



# Welcome to Your Adventure

2018

Parent and Leader  
Guide

**CAMP AMIKARO**

CUB SCOUT RESIDENT CAMP

at Little Sioux Scout Ranch

[www.GoCubCamping.org](http://www.GoCubCamping.org)



# Table of Contents

➤ <b>Welcome to Resident Camp</b> .....	3
➤ <b>Before Camp</b>	
○ Session dates and fee structure.....	4
○ Camperships .....	4
○ Refunds .....	5
○ Scout to adult ratios .....	5
○ Other pre-camp information .....	6
▪ Special needs .....	6
▪ Insurance .....	6
▪ Health forms .....	6
▪ Health & safety .....	7
▪ Swim checks.....	7
○ Camp Orientation & Open House .....	8
○ What to bring .....	8
○ Directions to camp .....	9
➤ <b>At Camp</b>	
○ Arrival and check-in procedures .....	10
○ Sleeping arrangements .....	10
○ Showers.....	10
○ Valuables & gear .....	11
○ Emergencies .....	11
➤ <b>Program Information</b>	
○ A typical day at camp .....	12
○ Camp Schedule .....	13
○ Program offerings .....	14
○ Camp Map .....	15
➤ <b>Departure from camp</b>	
○ Evaluations .....	16
○ Campsite clean-up and check-out .....	16
➤ <b>Other</b>	
○ Camp policies & rules .....	17
○ Contact information .....	20
○ Forms (appended to this guide & available online)	
▪ Annual Health & Medical Record	
▪ Campership Request Form	
▪ Activity Refund Request Form	
▪ Unit Swim Classification	
▪ Special Needs / Dietary Request Form	

# LSSR IS AWESOME

**Welcome to Camp Amikaro at Little Sioux Scout Ranch!** Over the last four years Camp Amikaro has grown in many ways. We are incredibly proud of the progress we have made and continue to look forward to providing an unparalleled experience for you and your scouts in 2018!

**Expect an UNPARALLELED summer adventure this year!** Our theme of **Passport to adventure** will be integrated into every aspect of camp from our meal service to the classes. Our 2018 Cub and Webelos curriculum uses the latest updated Cub requirements, helping to keep parents and leaders ahead of the curve. You can also expect to see a strong focus on the BSA STEM Nova awards. And of course, we will be offering all of your favorite camping activities, such as archery, BB-guns, swimming, boating, and climbing. Cub Scouts and Webelos (and their adults) have a lot to look forward to.

**In this guide, you will find the information needed to prepare for a great camping experience with your Scouts.** You will find important details regarding your trip to Camp Amikaro including how to prepare for camp, what to bring to camp, and what to expect while you're there.

**You will also find a reminder to attend our March 17 Parents' Orientation Meeting.** At this event, camp staff members go into detail on programming and facilities at camp, and attendees have an opportunity to ask questions, share stories, tour the camp, and meet the key leadership for 2018. Lunch is also provided by our camp food service. (More info on page 8).

We hope you find the information included here helpful. **Please visit [www.GoCubCamping.org](http://www.GoCubCamping.org) for more details and frequent updates.** We look forward to seeing you at camp!

*Little Sioux Camp Staff 2018*

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# Sessions and Fees

## 2018 Resident Camp Dates

*NOTE: Weekend sessions limited to the first 250 Scouts that register.*

<b>Session 1</b>	June 8-10, 2018	<b>Session 2</b>	June 15-17, 2018
<b>Session 3</b>	June 22-24, 2018	<b>Session 4</b>	June 29-July 1, 2018
<b>Session 5</b>	July 6-8, 2018	<b>Session 6</b>	July 13-15, 2018
<b>Session 7</b>	July 20-22, 2018		

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## Resident Camp Fees

### 2018 Camp Fees for Cub Scouts: \$150

*\$135 if registered by the first Friday ...*

- May 4 for June Sessions
- June 1 for July Sessions

### 2018 Camp Fees for Den Chiefs: \$100

### 2018 Camp Fees for Adults & Leaders: \$80

Scouts whose full fees are paid by May 31 are guaranteed to receive a free camp t-shirt. After May 31, t-shirts will be available for \$8 each at the camp Trading Post. To meet camp fee deadlines, fees must be fully paid through the online registration system, at the Durham Scout Center, or at the Sioux City Service Center.

Packs and individual families can register online at [www.GoCubCamping.org](http://www.GoCubCamping.org) and choose their session today!



## Camperships

No Scout should miss out on the opportunity to attend resident camp due to financial need. Funds are available to help Scouts who need financial assistance to attend camp. Scouts from units that conduct an Investment in Character campaign (formerly Friends of Scouting) presentation as well as participate in popcorn sales and camp card sales will receive first priority. All campership information is kept confidential. Campership applications must be received in the Durham Scout Center by **April 6, 2018**.

