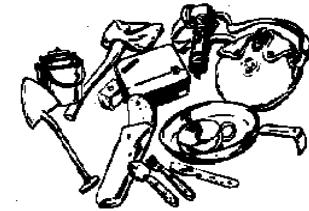
## ECOLOGY/CONSERVATION

- Underwater Nature Hike
- Edible Plant Hike & Bite
- Nature Trail Hike
- Star Gazing
- Conservation Project
- Troop Fishing



## SCOUTCRAFT COOKING

- Backpacking Meals
- Box Oven Basics
- Camp Stove Baking
- Dutch Oven Essentials
- Fundamentals of Foil
- Iron Chef Challenge
- Kabobery
- Menu Planning
- Pocket Knife Cookery
- Wok Cookery



Many Scoutcraft activities can be conducted in your troop's site. Arrangements for this can be made with the Scoutcraft Director.

## FIRECRAFT

- Advanced Fire Starting
- Campfire Basics
- Primitive Fire Starting

## HIKING AND BACKPACKING

- Five Mile Hike
- Overlook Hike
- Water Treatment on the Trail

## NAVIGATION

- Compass Challenge
- Cross-Country Orienteering Course
- First Class Orienteering Course
- GeoScouting
- Map Reading
- Navigation Without a Map or Compass
- Trail Briefing

## ROPEWORK

- Advanced Pioneering
- Basic Knots
- Monkey's Fist
- Rope Making
- Turks Head Kerchief Slides

## ADDITIONAL PROGRAMS

- Campsite Selection
- Leave No Trace orientation
- Survival Techniques
- Tomahawk Throw
- Camp Sanitation
- Packing a Backpack

## STEM

- Troop/Patrol Chess Tournament
- Quadcopter Piloting (Scouts age 14+)
- Underwater Drones



# COPE • CHALLENGING OUTDOOR PERSONAL EXPERIENCE

COPE is a national program of the Boy Scouts of America which stands for  
“Challenging Outdoor Personal Experience”.

The program consists of initiative games, trust events and low and high challenge course events. There are activities that challenge the entire group of participants, while others develop individual skills and agility. Participants climb, swing, balance, jump, rappel and devise solutions to a variety of problems. Most participants achieve much more than they imagined they could.

As a non-competitive program, COPE permits every participant to achieve their personal best!

Group activities are ideal for enhancing the leadership and teamwork within Scout units.



## COPE EMPHASIZES EIGHT MAJOR GOALS:

- Communication
- Teamwork
- Decision Making
- Trust
- Planning
- Problem Solving
- Leadership
- Self-Esteem

**COPE ACTIVITIES ARE AVAILABLE IN 1 OR 2 HOUR BLOCKS  
TO MEET TROOP AND PATROL INTEREST**

**HIGH ROPES COURSE TRIP AVAILABLE BY APPOINTMENT FOR SCOUTS  
AGE 13+, DAY OF THE WEEK TO BE DETERMINED BY STAFF AVAILABILITY,  
GROUP DEPARTS BEFORE LUNCH AND RETURNS BEFORE DINNER**





# WEEKLY CONTESTS

**CAMP WORKCOEMAN FISHING DERBY ::** Each week a camp wide fishing derby will be held. Scouts should have their fish measured at the waterfront. We encourage catch and release. The Scout that catches the biggest fish will be presented a prize.

**SHOOTING TOURNAMENTS ::** Archery and rifle shooting tournaments are scheduled for all camp "Sharp Shooters". Events will be held Friday during the Camp Wide activities session.

**SCAVENGER HUNT ::** You never know what you can find at Camp Workcoeman! The hunt runs all week and is coordinated by the Nature Lodge. A special ribbon is presented to the winner.



## CARDBOARD BOAT REGATTA RETURNING FOR 2020

Happening on beautiful West Hill Pond Friday afternoon, troops and patrols race against one another for victory in their individually designed cardboard boats! Participating troops or patrols should spend the days leading up to the race designing and building boats using only cardboard and duct tape. On Friday afternoon, boats captained by two person teams will head out on the water to test both speed and durability. Official rules will be distributed at camp. Cardboard and one roll of duct tape will be available at camp. Additional supplies can be brought to camp.



## BECOME A WORKCOEMAN CLASS "A" TROOP

This is a weeklong opportunity for all troops to work toward earning Class "A" status. Being recognized as a Workcoeman Class "A" Troop is a mark of full participation in nearly all camp programs from those listed below. All troops completing the requirements will earn this distinction and will be listed on a special "Class A Honor Board". Troops will also be recognized at the Court of Honor where they will receive a ribbon and plaque and each Scout receives a shoulder patch.

During the week, any troop that meets a minimum standard of points in various camp wide activities will have the distinction of being named a Camp Workcoeman Class "A" Troop.

Those camp wide activities are as follows:

- 1. Daily Campsite Visitation Results
- 2. Flag Ceremony Appearance
- 3. Veteran Camper Awards
- 4. Nature Scavenger Hunt
- 5. Camp Wide Game
- 6. Program Area Challenges
- 7. Patrol Competition
- 8. Religious Service Attendance



## ORDER OF THE ARROW

OA members are encouraged to bring their sashes with them to camp and wear them on OA day. An OA service project will be conducted and all members are asked to participate. This can be used for credit on the Veteran Camper Award. Brotherhood Ceremonies will also be conducted some weeks for those Ordeal members wishing to advance their OA membership. A special crackerbarrel is planned for Order of the Arrow members on Tuesday at 9:00 PM in the campfire circle. This is a great time to share lodge and chapter customs or otherwise socialize with OA members.





# 2020 CAMP THEME

## The spirit of the Olympics comes to Camp Workcoeman!

Start warming up; this year come celebrate the 2020 Tokyo Olympics done Workcoeman style. Your week at camp will be marked with experiences and challenges that strengthen the teamwork between your Scouts and develop their confidence and skills as they compete and overcome trials and games.

Each campsite will be designated a specific country that will serve as your representation to the Workcoeman games. Your Scouts will put their skills and determination to the test with a variety of games and activities that tie in the Olympics to Scouting fundamentals.

