

***CUB SCOUT ADVENTURERS
SNAKE RIVER COUNCIL
2017 DAY CAMP***

**2017 Mini-Cassia
Day Camp
Leader's Guide**



Your Adventure Awaits!

ONLINE REGISTRATION INSTRUCTIONS

For Day Camp

READ THIS FIRST!!! Before you begin the registration process, you need to contact your COR for your username and password.

1. Open your web browser and go to www.srcouncil.org.
2. Click on the **Camps** tab.
3. Scroll down to the Cub Scout Day Camp section.
4. Click on your district registration box. A new window opens in the Day Camp registration program.
5. Enter the **Username** and **Password** you received from your COR and click the **Login** button.
6. In the middle of the **Event Registration** screen, click on the **Your Roster** icon to review your unit roster.
7. If you need to add boys and/or leaders to your roster, this is where you take care of it. Click on the **New** button and add the boy's/leader's information and click **Save** at the bottom of the screen.
8. At this point don't worry about boys/leaders who are no longer in your unit.
9. Click on the **Event Registration** icon at the top of the screen to begin the process.
10. In the new window click on the **+ New Youth Registration** button to add a boy to the event.
11. A new window will pop up and you select the boy to register. Select the day you want to attend and click on the **Create Registration** button.
12. A new window appears. Complete all of the information identified by the red *.
13. When you have entered the required information, click **Save**.
14. You will get a **Success!** screen pop up.
15. Click on the **Pay Full Amount** radio button. This will apply the amount for the new registration and place it in the shopping cart.
16. You now have two options with which to choose: 1) **+ New Youth Registration** or option 2) **+ New Adult Registration**.
17. You then continue to register the rest of your unit.
18. Once you have completed adding all of the boys and leaders to the event, click on the **shopping cart** above and checkout.
19. In the next screen if the amounts are zero, click on the icon between the amount column and the large X. The screen will appear of the boy/adult. Click on **Save** and the Success! window will appear once again. Click on the **Pay Full Amount** radio button. Then click the **Checkout** button. All of the totals will appear on the new screen next to the boys and leaders.
20. Complete the information for payment at the right.
21. Once all of the information is entered, click on the **Submit My Order** button. An email will be sent to you as your receipt.
22. Print out the email and retain for your records and bring it with you at the day of your event.
23. Congratulations! You have registered your unit for the event.

"The most worthwhile thing is to try to put HAPPINESS into the lives of others."
-- Robert Baden-Powell, founder of the Scouting Movement

2017 Mini-Cassia Day Camp Leader's Guide

Location, Dates and Time

Cub Scout Adventurers Day Camp

Location: Cassia County Fair Grounds

Dates: June 7 and 8 Wolf and Bear Days
June 9 Webelos Day

Check-in/ Registration Begins @ 7:30 am
Camp Ends @ 4:00 pm

All Day Camp leaders will receive a camp map the morning they check-in.

Day Camp Administrators:

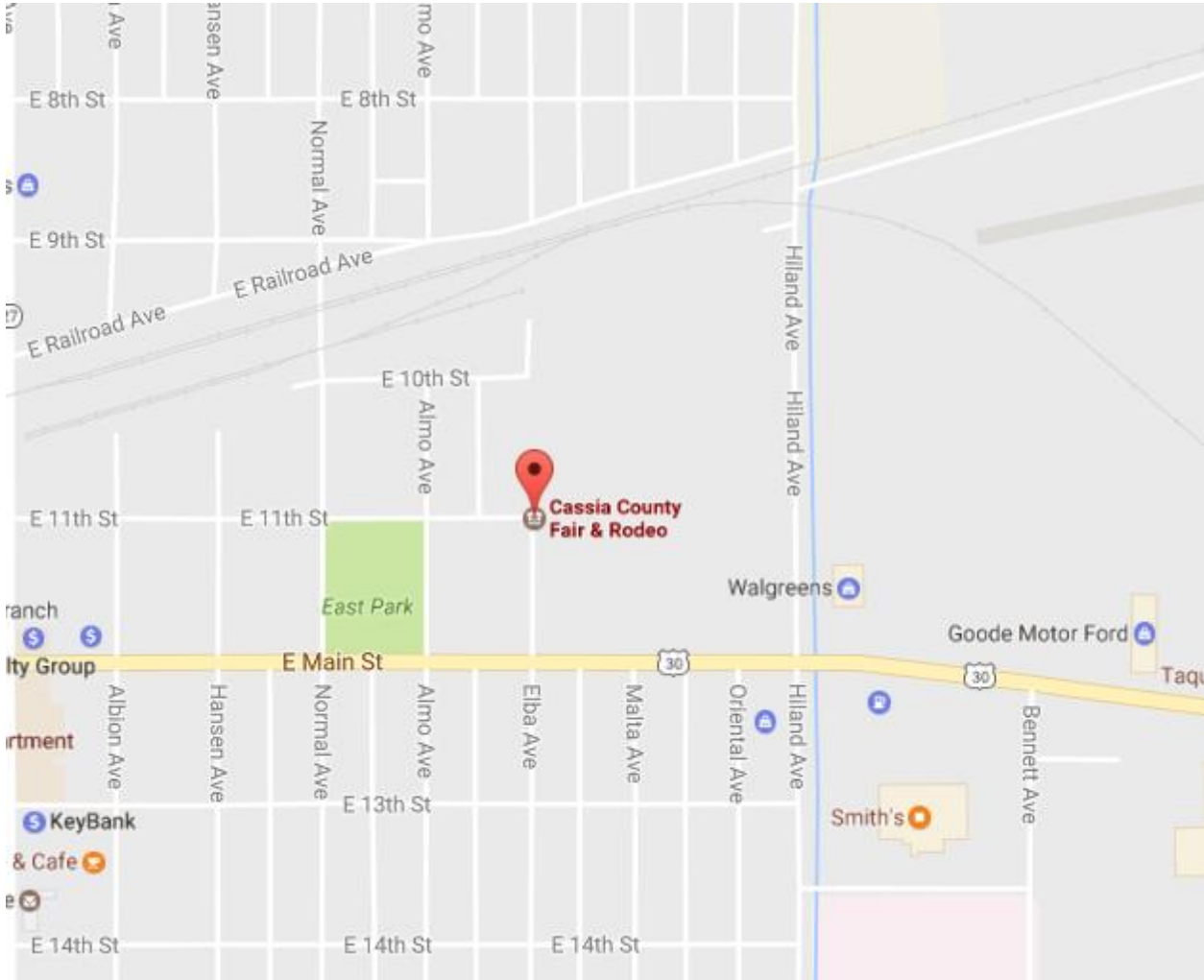
Clarke Farrer: 670-1156

Mindy Taylor: 678-9252

Please feel free to contact us with any questions or concerns.

For Online Registration questions, please contact Brian Stucki (208) 733-2067.

Cassia County Fairgrounds Burley, Idaho



Day Camp Schedule

Camp for Wolves and Bears run on Wednesday June 7 and Thursday June 8.
Webelos camp will run on Friday June 9.

7:30 a.m. - Check-in/Registration opens

8:00 a.m. - Gathering

8:10 a.m. - Opening Activity Begin - Ends at 8:20 a.m.

Each Station will be 30 minutes long with a 10 minute period to get to the next station. Please fill your water bottles and use the restroom (leaders can use the restrooms inside the Art Building) during the 10 minute breaks. We want to keep this orderly and fun, so please stick to the schedule and go promptly to your next station at the sound of the bell.

8:30 a.m. - 9:00 a.m. - Station 1

9:10 a.m. - 9:40 a.m. - Station 2

9:50 a.m. - 10:20 a.m. - Station 3

10:30 a.m. - 11:00 a.m. - Station 4

11:10 a.m. - 11:40 a.m. - Station 5

50-minute Break - Lunch/Trading Post will be open. Turtle races on lawn near 4H Building.

12:30 p.m. - 1:00 p.m. - Station 6

1:10 p.m. - 1:40 p.m. - Station 7

1:50 p.m. - 2:20 p.m. - Station 8

2:30 p.m. - 3:00 p.m. - Station 9

3:10 p.m. - 3:40 p.m. - Station 10

3:50 p.m. - 4:00 p.m. - Closing Ceremony

Day Camp Supply List

The following is a list of items that participants and dens are advised to bring:

Cub Scouts and Leaders:

Water Bottle

Lunch

Snacks

Means of carrying personal supplies; day pack, a 5-gallon bucket with seat, etc.

Sturdy Shoes, **No flip flops or sandals**

Hat

Dress according to weather

Sunscreen

Sunglasses, if desired

Chapstick

Personal medication, if needed. Please label with name, pack, and dosage;
refrigeration will be available at camp.

Money for Trading Post (Optional)

Leaders:

First Aid Kit

Cooler to carry perishables

Camp Chair

Wagon to carry extra items (Optional)

NOTE: A Health Form is required for each person attending Day Camp from your unit. Leaders need to bring a completed, signed copy of the Health Form for each boy and adult for check-in/registration; this includes siblings/children coming with parent helpers, leaders, etc. Also, a Tour Plan needs to be submitted to the Council Service Center prior to the event. For your convenience both forms are included in the Leader Guide. A tour plan can be submitted online. A link is located on the Snake River Council website: www.srcouncil.org.