## Refunds

Part of a Scout or Leader’s fee will be refunded only under one of the following circumstances:

- Individual illness or injury
- Death or serious illness in the immediate family
- Relocation of the family outside of Mid-America Council

The Cubmaster must make such requests by submitting a completed Activities Refund Request form. Refunds may be requested up to two weeks after concluding camp. **Pre-registration fees for a Scout or Scouter may be transferred to another Scout or Scouter.**

## Cub Scout to Adult Attendance Ratio

Wolf & Bear Scouts		BSA National Standard of Two- Deep Leadership requires these ratios	Webelos Ratios	
# of Scouts	# of Adults		# of Scouts	# of Adults
1-8	2		1-10	2

### BSA National Standard of Two-Deep Leadership

Any adult must be at least 21 years of age and a registered leader or participating parent. National Scouting policy requires two-deep leadership (two registered adult leaders/parents). It is not required that each Scout have their parent/guardian attend for the Scout to attend ***except for Tiger Cubs, which do require the attendance of their Tiger Adult Partner.*** Our Resident Camp maintains the above ratios of leadership to ensure BSA’s National Standard is met. All adults must show proof of current Youth Protection training to attend. To get trained, visit [www.My.Scouting.org](http://www.My.Scouting.org). You can create a free account and click on “E-Learning” then “Youth Protection Training.” You can print the certificate of completion and bring it with you to camp. All registered adults should also input their BSA member ID into their profile, so any training courses taken online will automatically update their Scouting record.

In the instance that a Pack does not have a second or subsequent leader/parent, we will pair those Scouts and leaders with another Pack to allow them to attend. However, there must be at least one leader in camp at all times from each unit for every rank for which they have Scouts attending.

All units must have at least two adults to a maximum of eight Scouts, and one additional adult for each four boys (or part thereof) for both Cub Scouts and Webelos.

# Other Pre-Camp Information

## Den Chiefs

We invite your Den or Pack to bring along any Den Chief that would like to attend Resident Camp. A Den Chief is an older Boy Scout, Varsity Scout, or Venturer that is selected by their youth leader and unit leader at the request of the Cubmaster, and approved by the Cubmaster and Pack committee. They must be registered as a youth member of a Troop, Team, or Crew, and be at least 13 years old and First Class rank to attend camp as Den Chief. They will be able to participate in most programming, but should be expected to serve in a leadership role for their Den or Pack.

## Special Needs

We are working hard to make our camp comfortable and accessible to those with special needs.

If anyone in your unit has special dietary, health, or mobility needs, we ask that you please make your needs known as soon as possible to allow time for reasonable accommodations for your requests. Be specific and indicate a contact person in case the Camp Director has any questions in meeting the accommodation. **Deadline for special requests is two weeks before the start of your camp session** – please use the form found in this packet or download it from our website at <http://www.macbsa.org/Post/sections/80/Files/MACcampsSpecialNeedsDietaryRequest.pdf>.

**Peanut Allergy:** We recognize that the occasional Scout or Scouter may have a peanut allergy. We are not able to create a peanut-free environment in camp. However, peanut-free tables will be identified in the dining pavilion if needed.

## Insurance

All adult leaders and campers must be registered members of the Boy Scouts of America. The Mid-America Council has purchased the National Boy Scouts of America Council Accident & Sickness Insurance Plan, which will cover all registered Mid-America Council Pack, Troop, and/or Crew members for both accidents and illnesses that manifest during participation in Scouting activities. All out-of-council units and other groups or individuals attending camp will not be covered by the Mid-America Council plan. Out-of-council Packs should bring proof of insurance from the council.

## Health Forms

**All campers, including adults, MUST** bring a copy of their BSA Annual Health & Medical Record with parts A & B completed within the past 12 months. **School physical forms cannot be accepted.** Please use this form found online [http://www.scouting.org/filestore/HealthSafety/pdf/680-001\\_AB.pdf](http://www.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf) and bring it to camp. **There are no waivers nor exceptions.**

## Health & Safety

Our health lodge is maintained and staffed with qualified personnel for the health and safety of all campers at all times. The health officer must check all medications, prescription and non-prescription drugs brought to camp, in accordance with BSA policy. All medications must be brought in the original

container. All injuries occurring at camp must be reported to the health lodge and registered in the camp's first aid log.

## Swim Checks

Your Den or Pack may test for swim checks prior to arriving at camp. If you choose to do so, you must use the Unit Swim Classification Record form which can be found in the back of this guide. **Please be advised when swim tests are conducted off-site prior to the camp session, the camp Aquatics Director retains the right to review or retest any or all participants.**

Campers will be divided into three ability groups: non-swimmers, beginners, and swimmers.

- *Non-swimmers* have not passed a swimming test or choose not to test.
- *Beginners* must pass this test: Jump feet first into water over the head in depth, level off and swim 25 feet on the surface, stop, turn sharply, resume swimming, then return to the starting place.
- *Swimmers* pass this test: Jump feet first into water over the head in depth, swim 75 yards in a *strong* manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be completed in one swim without stops and must include at least one sharp turn. After completing the swim, rest by floating.

**NOTE IF YOU CHOOSE TO TEST AT CAMP:** Webelos and scouts in a boating class will complete their swim test on Friday during check-in. Tigers, Wolves, and Bears will need to complete your test at the beginning of your aquatics class period on either Saturday or Sunday.

These classification tests must be renewed annually. Please use the Unit Swim Classification Record found at the end of the leader's guide and bring completed with you to check-in at resident camp if you test outside of Camp.