There will be songs, skits, games, and competitions! Your troop can further participate by decorating your campsite with country specific props, history, culture, and anything else to bring out the spirit of the Olympics. Stay tuned to find out what your campsite country will be!



### 2020 THEME DAYS

This is a fun way to enhance your week at camp. Come to morning colors dressed up for the day! An entirely frivolous way to have some fun and bond with your fellow Scouts. Participation is always optional and does not impact Spirit Stick or Class "A" points.

**Troop Shirt Monday** – Start the week showing off your troop pride. Wear what you've got to show what sets your troop or patrol aside from everyone else.

**Knee Sock Tuesday** – Get those knee socks on!

**Color Wars Wednesday** – As a troop, pick a color and have everyone dress head-to-toe. See if your troop and outdo the others.

**Workcoeman Thursday** – What better way to show you've had a great time at camp during the week than wearing a camp t-shirt!

**Olympic Fanfare Friday** – Prepare for the afternoon Olympic Games! Represent your country with flags, t-shirts, and anything else to get ready for the competitions!





# SPECIAL PROGRAMS AND EVENTS

## "THE SPIRIT STICK"

The Spirit Stick is awarded every evening to the troop that shows the most spirit in camp. Winners of the Spirit Stick earn a right and a responsibility for the troop. The "right" is to be the first troop dismissed out of the dining hall after meals. The "responsibility" is that the troop must affix a small totem to the Spirit Stick which indicates they earned the stick for the day.



## SHAWTOWN OUTPOST TREK

This trek offers a chance for veteran Scouts to experience Camp Workcoeman's frontiersman past. Scouts will trek out of camp after lunch, fire muzzle-loading rifles and spend the afternoon and night hiking the trails of camp, throwing tomahawks, trail cooking, and learning Shawtown folklore. Scouts will hike back in time for Polar Bear Swim the next morning. This program is an excellent opportunity for Scouts to learn advanced backpacking and hiking skills.

## DISCOVER SCUBA

Every Wednesday certified instructors will come to camp and offer a full Discover Scuba course. The weekly experience is open to Scouts age 13 and over. Adult leaders are also welcome to participate. This program requires an extra fee of \$50 per-participant and there is a minimum of four participants required to run the program. Registration with the Program Director prior to your week at camp is requested to reserve your spot. This is a great activity for an older Scout patrol!



## FARMINGTON RIVER TUBING

Your troop can arrange for a tubing trip down the Farmington River through Satan's Kingdom; a great way to spend a hot summer afternoon! Reservations must be made two weeks in advance by contacting the Program Director. Transportation to and from the river is up to the troop. An additional fee and a completed parental permission form is required for all youth participants. This form can be obtained by going to the following web site - [www.farmingtonrivertubing.com](http://www.farmingtonrivertubing.com). As this is considered an individual troop activity, a Tour Permit must be submitted. This can be done at the Camp Office.

## FARMINGTON RIVER KAYAK TRIP

This trip on the Farmington River is a fun activity, especially for those working on Kayaking BSA. It's a great way to use your kayaking skills. Scouts must be 13 years old and a blue tag swimmer. Scouts depart Thursday after lunch and return prior to dinner.



## CAMP WIDE GAMES

Friday afternoon Scouts work together in patrols and troops to participate in a variety skill and athletic based challenges for the Workcoeman Olympic Games. Scout Skills, teamwork, and problem solving will be put to the test as Scouts compete against one another.

## BUCKSKIN TOMAHAWK THROW

Located in the Sturge Shields Scoutcraft Area, this fun activity tests your ability to learn a special buckskin skill. This activity is offered by the Scoutcraft Staff during troop activity periods and during the 4:00 p.m. open program time.





# THIS PAGE "FOR LEADERS ONLY"

## "LOU'S LOUNGE"

This is a special place for leaders to enjoy a break from all of the action. It is located in the conference room area below the dining hall. Leaders are also welcome to relax and put your feet up or just use the rest rooms. Occasionally a "snoring contest" occurs! This special place is off limits to Scouts.

**WIFI INTERNET SERVICE** is available as a courtesy for all leaders. The signal is available anywhere around the parade ground area. "Leaders Only!" Please request the password at the camp office.

## LEADER'S ROUNDTABLES

Held twice during the week, at 8:00 PM on Monday night in the downstairs dining hall conference room and Thursday at 10:00 AM at a location to be announced. This open forum is an opportunity for troop leaders and key staff to gather and answer questions, solve problems and discuss concerns, as well as share your suggestions and camping experiences. As always, the Commissioner Staff is available to assist with anything during the week.



## ACTIVITIES & AWARDS FOR LEADERS *Scoutmasters should have fun too!*

### CAMP WORKCOEMAN RUSTY MAN

A great opportunity for leaders who would like to earn the **Iron Man Award** but can't because time has began to make the iron "rust." This event is designed especially for them. The leaders must complete a 1/2 mile run, 1/4 mile swim and a 1/2 mile canoe to be dubbed a "**Camp Workcoeman Rusty Man.**"

### SCOUTMASTER SHOOT-OFF / CORN HOLE COMPETITION

Scoutmasters have the opportunity to shoot all week whenever they're available and the range is open. Stop by during a troop activity, open program time, or see the Shooting Sports and Archery Directors to have your round counted towards the weekly Scoutmaster's Shootoff Competition.

### CAST IRON CHEF

Try your hand at this Scoutmaster Dessert Cook-off! This competition is held on Wednesday. Please bring your dish to the kitchen prior to the start of the dinner meal service. Your dish will be judged on creativity, taste and originality by a panel of staff dessert experts! The winning dish will be announced at the Friday Court of Honor with the winning chef receiving a special prize.



### SCOUTMASTER MERIT BADGE

Any leader can earn the Scoutmaster Merit Badge patch by completing the following requirements:

- Assist with 3 free swims throughout the week
- Participate in 3 polar bear swims as a swimmer or lifeguard
- Help out in a program area at least 2 days
- Participate in one of two Scoutmaster competitions:  
the Scoutmaster Shoot-off or the Scoutmaster Corn Hole Competition
- Explain in 50 word or less what "Scout Spirit" means to you
- Read Grace at 1 meal

If you have previously earned the Scoutmaster Merit Badge patch, you can complete additional requirements for additional years.