Requirements Fulfilled at Mini-Cassia Day Camp

	Tiger	Wolf	Bear	Webelos
Cooking	Tiger Bites 2		Bear Picnic Basket 2	
Craft				
History		Council Fire 1	Paws of Action 1,2a	Building a Better World 1,2,3
Nature	Tigers in the Wild 3a,3b,6	Paws on the Path 3a,3b,6	Furs, Feather, and Ferns 3,5	Into the Wild 4,6,7,8 Into the Woods 1-3,6
Obstacle Course		Paws of Skills 1,2,4,6		Stronger, Faster, Higher 1
Outdoorsman	Tigers in the Wild 1	Paws on the Path 1,2,3,7 Call of the Wild 1,2,5 Finding your Way 2a,2b	Bear Necessities 1c,2,3,5,6	Camper (Outdoorsman) Option B: 1,2,3 Castaway 1c, 2b, 2c, 2d
Science	Tiger-iffic! 2	Adventures in Coins 1-4, plus one other	Marble Madness 1-4	Adventures in Science 3c
Shooting Sports Archery BB Guns Sling Shots	Shooting Sports Award	Shooting Sports Award	Shooting Sports Award	Shooting Sports Award

Other Requirements filled: Part of the Cub Scout Outdoor Activity Patch
Segments: Archery, Day Camp, Craft, Shooting, Field Trip (Limit 2 per Year), Flag Activity, Leave No Trace, Utensil-less Cooking, Character Counts, Cub Scout Sports.



Unit #: _____

PERSONAL HEALTH & MEDICAL RECORD

Class 1 (update annually for all participants). Current personal health and medical summary (history) is attested by parents to be accurate. Anyone participating in Day Camp must complete this health form. This includes younger siblings visiting Day Camp, (babies/ toddlers coming with adult leaders to Day Camp), Den & Pack Leaders, Day Camp Staff, and other BSA Officials and volunteers.

TO BE COMPLETED BY PARENT OR GUARDIAN FOR CUB SCOUT, AND ALL ADULT PARTICIPANTS. PLEASE PRINT IN INK.

Name: _____ Birthdate: _____ Gender (Circle): Male Female
Parent/Guardian Name: _____ Phone: _____
Address: _____ City/State: _____ Zip: _____
Cell/Work Phone: _____ Den Leader: _____ DL Phone: _____

If person named above is not available in case of emergency, please notify:

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Personal Physician: _____ Phone: _____
Insurance Co./Policy No.: _____

Shirt Size (Circle): Youth: CM CL AS AM AL Adult: S M L XL 2X 3X 4X

General Information: Check all items that apply, past or present, to your health history.

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Convulsion/Seizure	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Current on Immunizations?	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____				<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "Yes" answers: _____

ALLERGIES: Food, medications, insects, plants, etc. Yes No Explain: _____

List any medications or herbs you are currently taking: _____

List any medications & dosage to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in this full-day event or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

IF AN ADULT: 1) Are you First Aid certified? Yes No 2) Are you CPR certified? Yes No

I give permission for full participation in BSA program, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, injections of medication for my child (or me, if an adult).

I hereby grant permission to the Snake River Council and local media to photograph my child for the use of promoting Day Camp and Cub Scouting without further consideration, and as listed on the back of this document I acknowledge the BSA will treat the photograph(s) at its discretion. YES NO

Signature of Parent/Guardian _____ Date _____

FOR COUNCIL USE ONLY: NAME: _____ HEALTH CONDITION: _____ UNIT#: _____

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

TOUR AND ACTIVITY PLAN

Date _____

Pack Troop/team Crew/Ship Contingent unit/crew

Unit No. _____ Chartered organization _____

Council name/No. _____ / _____

District _____

Description of tour or activity _____

From (city and state) _____ to _____

Dates _____ to _____ Total days _____

Itinerary: It is required that the following information be provided for *each day* of the tour. (Note: Speed or excessive daily mileage increases the possibility of accidents.) Attach an additional page if more space is required. Include detailed information on campsites, routes, and float plans, and include maps for wilderness travel as required by the local council.

For office use

Tour and activity plan No. _____

Date received _____

Date reviewed _____

Council stamp/signatures

Date	Travel		Mileage	Overnight stopping place (Check if reservations are cleared.)	✓
	From	To			

Type of trip: Day trip Short-term camp (less than 72 hours) Other (OA Weekend, etc.) _____
 Long-term camp (longer than 72 hours) High-adventure activities High-adventure base _____

Party will consist of (number): ____ Youth—male ____ Youth—female ____ Adults—male ____ Adults—female	Party will travel by (check all that apply): <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Plane <input type="checkbox"/> Van <input type="checkbox"/> Boat <input type="checkbox"/> Other _____
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Leadership and Youth Protection Training: Boy Scouts of America policy requires at least two adult leaders on all BSA activities. Coed Venturing crews must have both male and female leaders older than 21 for overnight activities. All registered adults must have completed **BSA Youth Protection training**. At least one registered adult who has completed BSA Youth Protection training must be present at all events and activities. Youth Protection training is valid for two years from the date completed.