# Parents Orientation Meeting

This meeting is designed to inform Pack and Den leaders and parents what they should be doing to prepare their boys for resident camp. Some of the information will include: camp tours, program highlights, camp fees, important dates, and what Scouts should do before they come to camp. There will also be time for leaders to ask questions. This meeting is NOT mandatory and is intended to help those leaders, especially new leaders, who want their Scouts to get everything they can out of the Cub Resident Camp experience. Lunch is provided by our Camp Food Service, to give you a “taste” of camp cooking for 2018.

Date	Time	Location
March 17, 2018	9:30–11:30 am (followed by lunch)	Little Sioux Scout Ranch - Admin Bldg

## What to Bring to Resident Camp

- ⇒ BSA Health History Form, Parts A & B (completed and current)
- ⇒ Official Scout uniform (uniform shirt, along with neckerchief w/slide, shorts, belt, & socks if you have them)
- ⇒ Camp t-shirt (will receive upon check-in at camp if fully paid by May 31 or may be purchased in the camp trading post)
- ⇒ Extra shirts, shorts, underwear, socks, etc.
- ⇒ Pajamas
- ⇒ Sweater or light jacket
- ⇒ Jeans or long pants
- ⇒ Swimming suit (see additional notes below)
- ⇒ Sunblock
- ⇒ Raincoat or poncho
- ⇒ Hiking boots or sturdy tennis shoes
- ⇒ Hat or cap
- ⇒ Bath towels
- ⇒ Toothbrush & toothpaste
- ⇒ Shampoo, soap, comb
- ⇒ Sleeping bag or blankets, pillow
- ⇒ Water shoes or 2<sup>nd</sup> pair for boating
- ⇒ Personal tent
- ⇒ Flashlight & extra batteries
- ⇒ Scout handbook
- ⇒ Paper & writing utensil
- ⇒ Mosquito repellent (non-aerosol)
- ⇒ Water bottle or hydration pack
- ⇒ Excitement for camp!

### Optional Items:

- ⇒ Swim check form (completed and current, A blank form can be found at the back of this guide)
- ⇒ Envelopes & stamps
- ⇒ Camera
- ⇒ Sunglasses
- ⇒ Musical instrument
- ⇒ Sewing kit
- ⇒ Trash bags
- ⇒ Football, Frisbee, etc.
- ⇒ Deck of cards
- ⇒ Money for camp trading post



## Swimsuits

Men – Trunk style suits only. No competition style swimsuits such as Speedos or Jammers.

Women – One piece swimming suits only. Must be conservatively cut in legs, back, and chest.

## Scout Uniforms

Scouts and leaders will be asked to wear Scout uniforms at all evening flag ceremonies and evening meals.

## Directions to Little Sioux Scout Ranch

Physical address is: 32977 Larpenteur Memorial Road, Little Sioux, Iowa 51545.\*

**From Omaha:** I-29 North to exit 95 toward Little Sioux. At the top of the exit, turn right onto Easton Trail/Vine Street. Drive 1.7 miles and turn left onto Main Street/CR-F20. There is a LSSR sign on the southwest corner. Drive 2.2 miles on CR-F20 until you come to the fork in the road. Take the left fork and drive 3.4 miles on Larpenteur Memorial Road until you reach the camp on the right side of the road.

**From Sioux City:** Take I-29 South to exit 105 toward Blencoe. Turn left onto Highway East 60. Drive 8.7 miles following Highway E-60. Turn right onto Larpenteur Memorial Road. Drive 1.6 miles south until you reach the camp gate on the left side of the road.

*\*Using some GPS services, such as MapQuest or Garmin GPS devices, may take you in the wrong direction. We recommend using the written directions above. Google Maps usually provides the correct location and fairly good directions, so long as the address is entered in correctly.*



# At Camp

## Arrival to Camp

Please plan to arrive between 12:00 p.m. and 5:00 p.m. on Friday. **Please do NOT arrive before 12:00 p.m.** Early arrivals are not able to be accommodated.

Upon arriving, please have one adult leader from each Den/Pack prepared to turn in all necessary forms, including health forms and swim classification. Camp Medical Staff will review these at check-in, according to BSA protocol, and may request a follow-up discussion with the camper or a responsible adult, to go through any health concerns and/or any medications they may have brought to camp. If your Scouts will need to complete a swim check upon arrival at camp, please show up wearing swim trunks. There will be an orientation meeting at 4:30 p.m. for all parents and leaders.

The leader who checks in the Den or Pack will be issued wristbands for the identification of all who are staying at camp. For security, the wristbands are required to be worn at all times to help verify individuals who are authorized to be on camp grounds. Individuals without wristbands will be asked to go to the camp office.

During check-in, Packs will be permitted to pull vehicles alongside the main road to unload gear. All vehicles should be returned to the long-term parking area immediately after unloading. Except for loading and unloading, only camp service vehicles are allowed beyond the parking area. Camp staff will be available to assist with this process.

## Sleeping Arrangements

Once in your campsite, scouts and leaders will be assigned areas to set up their tents. **Each camper will need to bring their own tent and sleeping items to be comfortable (sleeping bag, blankets, pillows, pads, etc).**

## Showers

Little Sioux features a private shower house available to all campers. We also provide showers in the Camp Store/Trading Post building as well as select other buildings around camp, with posted hours.