# SCOUT LEADER TRAINING

A series of leader training opportunities will again be offered this summer. We invite any of your troop leaders who are in camp to attend these sessions as well. Pocket certificates will be presented to all that complete these sessions.

## BSA AQUATIC SUPERVISOR



### SWIMMING & WATER RESCUE

This national program provides leaders with information and in-the-water skills to prevent, recognize and respond to swimming emergencies during unit swimming activities. This training will replace Safe Swim Defense as the certification required on the Unit Tour Permit. Participants must be at least 16 years old and must be a blue swimmer. **Daily at 11:15 a.m.**

### PADDLE CRAFT SAFETY

This is the companion course that expands on Safety Afloat training to include the basic skills and knowledge needed for a unit leader to supervise most float trips using canoes. This training will replace Safety Afloat as the certification required on the Unit Tour Permit. Development of personal canoeing skills is emphasized. Those taking the course must be 16 years old and be able to pass the BSA Swimmer test. **Daily at 3:15 p.m.**

## TREK SAFELY



The Trek Safely Program is a BSA course conceived to help youth leaders and Scouters plan and carry out a safe trekking experience for the members of their troop. The course does not teach specific skills like backpacking or caving, but rather instructs participants in planning and contingency preparation. **This training can be arranged by request in the Sturge Shields Campcraft Area.**

## "LEAVE NO TRACE" OUTDOOR ETHICS



The Leave No Trace program instills in Scouts and Scouters an outdoor ethic that encourages responsible use of the outdoors, an ethic that reaches to the core mission of the Boy Scouts of America. Camp Workcoeman offers both BSA Leave No Trace 101 and BSA Outdoor Ethics Orientation. These programs are best for individual patrols or a Patrol Leaders' Council, but we can tailor a program to suit specific goal or groups of varying experience, ranging from a single activity session to a Leave No Trace Overnight. **This training can be arranged by request in the Sturge Shields Campcraft Area.**

## IOLS



### INTRODUCTION TO OUTDOOR LEADER SKILLS

This time intensive training provides Scouters with the basic camping abilities needed to manage a Scout-led program. Interested participants must register in advance with the program director at [tleisten@campworkcoeman.org](mailto:tleisten@campworkcoeman.org). A minimum number of participants is necessary for the course to be offered. Registration intent must be received three weeks in advance in order to arrange for staff.

**Interested participants MUST register IN ADVANCE with the program director.  
A minimum number of participants is necessary for the course to be conducted.**



## Veteran Camper Award

- \*Each Scout is responsible for securing staff signatures
- \*Completed forms due to the camp office by 5 pm, Friday



Scout's Name: \_\_\_\_\_ Troop: \_\_\_\_\_ Campsite: \_\_\_\_\_

\*See Program Director for acceptable substitutions

### 1<sup>st</sup> Week – Hiker

Complete at least 10 requirements for TF, 2<sup>nd</sup>, or 1<sup>st</sup> Class ranks

Troop Leader: \_\_\_\_\_

Classify as a red tag swimmer

Aquatics Staff: \_\_\_\_\_

Complete 1-hour in camp service/conservation projects

Project Leader: \_\_\_\_\_

Be an active member of your troop and patrol

Senior Patrol Leader:  
er: \_\_\_\_\_

### 2<sup>nd</sup> Week – Camper

Complete at least 20 requirements for TF, 2<sup>nd</sup>, or 1<sup>st</sup> Class ranks

Troop Leader: \_\_\_\_\_

Classify as a blue tag swimmer

Aquatics Staff: \_\_\_\_\_

Complete 2 additional hours of in camp service/conservation projects beyond 1<sup>st</sup> week requirements

Project Leader: \_\_\_\_\_

Earn 1 Handicraft merit badge

Troop Leader: \_\_\_\_\_

### 3<sup>rd</sup> Week – Pioneer

Complete the First Class rank

Troop Leader: \_\_\_\_\_

Earn Swimming and 1 Handicraft merit badge beyond 2<sup>nd</sup> week requirements

Troop Leader: \_\_\_\_\_

Complete 2 additional hours of in camp service/conservation projects beyond 2<sup>nd</sup> week requirements

Project Leader: \_\_\_\_\_

Hold a troop leadership position during camp

Senior Patrol Leader:  
er: \_\_\_\_\_

### 4<sup>th</sup> Week – Frontiersman

Earn Camping and one additional Scoutcraft merit badge

Troop Leader: \_\_\_\_\_

Earn Environmental Science and one additional Nature merit badge

Troop Leader: \_\_\_\_\_

Complete 3 additional hours of in camp service/conservation projects beyond 3<sup>rd</sup> week requirements

Project Leader: \_\_\_\_\_

Participate in an older Scout camp program

Program Leader: \_\_\_\_\_

(Discover SCUBA, Shawtown Trek, Pistol Shooting, Kayak Trip)\*

### 5<sup>th</sup> Week – Workcoeman Chief

Complete the Star Scout Rank

Troop Leader: \_\_\_\_\_

Assist staff with instruction for 5 merit badge sessions

Staff Instructor: \_\_\_\_\_

Participate in one camp training program  
(COPE, Lifeguard BSA, CIT Week)\*

Course Instructor: \_\_\_\_\_

Lead Grace before a meal in the Dining Hall

Dining Manager: \_\_\_\_\_

Mystery task – See the Program Director early in the week

Program Director: \_\_\_\_\_

### 6<sup>th</sup> Week – Workcoeman Legacy

Only for those Scouts that have truly stood the test of time. See the Program Director for details!

Scouts that successfully complete the program receive a personalized framed certificate recognizing their achievements.