Adult leader responsible for this group (must be at least 21 years old):

Name _____ Age _____ Scouting position _____

Address _____ Member No. _____

City _____ State _____ Zip code _____

Phone _____ Email _____ Youth Protection training date _____

Assistant adult leader name(s) (minimum age 18, or 21 for Venturing crews):

Name _____ Age _____ Scouting position _____

Address _____ Member No. _____

City _____ State _____ Zip code _____

Phone _____ Email _____ Youth Protection training date _____

Attach a list with additional names and information as outlined above.

- Our travel equipment will include a first-aid kit and a roadside emergency kit.
- The group will have in possession an **Annual Health and Medical Record** for every participant.

We certify that appropriate planning has been conducted using the **Sweet 16 of BSA Safety**, qualified and trained supervision is in place, **permissions** are secured, health records have been reviewed, and adult leaders have read and are in possession of a current copy of **Guide to Safe Scouting** and other appropriate resources. Any items needing attention will be resolved before the tour or activity date.

Signature: Committee chair or chartered organization representative

Signature: Adult leader

Unit single point of contact (not on tour)

Name _____ Phone _____ Email _____



Tour involves: Swimming Boating Climbing Orientation flights (attach **Flying Plan** required)
 Wilderness or backcountry (must carry **Wilderness Use Policy** and follow principles of **Leave No Trace**)
 Shooting Other (specify) _____

Activity Standards: Where swimming or boating is included in the program, **Safe Swim Defense** and/or **Safety Afloat** are to be followed. If climbing/rappelling is included, then **Climb On Safely** must be followed. At least one person must be current in CPR/AED from any recognized agency to meet **Safety Afloat** and **Climb On Safely** guidelines. At least one adult on a pack overnighter must have completed **Basic Adult Leader Outdoor Orientation (BALOO)**. At least one adult must have completed **Planning and Preparing for Hazardous Weather** training for all tours and activities. **Trek Safely** and Basic First Aid are recommended for all tours, and **Wilderness First Aid** is recommended for all backcountry tours.

Expiration date of commitment card/training (two years from completion date)							
Name	Age	Youth Protection	Planning and Preparing for Hazardous Weather	BALOO (no expiration)	Climb On Safely	Safe Swim Defense	Safety Afloat
Name	Age	CPR Certification/Agency		CPR Expiration Date	First-Aid Certification/Agency		First Aid Expiration Date
Name	Age	NRA Instructor and/or RSO					
		No. _____	<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol (Venturing only) <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun				
		No. _____	<input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Pistol (Venturing only) <input type="checkbox"/> Range Safety Officer <input type="checkbox"/> Muzzle-loading rifle <input type="checkbox"/> Muzzle-loading shotgun				

Unauthorized and Restricted Activities: The BSA's general liability insurance policy provides coverage for bodily injury or property damage that arises out of an official Scouting activity as defined by the **Guide to Safe Scouting**. Volunteers, units, chartered organizations, and local councils that engage in unauthorized activities are jeopardizing their insurance coverage. PLEASE DO NOT PUT YOURSELF AT RISK.

INSURANCE

All vehicles MUST be covered by a liability and property damage insurance policy. The amount of this coverage must meet or exceed the insurance requirement of the state in which the vehicle is licensed and comply with or exceed the requirements of the country of destination for travel outside the United States. It is recommended, however, that coverage limits are a \$100,000 combined single limit. Any vehicle designed to carry 10 or more passengers is required to have a \$500,000 combined single limit. In the case of rented vehicles, the requirement of coverage limits can be met by combining the limits of personal coverage carried by the driver with coverage carried by the owner of the rented vehicle.

If the vehicle to be used is designed to carry more than 15 people (including the driver), the driver must have a valid commercial driver's license (CDL). In some states (California, for example), this policy applies to drivers of vehicles designed to carry 10 or more people.

All vehicles used in travel outside the United States must carry a public liability and property damage liability insurance policy that complies with or exceeds the requirements of that country. Attach an additional page if more space is required.

Name _____ CDL expires _____

Name _____ CDL expires _____

MAKE	MODEL	YEAR	NUMBER OF SAFETY BELTS	DRIVER/OWNER	VALID DRIVER'S LICENSE (Y or N)	LIABILITY INSURANCE COVERAGE
						Combined Single Limit