## Valuables and Gear

Leaders should ask Scouts to bring as few valuables as possible to camp. Each unit is advised if possible to have a leader responsible for their Scout's money to prevent lost/stolen money. Adult supervision is a MUST. Scouts are not permitted to walk through other units' campsites. Scouts should be encouraged to respect their own gear as well as that of all others. LSSR and the Mid-America Council work hard and spend a great deal of money to provide tools, program supplies, etc. for the enjoyment of all our visitors. Please oversee the behavior of your Scouts to guard against theft or vandalism of camp property. If we take care of all we have, things at LSSR will only get better!

All Scouts and adults must bring a plastic or metal cup, canteen, refillable water bottle, or hydration pack which must be carried at all times in order to help prevent dehydration. A rain poncho and flashlight are also highly recommended. Scouts may also choose to bring a day pack or other bag in which to carry these items and other incidentals. These items may also be purchased at the trading post.

Scouts are permitted to bring snacks to camp. However, storing food in tents can attract animals, so campers do so at their own risk. If you bring snacks, you are advised to bring individually packaged, healthy items such as granola bars. Meals provided supply sufficient nutrition and energy for the session and the trading post will be open for additional snacks.

**Refer to page 8 for a full list of personal items to bring to camp.**

## Emergencies

While camp is in session, the main camp office will always have someone on duty to help handle any emergency that may arise including those that may involve the camp health officer.

Outside of summer camp and during the business hours of 8:30 a.m. to 4:30 p.m. Monday through Friday, you may call the Camp Ranger at (402) 910-0854 or the Durham Scout Center at (402) 431-9272. If you are calling the Council office, state the nature of the emergency and provide a contact name, unit number and phone number, and we will contact the camp as soon as possible. Understand that you may normally reach a voicemail, but we will work diligently to respond as quickly as voicemails can be retrieved.

### The “S” rules

- Stay with a buddy.
- Stay within camp boundaries.
- Sanitation – scrub with soap!
- Stay out of other people’s stuff. Permission must be given to enter another’s sleeping area.
- Sticks & stones stay on the ground.

# A Typical Day at Camp

## Morning Routine

Each morning, all campers will assemble at the flagpole at 7:15 a.m. for the flag raising, which will be followed by breakfast in the dining pavilion.

## Meals

Meals are served cafeteria-style and will be followed by a brief period of announcements and other merriment. Dens need to remain at their tables until dismissed. Here is a typical day's menu:

### Breakfast

Eggs  
Sausage Links  
Potato Wedges  
Waffle Bar  
Cereal / Fresh Fruit / Yogurt  
Milk / Juice

### Lunch

Pulled BBQ Pork  
French Fries  
Salad Bar  
Sun Butter/Jelly  
Lemonade / Tea

### Dinner

Burgers / Hot Dogs  
Mac and Cheese  
Vegetable Medley  
Sun Butter/Jelly  
Salad Bar  
Lemonade / Tea

## Morning & Afternoon Programs

Throughout your time at camp, Scouts will travel with their parents, adult leaders, and staff to various program stations and activities. Adult leaders may be asked to assist the staff as needed. Campers will be provided activity schedules, and it is essential these are followed for camp to run smoothly.

A detailed schedule sample will be provided at the Pre-Camp Parent Orientation on March 17.

## Evening Activities

Each evening, a different (optional) fun activity will be announced.



# Camp Schedule

## Friday

12:00 PM	Check-In Begins	Welcome Center
12:00 PM	“Passport” Orientation Activities	Meet at Trading Post
1:00 PM	Swim Tests Begin	Lakefront
4:30 PM	Activities and Swim Tests End	
5:40 PM	EMERGENCY DRILL	Rally Point: Pavilion Flag
5:45 PM	Evening Assembly	Pavilion Flag
6:00 PM	Dinner	Pavilion
7:15 PM	Shooting Sports Safety Briefing	Stage
8:00 PM	Campfire	Stage
8:45 PM	Night Hike	Meet at Trading Post
10:00 PM	Lights Out	

## Saturday

7:00 AM	Reveille	
7:00 AM	Morning Assembly	Pavilion Flag
7:45 AM	Breakfast	Pavilion
9:00 AM	First Period	Activity Areas
10:30 AM	Second Period	Activity Areas
12:00 PM	Lunch	Pavilion
1:45 PM	Third Period	Activity Areas
3:15 PM	Fourth Period	Activity Areas
4:30 PM	Free Time Begins	Activity Areas
5:15 PM	Free Time Ends	
5:45 PM	Evening Assembly	Pavilion Flag
6:00 PM	Dinner	Pavilion
7:15 PM	Scouts’ Own Worship Service	Chapel
8:00 PM	Campfire	Stage
8:30 PM	Flag Retirement Ceremony	Stage
9:00 PM	S’mores/Popcorn	Campsites
10:00 PM	Lights Out	

## Sunday

7:00 AM	Reveille	
7:30 AM	Morning Assembly	Pavilion Flag
7:45 AM	Breakfast	Pavilion
9:00 AM	First Period	Activity Areas
10:30 AM	Second Period	Activity Areas
12:00 PM	Lunch	Pavilion
1:45 PM	Free Time	Activity Areas
1:45 PM	Check-Out Begins	Welcome Center
3:00 PM	Free Time Ends	
4:00 PM	All Campers Depart	

# Program Offerings

## Cub Scout / Webelos Programming

Cub Scouts (1<sup>st</sup> through 3<sup>rd</sup> graders) and Webelos (4<sup>th</sup> and 5<sup>th</sup> graders) will participate side-by-side in Program areas. However, Webelos will be offered more challenging activities at each area to better fit their age/skill-level, and/or to meet Webelos-specific rank advancement requirements.