# Workcoeman Scout Reservation



Program Schedule

Troop # \_\_\_\_\_



Campsite \_\_\_\_\_

Boy Scouts of America

All Periods 45 min	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Set Times
9:15	Time Off For Staff			7:00 AM Religious Service	7:00 AM Religious Service		Continental Breakfast	Reveille Morning Colors Breakfast
10:15	Staff Meeting 12:00				Scoutmaster Roundtable		Lunch Dinner	7:45, 12:15 and 5:45
11:15				Merit Badge Instruction		Campsites Clean-up	Waiters:  Campsite Clean-up	6:00 8:30
2:15	Check-In: Health Check Swim Test					Departure	Siesta	1:15-2:00
3:15	SM Meeting 4:00 (in the Dining Hall)				6:00 Family Bar-B-Que		4:00 Daily General Swim & Boating Open Rifle & Archery Shoot Tomahawk Throw Open Climbing Wall (Mon & Wed only) Flag Retreat	7:15 7:45 8:00 12:30 6:00 5:45
7:00	Camp Orientation		Sports Night		Campwide Campfire & Court of Honor		Taps	5:45
8:00	Opening Campfire		Cooking Competition					9:30
	Scoutmaster Roundtable							

# Workcoeman Scout Reservation

Boy Scouts of America



## Weekly Program & Training Schedule

*Use this as a guide to develop your troop's week at camp.*

All Periods 45 min	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Set Times
					6:30 AM Iron Man Run			
9:15	Time Off For Staff		7:00 AM Religious Service		7:00 AM Religious Service		Continental Breakfast	Reveille Morning Colors Breakfast
10:15	Staff Meeting	12:00			Merit Badge Instruction	10:00 AM Scoutmaster Roundtable	Lunch Dinner	7:15 7:45 8:00 12:30 6:00
11:15			Daily at 11:15 Swimming & Water Rescue	Merit Badge Instruction		Departure	Waiters:  Campsite Clean-up	7:45, 12:15 and 5:45  8:30
2:15	Check-In: Health Check Swim Test		Troop Photos begin at noon	Siesta: Iron Man Canoe	10:00 – 2:00 Five Mile Hike	Departing After Lunch Farmington River Kayak Trip	SM Corn Hole Tournament Tomahawk Tournament	Siesta  1:15 -2:00
3:15	SM Meeting 4:00 (in the Dining Hall)			Siesta: Sailing Regata Intro Pistol Shoot 1:30-3:00	Olympic Games 2:00-4:00 Intro Pistol Shoot 1:30-3:00	Olympic Games 2:00-4:00 Intro Pistol Shoot 1:30-3:00	4.00 Daily General Swim & Boating Open Rifle & Archery Shoot Tomahawk Throw Open Climbing Wall (Mon & Wed only)	
7:00	Camp Orientation		Sports Night		Campwide Campfire & Court of Honor	Family Bar-B-Que	Flag Retreat Taps	5:45 9:30
8:00	Opening Campfire		8:00 SM Roundtable in Lou's Lounge	Cooking				
			9:00 PM OA Gathering		9:00 PM Eagle Scout Ice Cream Social			





# CAMP FORMS



- **SUMMER CAMP PREP FORM**
- **BAR-B-QUE SIGN-UP FORM**
- **NAME BADGE ORDER FORM**
  - **MEDICAL FORM**
- **MEDICATION ADMINISTRATION FORM**
- **INDIVIDUAL PLAN OF CARE FOR CHILD**
  - **FOOD ACCOMODATION REQUEST**
  - **MEDICAL SCREENING QUESTIONNAIRE**
- **OFF CAMP ACTIVITY PERMISSION FORM**
- **PISTOL PROGRAM PARTICIPANT FORM**
  - **CAMPER RELEASE FORM**
  - **SCOUTER RESOURCE FORM**
- **MERIT BADGE PREREQUISITE FORMS**

# Summer Camp Prep Form



Use this form to prepare for your week at summer

Send the following items at least 3 weeks prior to your week of camp.

- Medical Forms - and related Medication Authorization Forms  
(Send copies of Medical Forms as they are not returned)
- Troop Activity Sign-up Form
- Troop Roster
- Adult Resource Form
- Troop Leader Name Tag Order Form
- Special Activity Form

Additional items requiring payment at camp:

Friday Bar-B-Que      # of Youth age 10 and under \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

                                # of Adults \_\_\_\_\_ x \$8.00 = \_\_\_\_\_

Troop Photographs      # of Photos \_\_\_\_\_ x \$10.00 = \_\_\_\_\_

We strongly suggest that you bring at least 3 troop checks to cover the costs at camp.

## Contact Information

### Camp Workcoeman

169 Camp Workcoeman Road

New Hartford, CT 06057

Office-860-379-2207

Fax- 860-379-1311

For information regarding

Camp Administration, Programs, Schedules contact:

**Lou Seiser**, Camp Director

860-806-0751

[lseiser@campworkcoeman.org](mailto:lseiser@campworkcoeman.org)

### Connecticut Rivers Council, BSA

60 Darlin Street

East Hartford, CT 06128

For information regarding  
payments & reservations contact:

**Michele Soboslai**, Office Assistant

860-913-2752

[michele.soboslai@scouting.org](mailto:michele.soboslai@scouting.org)

**Michael Brown**, Director of Support Services

860-913-2750

[michael.brown@scouting.org](mailto:michael.brown@scouting.org)

## Camp Workcoeman Bar-B-Que Sign-up Sheet

Troop # \_\_\_\_\_ Campsite \_\_\_\_\_ Camp Leader \_\_\_\_\_

# \_\_\_\_\_ Scouts & Leaders attending (no Charge)

# \_\_\_\_\_ Family members 10 years and younger @ \$5.00 each                                  \$ \_\_\_\_\_

# \_\_\_\_\_ Total Attending Bar-B-Que

100% [View Details](#)

**Please have all Bar-B-Que reservations submitted into the camp office by noon Tuesday. Tickets will be issued for all Scouts, Leaders and Guests Friday Morning. Be sure that the number attending above is accurate.**

**Cash**      **Check**      **Received by**

### This part returned to Troop Leader

Troop #	Campsite
---------	----------

## Camp leader

## # Scouts & Leaders attending (no charge)

# Family members 11 years and older @ \$8.00 each \$

# Family members 10 years and younger @ \$5.00 each \$

## # Total Attending Bar-B-Que

# \_\_\_\_\_ Total Attending Bar-B-Que **Total \$**

**Cash**      **Check**      **Received by** \_\_\_\_\_

# Camp Workcoeman Troop Leader Name Badge Order Form

Leader Name \_\_\_\_\_ Week \_\_\_\_\_ Unit \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

Print All Information Name	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

**Order name badges for your troop's summer camp leaders.**

Clearly print names in the space to the left.