All Program Areas at Resident Camp will be structured according to the new Cub Scout Rank Advancement Program requirements. A specific outline of activities, as well as the requirements in the “new” program that will be covered, will be available by March 2018 in the Program Guide.

## Activity Registration

All campers, regardless of age/rank, will be asked to CHOOSE from a list of programs offered at Resident Camp. Campers will select from a wide range of activities, including those listed below. By selecting your own series of classes/activities, Scouts and their parents will make the most out of a camping experience that is focused on the interests of the individual Scout. Camp Program Staff will then use the selected activities to build your daily schedule at Resident Camp. A personalized schedule for each Scout will then be sent to leaders before arrival at camp.

All program details will be available in March and reviewed at the March 17<sup>th</sup> parent orientation meeting at LSSR. Following that meeting, class registration will go live at [www.GoCubCamping.org](http://www.GoCubCamping.org) and will be on a first come, first served basis. Due to their popularity, some activities (like shooting or aquatics) have class limits that are enforced, per BSA policy.

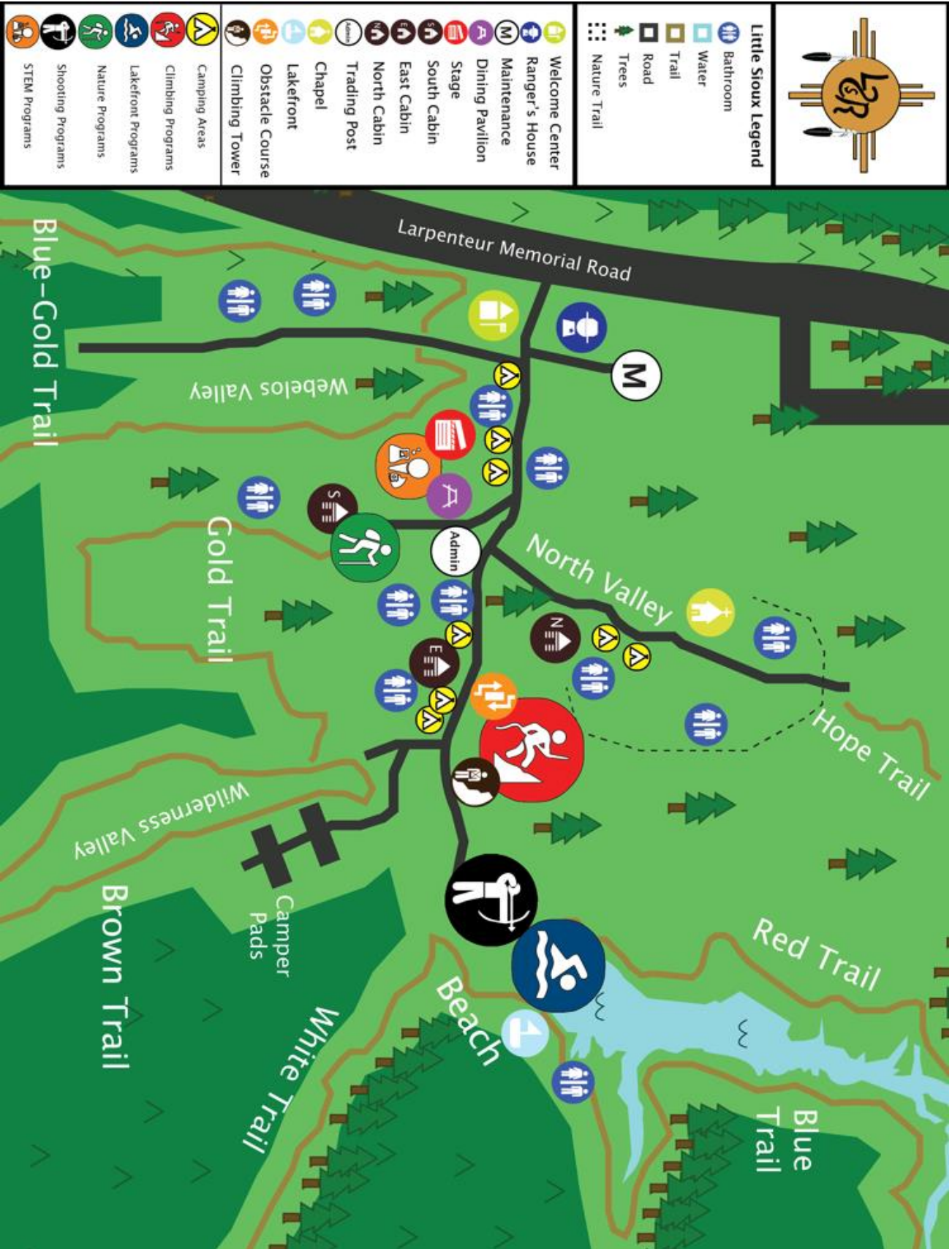
## Program Areas

Program areas may include:

- Shooting Sports
  - o BB Gun Ranges
  - o Archery Ranges
  - o NEW: Pellet Range (Webelos Only)
  - o Slingshot
- Aquatics/Waterfront
  - o Swimming
  - o Boating
  - o Fishing
- Nature Study
- Climbing / Games
- STEM/NOVA Activities
  - o Robotics
  - o Science Experiments



# Camp Map



# Departure from Camp

## Evaluations

Each adult will be given an evaluation form. Please take the opportunity to fill out the evaluation form and return it before you leave camp. Your feedback is valuable to our camp. We appreciate your comments, concerns, and opinions. Adults who are only staying for a portion of the three days should fill out an evaluation before they depart. Evaluation forms will be available and can be turned in at the LSSR camp office to the Camp Director or his/her designee.

## Campsite Clean-up and Check-out:

Time will be allotted for campers to pack up camp and load vehicles. We ask that leaders do not deprive boys of program time to get packed up early. Camp staff will be available and willing to help campers move their gear from the campsite to the parking lot. With all of us working together this process can be completed smoothly and quickly. Remember ***“Leave No Trace.”*** All Scouts in a campsite will check out together to ensure the site is ready for the following session of camp.





# Camp Policies

## Staff Responsibilities

Each campsite will have an assigned camp staff member that is familiar with the program, camp layout, and camp policies. He or she will be a registered member of the BSA, and will be your group's primary resource for a quality camp experience. This person is to be your support for your *program*, not to provide adult leadership and discipline. The same holds true for all staff members.

## Camper Discipline

Discipline is the responsibility of the adult leadership attending with the Pack. The camp staff is available to help with, but not take over, any discipline problem. Under no circumstances is corporal punishment allowed. Take all serious discipline problems to the Camp Director. The Camp Director reserves the right to remove any person from camp who may present a threat to any camp staff or attendees, or to camp property.

## Alcohol and Drugs:

There are absolutely no alcoholic beverages or unapproved drugs allowed in, or to be consumed at, camp. Anyone violating this policy will be asked to leave immediately and, if applicable, the appropriate law enforcement agency will be contacted. Prescription drugs need to be checked in by the camp's health officer and noted on your health form.

## Tobacco Usage

Tobacco usage is not allowed at camp. If it is legal for you to use tobacco and you must do so, you must secure permission from the Camp Director and follow strict directions on where and when it is appropriate.

## Knives

Scouts must have a "Whittling Chip" or "Totin' Chip" card to use a knife at camp. This card can be earned at camp, so the knife must not be used until it is earned. Blades may not be longer than four inches and must fold. Sheath knives are not permitted.

## Personal Shooting Sports Equipment

All personal firearms, ammunition, and archery equipment must be left at home. LSSR will provide all necessary shooting sports equipment.

## Pets and Wildlife:

No pets allowed. Camp abounds with wildlife. Do not attempt to touch or feed any wildlife. Report any wildlife that behaves in a strange manner to a staff member. This includes showing no fear of humans, biting, scratching, etc.

## Liquid Fuels

All liquid fuels present a potential safety and fire hazard. They should never be inside a tent. Only adults can use liquid fuels in camp.

## Flames in Tents

There will be no flames or heating elements of any kind in tents. All tents must have appropriate fire-dousing materials nearby; the camp will provide these.

## Registered BSA Members

All campers must be registered members of the BSA before attending camp. All adult leaders attending camp must be registered with the Boy Scouts of America or the parent/guardian of the child they are attending with. This should be completed when the Pack rosters are submitted to the Camp Director.

All registered adults and unregistered parents must have taken Youth Protection Training online, and bring a certificate of completion to camp to turn in at check-in.

## Siblings

There is no program for non-Scout siblings at camp. Please make arrangements for them to stay with family or friends.

## Uniforms

All campers are encouraged to wear a Scouting related shirt for breakfast and lunch every day. This could include a resident camp or Pack t-shirt. The Cub Scout uniform shirt with appropriate neckerchief is the expected dress for evening flag ceremonies and dinner.

## Electronic Devices

These devices are not needed in camp. If a radio is needed, it must have headphones. Hand-held video game devices are discouraged due to their significant program distraction.

## Parking

All vehicles must be parked in the designated lot. Unapproved vehicles will not be allowed beyond the parking area. Please back your vehicles in when parking, if you are able. In case of an emergency, this will allow for easy evacuation.

## Trading Post

The trading post will carry Cub Scout supplies, handicraft material, souvenirs, sundries, snacks, candy, and soft drinks.

## Cleanliness

Campsites and facilities will be clean and ready upon your arrival at camp. Leaders are responsible for the cleanliness of their campsites, latrines, tents, and Cub Scouts in their unit during your stay at camp. Please help Cub Scouts remember to wash their hands before meals.

## Lost & Found

Please mark all belongings with name, city, and pack number. Lost and found items can be found in the Trading Post and Pavilion during camp, and at the Welcome Center upon check-out. Items not claimed after the completion of summer camp will be given to a charitable organization.

## Weather

The weather at LSSR is unpredictable throughout the summer months. Everything from warm summer days, thunderstorms, and cold nights are considered normal. Be prepared. Don't forget coats, rain gear, and warm sleeping bags rated to at least 20 degrees, or bring an extra blanket. Check the forecast before leaving for camp online at [www.weather.com](http://www.weather.com). Camp will continue, rain or shine!

## Other Important Rules to Know

- ⇒ Open-toe sandals and flip flops are not permitted in camp. This is for your safety and protection.
- ⇒ Any form of bullying, hazing, ridicule, or fighting is unacceptable and may result in expulsion from camp.
- ⇒ Shower facilities are regulated to ensure no adults and youth will use them at the same time.
- ⇒ All Scouts and adults must carry a water bottle or hydration pack at all times.
- ⇒ Scouts are required to use the “buddy” system when traveling through camp.
- ⇒ Proper adult supervision is strictly enforced in the lake area and is checked regularly by lifeguards, leaders and staff.
- ⇒ Adult leaders must supervise all campfires.
- ⇒ Profanity is unbecoming of a Scout or Scouter and is not tolerated at camp.
- ⇒ Sign-in and sign-out procedures are required. All visitors need to sign in and out through the camp office.
- ⇒ Adult leaders must report any suspicion of abuse to the Camp Director immediately.
- ⇒ If you need to enter a Scout’s sleeping area, before entering, announce your presence first and make sure another adult accompanies you.
- ⇒ In the shower areas, in the event you feel it necessary to enter while a Scout is in the facility due to a behavior issue or possible injury, you may enter only when accompanied by another adult.
- ⇒ Anyone caught stealing or vandalizing will be expelled from LSSR and the unit will be responsible for providing compensation to the individual/unit/camp.

## Contact Information

- ⇒ Camp Director: Becky Burbach, (402) 841-7947 or burbachbecky@gmail.com
- ⇒ Council Program Director Christine Salisbury, (816) 868-0815 or christine.salisbury@scouting.org
- ⇒ Director of Outdoor Programs Scott Hanson, (402) 514-3066 or scott.hanson@scouting.org
- ⇒ Camp Ranger: Doc Schaefer, (402) 910-0854
- ⇒ Durham Scout Center: (402) 431-9BSA (9272)

See you at camp !



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

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

**High-adventure base participants:**  
Expedition/crew No.: \_\_\_\_\_  
or staff position: \_\_\_\_\_

### Informed Consent, Release Agreement, and Authorization

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

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

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

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

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



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



List participant restrictions, if any:  None

\_\_\_\_\_

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

(If participant is under the age of 18)

Second parent/guardian signature for youth: \_\_\_\_\_ Date: \_\_\_\_\_

(If required; for example, California)

### Complete this section for youth participants only:

#### Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_



## Part B: General Information/Health History

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

**High-adventure base participants:**

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

**DOB:** \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

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



**Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.**



**In case of emergency, notify the person below:**

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Alternate contact name: \_\_\_\_\_ Alternate's phone: \_\_\_\_\_

### Health History

Do you currently have or have you ever been treated for any of the following?

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



## Part B: General Information/Health History

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

**High-adventure base participants:**  
 Expedition/crew No.: \_\_\_\_\_  
 or staff position: \_\_\_\_\_

### Allergies/Medications

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

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

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.  IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES  NO Non-prescription medication administration is authorized with these exceptions: \_\_\_\_\_

Administration of the above medications is approved for youth by:

\_\_\_\_\_/\_\_\_\_\_  
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

!

**Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.**

!

### Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

**Please list any additional information about your medical history:**

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

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

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

Further approval required:  Yes  No

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

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

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



# Refund Request Form

The Mid-America Council's refund policy reads: *Fees for most district and council activities are transferable to other Scouts within the unit. Partial refunds may be approved for all accredited camping programs including Cub Scout Family Weekends, Week-long Cub Scout Day Camps, Summer Resident Camp, MAC High Adventure Contingents, National Youth Leadership Training, Wood Badge, and Powder Horn. If approved, the refundable amount will be returned using the original method of payment, if possible. Refunds will not be considered for requests made more than two weeks from the conclusion of the camp. There will be no refunds under \$10.00. Refunds will only be considered if one of the following circumstances applies, and will not exceed 80% of the fees paid.*

*NOTE: Refunds will not be approved for cancellations due to a conflict with another Scout or non-Scout activity.*

Only circumstances considered (You must provide supporting documentation for consideration):

- Sickness or injury (requires physician's note)
- Death in immediate family (requires copy of obituary)
- Relocation outside Mid-America Council borders (requires copy of new BSA registration or military orders)

Name \_\_\_\_\_  Youth  Adult Date of Request \_\_\_\_\_

District \_\_\_\_\_ Unit Type & # \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Registration # [326] \_\_\_\_\_

Event \_\_\_\_\_ Date(s) \_\_\_\_\_ Location \_\_\_\_\_

Applicant's Signature (or parent if under 18): \_\_\_\_\_

Unit Committee Chair Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**This request must be submitted to:**

Program Assistant, Mid-America Council  
12401 W Maple Rd, Omaha, NE 68164  
Fax: (402) 431-0444, mac@scouting.org

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FOR DURHAM SCOUT CENTER OFFICE ONLY

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Authorized by \_\_\_\_\_ Refund % \_\_\_\_\_

Explanation (if denied) \_\_\_\_\_

Amt refunded \$ \_\_\_\_\_ Date posted \_\_\_\_\_ Request Completed By: \_\_\_\_\_





# Unit Swim Classification Record

This is the individual's swim classification as of this date. Any change in status after this date (i.e., nonswimmer to beginner or beginner to swimmer) would require a reclassification test performed by an approved test administrator. Changes and corrections to the following chart should be initialed and dated by the test administrator.