Send this form with payment 3 weeks prior to your week of camp and the name badges will be there when you arrive.

Badge Price: \$5.00 ea.



Total Name Badges Ordered \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

Send this form and payment to:

Camp Workcoeman Trading Post  
169 Camp Workcoeman Road  
New Hartford, CT 06057

**Make checks payable to C.R.C**

## Camp Workcoeman Troop Leader Name Badge Order Form

Leader Name \_\_\_\_\_ Week \_\_\_\_\_ Unit \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

Print All Information Name	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

**Order name badges for your troop's summer camp leaders.**

Clearly print names in the space to the left.

Send this form with payment 3 weeks prior to your week of camp and the name badges will be there when you arrive.

Badge Price: \$5.00 ea.



Total Name Badges Ordered \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

**Keep this copy for your Troop records**

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

Full name: \_\_\_\_\_

Pack  Troop  Crew # \_\_\_\_\_  
Council:  CRC  TRC  Other: \_\_\_\_\_  
 Camp Staff

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 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.

*Every person who furnishes any BB 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 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB 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 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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### 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: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults NOT Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



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## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Pack  Troop  Crew # \_\_\_\_\_

Date of birth: \_\_\_\_\_

Council:  CRC  TRC  Other: \_\_\_\_\_

Camp Staff

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_

Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**!** If you do not have medical insurance, enter "none" above. Copies of insurance cards are no longer required

### 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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<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/reactive airway disease	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/TBI	
<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"/>	Neurological/behavioral 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 or epilepsy	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"/>	Skin issues	
<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	



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## Part B2: General Information/Health History

Full name: \_\_\_\_\_

Pack  Troop  Crew # \_\_\_\_\_

Date of birth: \_\_\_\_\_

Council:  CRC  TRC  Other: \_\_\_\_\_  
 Camp Staff

### Allergies/Medications

DO YOU USE AN EPINEPHRINE

YES  NO

AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_

DO YOU USE AN ASTHMA RESCUE

YES  NO

INHALER? Exp. date (if yes) \_\_\_\_\_

If yes (above or below), an Emergency Treatment Plan for Allergic Reactions form is required.

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.

An Authorization for the Administration of Medication form is required for EACH medication

Check here if no medications are routinely taken.

If additional space is needed, please list 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. 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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations (form required)	

I certify all immunizations are up to date. (Physician's Signature/Stamp)

**DO NOT WRITE IN THIS BOX.**  
Review for camp or special activity.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



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## Part C: Pre-Participation Physical

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

Full name: \_\_\_\_\_

Pack    Troop    Crew # \_\_\_\_\_

Date of birth: \_\_\_\_\_

CRC    TRC    Other: \_\_\_\_\_

Camp Staff



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/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

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	

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"/>	
Skin issues	<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"/>	Has no uncontrolled heart disease, lung disease, 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 planning to scuba dive, does not have diabetes, asthma, or seizures.

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:

Height (inches)	Max. Weight						
60	166	65	195	70	226	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



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## Part D: Connecticut Rivers Council Addendum

Full Name:			Dates Attending:		
Campsite:			Unit:		
<input type="checkbox"/> Scout <input type="checkbox"/> Scouter <input type="checkbox"/> Staff					

This addendum to the Annual BSA Health and Medical Records is for youths and adults who are participating in a CRC camp program. This is required to meet Connecticut Department of Public Health requirements. Please read and sign the form at the bottom of the page.

**If you disagree with any statements here, please cross out that section and initial it. Explain your wishes in the comment section, attaching an additional sheet if necessary.**

- This medical form is correct so far as I know, and the person named in Part A has permission to participate in all camp activities except as noted on the form by me or by the doctor in Part C.
- I hereby request that the camp's Health Officer administer the **prescription and/or over-the-counter medication(s)** ordered by my child's doctor/dentist. I understand that I must supply the camp with the prescribed medication in the original container as dispensed and properly labeled by a doctor or a pharmacist and will provide no more than is appropriate for my child's camp stay. I understand that this medication will be destroyed if not picked up within one week after my child leaves camp.
- I also give permission for my child to participate in trips sponsored by the camp and approved by the adult/unit leader in charge. Examples of these trips are whitewater merit badge, orienteering merit badges, or trips for rock climbing or mountain biking.
- I give my permission for the Camp Health Officer to administer over-the-counter medications as directed for conditions as directed by the Camp Physician. Over-the-counter medications may include **WOUNDS**: Hydrogen Peroxide, Neosporin, Bacitracin **POISON IVY**: Tecnu, Benadryl cream **CANKER SORES**: Benzocaine cream **PAIN**: Tylenol, Ibuprofen **DYSMENORRHEA**: Ibuprofen **ABDOMINAL DISCOMFORT**: Tums, Maalox **HEADACHE**: Tylenol, Ibuprofen **HYPOGLYCEMIA**: Glucose Gel, Glucagon **ALLERGIC REACTION**: Benadryl or generic, Epipen **ATHLETE'S FOOT**: Tinactin **INSECT STING/BITE**: Benadryl Cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES**: Alcohol or Hydrogen Peroxide **1<sup>st</sup> DEGREE BURNS**: Burn Jel, Aloe Spray **EMERGENCIES**: Oxygen. Generics may be substituted.