**SPECIAL NOTE:** When swim tests are conducted away from camp, the camp aquatics director retains the right to review or retest any or all participants to ensure that standards have been maintained.

Unit Number \_\_\_\_\_

Date of Swim Test \_\_\_\_\_

	Full Name (Print) (Draw lines through blank spaces.)	Medical Recheck	Swim Classification		
			Nonswimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**NAME OF PERSON CONDUCTING THE TEST:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Qualification

\_\_\_\_\_  
Council/Agency (Red Cross, YMCA, etc.)

**UNIT LEADER:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

## SWIM CLASSIFICATION PROCEDURES

The swim classification of individuals participating in a Boy Scouts of America activity is a key element in both Safe Swim Defense and Safety Afloat. **The swim classification tests should be renewed annually, preferably at the beginning of each outdoor season.** Traditionally, the swim classification test has only been conducted at a long-term summer camp. However, there is no restriction that this be the only place the test can be conducted. It may be more useful to conduct the swim classification prior to a unit going to summer camp.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the circumstances in which the individual will be in the water (e.g., the swimmer's test demonstrates the minimum level of swimming ability for recreational and instructional activity in a confined body of water with a maximum 12-foot depth).

### ADMINISTRATION OF SWIM CLASSIFICATION TEST (THE LOCAL COUNCIL CHOOSES ONE OF THESE OPTIONS):

#### OPTION A (at camp):

The swim classification test is completed the first day by camp aquatics personnel.

#### OPTION B (Council conducted/council controlled):

The council controls the swim classification process by predetermined dates, locations, and approved personnel to serve as test administrators. When the unit goes to summer camp, each individual will be issued a buddy tag under the direction of the camp aquatics director for use at the camp.

#### OPTION C (At unit level with council-approved aquatics resource people):

The swim classification test done at a unit level should be conducted by one of the following council-approved resource people: **Aquatics Instructor, BSA; Aquatics Cub Supervisor; BSA Lifeguard; BSA Swimming & Water Rescue; or other lifeguard, swimming instructor, etc.** When the unit goes to summer camp, each individual will be issued a buddy tag under the direction of the camp aquatics director for use at the camp.

### TO THE TEST ADMINISTRATOR

The various components of each test evaluate the several skills essential to the minimum level of swimming ability. **Each step of the test is important and should be followed as listed below:**

#### SWIMMER'S TEST:

Jump feetfirst into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be swum continuously and include at least one sharp turn. After completing the swim, rest by floating.

#### BEGINNER'S TEST:

Jump feetfirst into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to starting place.



Special Needs / Dietary Request Form
Submit AT LEAST 2 WEEKS BEFORE START of Camp/Event

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to the Durham Scout Center at 12401 West Maple Rd, Omaha, NE 68164 or fax to (402) 431-0444 or email 326macscout@bsamail.org . Please submit the completed form a minimum of two weeks before the person will be attending camp/event.

Name: \_\_\_\_\_ Pack/Troop # \_\_\_\_\_ Date: \_\_\_\_\_

Name of event: \_\_\_\_\_ Dates of event: \_\_\_\_\_ to \_\_\_\_\_

Location of Event: \_\_\_\_\_

We ask individuals requiring a very special diet (please use this option only if medically necessary or required by religion) to bring their own food to camp. Camp staff can store and help prepare the food.

I am submitting this form because I or a Scout coming with me (please check all that apply)...

- Needs a CPAP
Has a special diet (please answer the questions below)
Has an allergy (please answer the questions below)
Has a medical condition
Needs special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, transportation around camp, etc.

ALLERGIES:

Please name the allergen (i.e. Peanuts): \_\_\_\_\_

What is the trigger for a reaction to the allergen, please check all that apply:

Person has a negative reaction when the allergen is within \_\_\_ feet of the person: \_\_\_
Person has a negative reaction when they come into physical contact with the allergen: \_\_\_
Person has a negative reaction only when ingesting or eating the allergen: \_\_\_
Please tell what reaction happens when the person comes into contact with this allergen: \_\_\_\_\_

MEDICAL CONDITION:

Please describe below in as much detail as possible the medical condition and special need. \_\_\_\_\_

SPECIAL DIETARY NEEDS:

Please describe dietary requests such as special food storage or vegan diets here. \_\_\_\_\_

OTHER SPECIAL NEEDS OR REQUESTS:

Please share other special arrangements or needs here not mentioned previously (please be specific). \_\_\_\_\_

Camp Management