**This section must be signed to indicate acceptance of conditions above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments:

# **AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL, CHILD CARE, AND YOUTH CAMP PERSONNEL**

**This form is for both prescribed and over-the-counter medications.**

*If camper is only taking emergency medications (epinephrine or rescue inhaler) only the allergy treatment form is required.*

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

**Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):**

Name of Child/Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address of Child/Student: \_\_\_\_\_ Town/State: \_\_\_\_\_

Medication Name/Generic Name of Drug: \_\_\_\_\_ Controlled Drug? YES \_\_\_\_ NO \_\_\_\_

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration: \_\_\_\_\_

Dosage: \_\_\_\_\_ Method/Route: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Relevant Side Effects of Medication: \_\_\_\_\_ None Expected: \_\_\_\_\_

Explain any allergies, reaction to/negative interaction with food or drugs: \_\_\_\_\_

Plan of Management for Side Effects: \_\_\_\_\_

Prescriber's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Prescriber's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Authorization:** I request that medication be administered to my child as described and directed above. I hereby request that the above ordered medication be administered by youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse/camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the camp with no more than a supply of medication to cover all doses while in attendance plus one dose. I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION:** With the exception of Emergency Medicines such as Epi-Pens and Rescue Inhalers, *no medications*, prescribed or over the counter, may be self-administered by *any person under 18 years of age*.

.....**FOR OFFICE USE ONLY**.....

Printed Name of Individual Receiving Written Authorization and Medication: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This form follows Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

# **EMERGENCY TREATMENT PLAN FOR ALLERGIC REACTIONS AND ACUTE RESPIRATORY DISTRESS AND THE PERMISSION TO ADMINISTER MEDICATIONS BY CAMP PERSONNEL**

Food Allergy       Asthma       Bee/Wasp Stings       Other

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Specific Allergy: \_\_\_\_\_

If the patient thinks he/she has been exposed to the above named allergen:

- Observe patient for symptoms of anaphylaxis X 2 hours
- Administer Epinephrine before symptoms occur, IM: \_\_\_\_\_ EPIPEN Adult       EPIPEN JR
- Administer Epinephrine if symptoms occur, IM: \_\_\_\_\_ EPIPEN Adult       EPIPEN JR
- Administer Benadryl per appropriate age/weight dose
- Call 911, transport to ER

If the patient is experiencing respiratory distress (shortness of breath, wheezing, coughing):

- Administer \_\_\_\_\_ PUFFS of \_\_\_\_\_ INHALER, REPEAT \_\_\_\_\_
- Call 911, transport to ER

Side effects, if any, to be observed: \_\_\_\_\_

## **CAMPER IS TO CARRY & MAY SELF-ADMINISTER EPIPEN / INHALER WHILE AT CAMP:**

- Yes       No

Physician's Stamp:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I REQUEST THAT MEDICATION BE ADMINISTERED TO MY CHILD AS DIRECTED AND DESCRIBED ABOVE BY CAMP PERSONNEL AND GIVE PERMISSION FOR THE EXCHANGE OF INFORMATION BETWEEN THE PRESCRIBER AND CAMP NURSE AS NECESSARY TO ENSURE THE SAFE ADMINISTRATION OF THIS MEDICATION. I UNDERSTAND I MUST SUPPLY THE CAMP WITH THE NECESSARY MEDICATION.
- IF APPROVED BY THE PHYSICIAN ABOVE, I REQUEST AND GIVE MY PERMISSION FOR MY CHILD TO CARRY AND SELF ADMINISTER THE MEDICATION.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Individual Plan of Care for a Child  
With Special Health Care Needs or Disabilities

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature(s) of the Parent(s):

\_\_\_\_\_  
\_\_\_\_\_

Date Signed:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

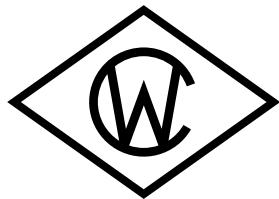
NOTE: Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

Please use the reverse side of this form for signature(s) of all staff responsible for the care of this child.

Signature of the staff responsible for \_\_\_\_\_ (name of child)

Printed Name      Signature      Date Signed

Printed Name      Signature      Date Signed



# Camp Food Accommodation Request

The food service department at Camp Workcoeman is committed to ensuring that all participants have the best meals that we can provide. We understand that many people are allergic to foods or food products that we use every day in our kitchens or have religious dietary requirements. *We do not have a Kosher or Halal kitchen nor do we have a vegetarian option however arrangements can be made for you to supply any special foods that your diet may require.*

Please indicate the camp week/specialty week you are attending: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Council: \_\_\_\_\_ District: \_\_\_\_\_

Home Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How severe is the allergy? \_\_\_\_\_ Moderate \_\_\_\_\_ Strong \_\_\_\_\_ Severe

Does participant carry an Epi-Pen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does participant carry a Rescue Inhaler? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Religious Dietary Requirements:** \_\_\_\_\_ What can we do to help accommodate your needs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form at least two weeks prior to your arrival at camp.**

# MEDICAL SCREENING QUESTIONNAIRE

This form must be completed by ALL Scouts and leaders on the day of arrival at camp. It is to comply with BSA National Camping Standards. Please have the forms completed and bring them with you at your designated check-in time with the Camp Nurse.

SCOUT'S NAME \_\_\_\_\_ TROOP \_\_\_\_\_ CAMPsite \_\_\_\_\_

Please ask the scout named above the following questions. This must be done by someone 21 years or older. If any question is positive, briefly describe under the proper question.

- |   |     |    |
|---|-----|----|
| 1. Any visit to a doctor or clinic since the last exam?                 | YES | NO |
| 2. Any recent illness, injury, rash, or allergic reaction?              | YES | NO |
| 3. Any ongoing treatment or medication not handed into the nurse?       | YES | NO |
| 4. Any medication taken 30 days prior to camp, that you are not on now? | YES | NO |
| 5. Do you feel fine and do they look fine at present?                   | YES | NO |

---

**Adult Signature**

---

Date

---

**Print Name**

# MEDICAL SCREENING QUESTIONNAIRE

This form must be completed by ALL Scouts and leaders on the day of arrival at camp. It is to comply with BSA National Camping Standards. Please have the forms completed and bring them with you at your designated check-in time with the Camp Nurse.

SCOUT'S NAME \_\_\_\_\_ TROOP \_\_\_\_\_ CAMP SITE \_\_\_\_\_

Please ask the scout named above the following questions. This must be done by someone 21 years or older. If any question is positive, briefly describe under the proper question.

- |   |     |    |
|---|-----|----|
| 1. Any visit to a doctor or clinic since the last exam?                 | YES | NO |
| 2. Any recent illness, injury, rash, or allergic reaction?              | YES | NO |
| 3. Any ongoing treatment or medication not handed into the nurse?       | YES | NO |
| 4. Any medication taken 30 days prior to camp, that you are not on now? | YES | NO |
| 5. Do you feel fine and do they look fine at present?                   | YES | NO |

---

**Adult Signature**

---

Date

---

Print Name

Must be completed for River Kayaking trip and COPE

## Camp Workcoeman Off-Camp Activity Permission Form

I \_\_\_\_\_, as Parent/Guardian of  
Scout \_\_\_\_\_, give permission  
to take part in the off-camp activity \_\_\_\_\_  
sponsored by Camp Workcoeman (date) \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

---

Must be completed for River Kayaking trip and COPE

## Camp Workcoeman Off-Camp Activity Permission Form

I \_\_\_\_\_, as Parent/Guardian of  
Scout \_\_\_\_\_, give permission  
to take part in the off-camp activity \_\_\_\_\_  
sponsored by Camp Workcoeman (date) \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## **Camp Workcoeman**

### **Scouting Pistol Safety and Marksmanship Program**

#### **Participation and Hold-Harmless Agreement**

**Camp Workcoeman** (Connecticut Rivers Council) is conducting a Scouting Pistol Safety and Marksmanship program. Scouts will be instructed how to handle, maintain, and shoot a pistol safely and be provided instruction to increase their marksmanship skills. Scouts will have classroom instruction and range instruction in which they will fire a pistol under the supervision of a trained Range Safety Officer and NRA certified pistol instructor. Scouts will be required to wear eye protection and ear protection at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and pistol instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I 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 claims or liability arising out of this participation.

**For safety, my child and I agree that he/she will do the following or he/she will be removed from the program.** I understand that any additional cost associated with participation in this program will not be refunded if my child is removed due to behavioral problems.

1. Complete the FIRST Steps class taught at Camp Workcoeman.
2. Wear all safety gear at all times while on the range.
3. Follow all safety rules provided in the training class.
4. Follow the instructions of the Range Safety Officer(s) and pistol instructor(s).
5. Do not handle any pistols until instructed to do so by the pistol instructor(s).
6. Follow the instructions of the Range Safety Officer(s) at all times.
7. Is 14 years of age, or 13 and has completed the eighth grade, as of the start of the class and will be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

Participant signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

***Parent/Guardian Authorization for  
Camper Release/Departure from Camp Facilities***

All campers that must leave the camp property, to return at a later time or day, must have this form completed in advance by a parent or guardian. This notice must be submitted to the camp office at time of initial check-in at the camp.

This notice must include the following: day, date, and time of personal event, indicating nature of activity; anticipated required departure and return to the camp facility; name, relationship, phone number, and address of individual authorized to pick up and transport camper. **Positive ID will be required for the individual authorized to pick up and transport camper.**

Please complete the below requested information for the camper, answer all questions and affix parent or guardian signature as authorization.

Camper Name \_\_\_\_\_

Camp \_\_\_\_\_ Program \_\_\_\_\_ Unit#\_\_\_\_\_

is authorized to leave the scheduled camp to participate in the following personal activity event.

Activity/Event \_\_\_\_\_ Day \_\_\_\_\_ Date \_\_\_\_\_

Time of Departure \_\_\_\_\_ Time of Return \_\_\_\_\_

The following individuals are authorized to pick up my camper. (please include your own name.)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/Town/State \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/Town/State \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City/Town/State \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Camp Workcoeman

## Scouter Resource Form

Scouters are the most important people in camp because they have the skills and training that is needed in a camp setting. We would like all of the leaders staying in camp to fill out one of the resource questionnaires and return it before arriving at camp. We hope that you will spend some of your time assisting us in providing a wonderful camp program for all of the eScouts in camp.

Name: \_\_\_\_\_ Troop: \_\_\_\_\_

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

---

Please indicate the program area(s) that you would be willing to assist during the week you are in camp. (Please circle or highlight those you would like to assist in)

<i>Nature</i>	<i>Waterfront</i>	<i>Scoutcraft</i>	<i>Tenderfoot's Compass</i>	<i>Handicraft</i>
	<i>Rifle Range</i>	<i>Archery Range</i>	<i>Climbing</i>	<i>Sports</i>

---

Please indicate below those training opportunities you would like to attend during your week at camp. (Please circle or highlight)

*Aquatic Supervisor: Water Rescue      Paddle Craft*

*Leave No Trace      Trek Safely      IOLS*

---

Would you like to attend one of our overnight or out-of-camp activities? (Please circle those you would like to attend)

*COPE (drivers needed)      Kayak Trip*

---

Please list any merit badges that you would like to offer or assist with during your week at camp.

---

Is there any other way in which you would like to assist us while you are in camp?

---

---

---

Please return this form before your arrival at camp to:

*Program Director  
Camp Workcoeman  
169 Camp Workcoeman Road  
New Hartford, CT 06057*

Scouts Name: \_\_\_\_\_ Troop: \_\_\_\_\_ Camping Session: 9:15 or 11:15 Week: \_\_\_\_\_



# Camping Merit Badge

Please initial the requirements that you Scout has completed



- Make a written plan for an overnight trek and show how to get to your camping spot using a topographical map and compass or a topographical map and a GPS receiver.
- Present yourself to your Scoutmaster with your pack for inspection. Be correctly clothed and equipped for an overnight campout.
- Prepare a camp menu. Explain how the menu would differ from a menu for a backpacking or float trip. Give recipes and make a food list for your patrol. Plan two breakfasts, three lunches, and two suppers. Discuss how to protect your food against bad weather, animals, and contamination.
- Using the menu described above, cook at least one breakfast, one lunch, and one dinner for your patrol. At least one of these meals must be a trail meal requiring the use of a lightweight stove.
- Camp a total of at least 20 days and 20 nights. Sleep each night under the sky or in a tent you have pitched. These 20 days and 20 nights must be at a designated Scouting activity or event. You may use a week of long-term camp toward this requirement. If the camp provides a tent that has already been pitched, you need not pitch your own tent.
- One any of these above camping experiences, you must do two of the following, only with proper preparation and under qualified supervision:
  - Hike up a mountain, gaining at least 1,000 vertical feet.
  - Backpack, snowshoe, or cross-country ski for at least 4 miles.
  - Take a bike trip of at least 15 miles or at least four hours.
  - Take a nonmotorized trip on the water of at least four hours or 5 miles.
  - Plan and carry out an overnight snow camping experience.
  - Rappel down a rappel route of 40 feet or more.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_

Scouts Name: \_\_\_\_\_ Troop: \_\_\_\_\_ Week: \_\_\_\_\_



# Cooking Merit Badge

Please initial the requirements that you Scout has completed



- \_\_\_\_\_ Using the MyPlate food guide, plan a menu for three full days of meals (three breakfasts, three lunches and three dinners) plus one dessert. Your menu should include enough to feed yourself and at least one adult, keeping in mind any special needs (such as food allergies) of those to be served. List the equipment and utensils needed to prepare and serve these meals. Then do the following.
- \_\_\_\_\_ Create a shopping list for your meals showing the amount of food needed to prepare and serve each meal.
  - \_\_\_\_\_ Prepare and serve yourself an at least one adult, one breakfast, one lunch, one dinner and one dessert from the meals you planned using at least five of the following methods: baking, boiling, pan frying, simmering, steaming, microwaving and grilling.
  - \_\_\_\_\_ Time your cooking to have each meal ready to serve at the proper time.
  - \_\_\_\_\_ After each meal, ask a person you served to evaluate the meal on presentation and taste, then evaluate your own meal.
- \_\_\_\_\_ Using the MyPlate food guide, plan a menu for trail hiking or backpacking that includes one breakfast, one lunch, one dinner and one snack. These meals must not require refrigeration and are to be consumed by three to five people (including you). List the equipment and utensils needed to prepare and serve these meals. Then do the following:
- \_\_\_\_\_ Create a shopping list for your meals showing the amount of food needed to prepare and serve each meal.
  - \_\_\_\_\_ While on a trail hike or backpacking trip, prepare and serve two meals and a snack from the menu that you planned. At least one of those meals must be cooked over an approved trail stove.
  - \_\_\_\_\_ For each meal prepared, use safe food handling practices. Explain how you kept foods safe and free from cross-contamination. Clean up equipment, utensils and the site thoroughly after each meal. Properly dispose of dishwater and pack out all garbage.
  - \_\_\_\_\_ After each meal, have those you served evaluate the meal on presentation and taste, then evaluate your own meal. Tell how better planning and preparation help ensure successful trail hiking or backpacking meals.

The meals prepared for Cooking merit badge can only count towards fulfilling these requirements and will not count toward rank advancement. Meals prepared for rank advancement cannot be used to complete Cooking merit badge. Please refer to Cooking Merit Badge book for more information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_

Scouts Name: \_\_\_\_\_ Troop: \_\_\_\_\_ Week: \_\_\_\_\_



# Emergency Preparedness Merit Badge



Please initial the requirements that you Scout has completed

- Earn the First Aid merit badge.
- Prepare a written plan for mobilizing your troop when needed to do emergency service. If there is already a plan, explain it. Tell your part in making it work.
- Take part in at least one troop mobilization. Before the exercise, describe your part to your counselor. Afterward, conduct an "after-action" lesson, discussing what you learned during the exercise that required changes or adjustments to the plan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_

# Emergency Preparedness Merit Badge

In addition to the requirements listed above, scouts should complete the following and bring the materials to camp

- ◆ Identify the government agencies and organizations that normally prepare for emergency situations and provide emergency services in your community
- ◆ Find out who is your community's emergency management director and learn what this person does to prepare, respond to, recover from, mitigate and prevent emergency situations.
- ◆ Use the information you gained from your local emergency management director to prepare a chart as described in Requirement 2.
- ◆ Meet with your family and discuss how to prepare for the situations in your chart. With this in mind, work with your family to assemble an emergency/evacuation kit and develop a family plan as described in the Emergency Preparedness Merit Badge Pamphlet. Be prepared to discuss the outcomes of your family meeting at camp, and bring either your family's kit or photographs of it to camp.
- ◆ Create a personal emergency service pack, as described in the Emergency Preparedness Merit Badge Pamphlet

Scouts Name: \_\_\_\_\_ Troop: \_\_\_\_\_ Personal Fitness Session: 10:15 or 11:15 Week: \_\_\_\_\_



# Personal Fitness Merit Badge

Please initial the requirements that you Scout has completed



- Have your health-care practitioner give you a physical examination, using the Scout medical examination form.
- Have a dental examination. Get a statement saying that your teeth have been checked and cared for.
- Complete the aerobic fitness, flexibility and muscular strength tests, along with the body composition evaluation as described in the Personal Fitness merit badge pamphlet. Record your results and identify those areas where you feel you need to improve.
- Outline a comprehensive 12-week physical fitness program using the results of your fitness tests. Be sure your program incorporates the endurance, intensity and warm-up guidelines discussed in the Personal Fitness merit badge pamphlet. Before beginning your exercises, have the program approved by your counselor and parents.
- Complete the physical fitness program you outlined in requirement 7. Keep a log of your fitness program activity (how long you exercised; how far you ran, swam or biked; how many exercise repetitions you completed; your exercise heart rate; etc.). Repeat the aerobic fitness, muscular strength and flexibility tests every two week and record your results. After the 12th week, repeat all of the required activities in each of the three test categories, record your results and show improvement in each one. For the body composition evaluation, compare and analyze your preprogram and post-program body composition measurements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_