



2026 CUB SCOUT WINTERREE LEADER GUIDE

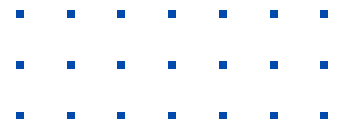
GREAT FALLS COUNCIL, SCOUTING AMERICA

January 10, 2026

Camp Gorton

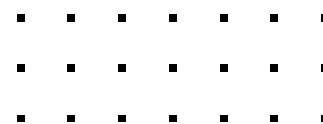


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Welcome!



Welcome from the Event Chair

Welcome to the 2026 Cub Scout Winteree at Camp Gorton! We are excited to welcome you and your Scouts to a fun-filled winter event that also commemorates the 250th Anniversary of the founding of the United States. In recognition of this historic milestone, the Winteree patch features a 1776 theme.

Please take time to carefully review this Leader's Guide to ensure that Scouts, families, leaders, and caregivers are fully prepared for a safe, organized, and enjoyable experience at camp.

Food will be available as an additional cost during registration, and please note that we will not have extra food items available for purchase on-site. We are also planning a Camp Gorton trading post with select items for sale; additional details will be shared as they become available.

Weather permitting, we hope to offer sled riding this year. To enhance safety, all Scouts and guests participating in sled riding must bring and wear a helmet. This is a new requirement for 2026, and your cooperation is appreciated in helping us maintain a safe program environment.

Thank you for your leadership and support. We look forward to sharing an exciting winter day with you at Camp Gorton.

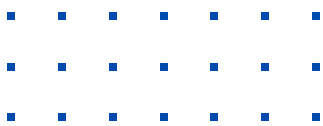
Yours in Scouting,

George Bacalles

Driving Directions to Camp Gorton
Camp Gorton - GPS Friendly Address
4241 Co Rd 25, Dundee, NY 14837

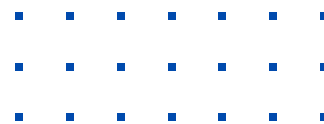
Google Maps Driving Directions to Camp Gorton
Enter your Address for Directions
[Link](#)

Event Schedule



TIME	EVENT	LOCATION
9:00AM - 9:30AM	Registration	Headquarters
9:45AM - 10:00AM	Opening Ceremony	Parade Field
10:00AM - 12:00PM	Morning Activities (SEE LIST BELOW)	See Activity Map
12:15PM - 12:00PM	Lunch	Dining Hall
1:15 PM - 3:30 PM	Afternoon Activities (SEE LIST BELOW)	See Activity Map
3:30 PM - 3:45 PM	Closing Ceremony	Parade Field
3:45 PM - 4:00 PM	Departure	Safe Travels!

Activity Locations



MORNING ACTIVITIES		AFTERNOON ACTIVITIES	
ACTIVITY	LOCATION	ACTIVITY	LOCATION
BB Gun Range	Dining Hall	BB Gun Range	Dining Hall
Archery Range	Dining Hall	Archery Range	Dining Hall
Gaga Ball	Gaga Ball Court	Cornhole	Dining Hall
Obstacle Course	Lower Parade Field	Winter Bingo	Dining Hall
Ring Toss / Tug of War	Parade Field Road	Firebuilding / SMORES	Road by Dining Hall
Slack Line	Parade Field	Radio Active Isotope	Dining Hall Porch

Event/Emergency Contacts

Event Coordinator:

George Bacalles

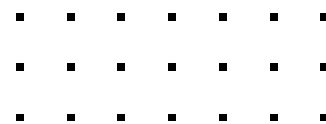
Phone: (607) 426-5365 Email: gbacalles@gmail.com

Event Adviser:

Chris Theurich

Phone: (607) 368-4138 Email: chris.theurich@scouting.org

EMERGENCY PROCEDURES



Safety Guidelines/Rules

- **Buddy System:** All scouts must have a buddy and stay together throughout the event.
- **Hydration:** Encourage scouts to drink water regularly to stay hydrated.
- **Supervision:** Leaders must have active supervision of their Scouts during all activities. Each pack must have at least two adult leaders (one must be a registered Scouting America adult leader) and agree to follow all Safeguarding Youth regulations.
- **First Aid:** A first aid station will be located at the Dining Hall. Please report any injuries immediately.
- **Ice Safety:** Scouts are not permitted on Waneta Lake.
- **Road:** Scouts are not allowed to be on the road. All program for the event are on the lakeside of the camp. If any Leaders and Scouts want to go to the other side of camp they must use one of the tunnels.

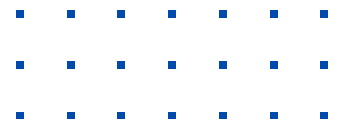
The Emergency Siren

The Event Chair will determine if using the siren system is appropriate. The sounding of the camp siren will signal a camp-wide emergency and alert everyone in camp to come to either the parade field or dining hall by pack based on the weather that day. The Event Chair will let all leaders know the day of the event of where to go in an emergency.

Fire

1. Evacuate the area immediately and send two messengers, one to the office and one to locate Event Chair or the Camp Ranger, to report the fire location, type of fire, and any injuries.
2. Event Staff will be alerted to sound alarm and notify all key staff members.
3. Under no circumstances shall staff/participants attempt to fight a fire that has passed the incipient stage (that which can be put out with a single fire extinguisher), nor shall staff/participants attempt to enter a burning building to conduct search and rescue. These actions shall be left to emergency services professionals who have the necessary training, equipment, and experience (such as the fire department or emergency medical professionals). Untrained individuals may endanger themselves and/or those they are trying to rescue.
4. Staff members are to first evacuate all people from the fire area and then secure a safe perimeter.
5. When the alarm is sounded, all Scouts and leaders will assemble according to the camp emergency assembly procedures.
6. The Event Chair or assigned staff member will verify all are accounted for. This includes staff members, campers, leaders and visitors.
7. The Camp Ranger will take whatever action is indicated by the situation and draw manpower from the event staff.
8. All Units should follow the safe use of all Scouting America Liquid Fuels safeguards.

EMERGENCY PROCEDURES



Flooding

1. Mobilize your unit in a safe area.
2. When advised, proceed to emergency assembly area; take attendance; send an adult leader to staff member at the flagpole with a two-way radio, report unit status; further instructions will follow.
3. Event chair should check with local government for road closures before advising units as to the best route to evacuate camp (if necessary).
4. For up-to-date traffic information and travel conditions please visit the 511NY website.

Lost Camper

1. Report the situation to the camp office immediately.
2. The Professional Staff Advisor/Camp Ranger will provide further instructions.

Personal Accident

1. Give immediate first aid.
2. Report accident to Health Lodge.
3. Event Health Officer will administer further first aid and complete the Incident Report.

Power Lines Down

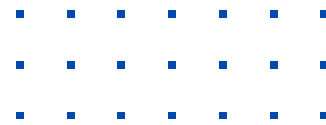
If you discover electrical wires on the ground:

1. Keep all people at least 50 feet from the wire. Follow protocol for a serious accident.
2. Call or send two runners to the Administration Building to report the incident and location.
3. Do not touch the wires.
4. If injury has resulted, do not move the person until the wire can be safely moved away from the person.

Severe Weather/Storm

In the event of extreme weather, the Event Chair will evaluate conditions and determine the safest appropriate response. Actions could include performing an accountability check, sheltering in place, moving campers and staff into the dining hall, or in rare instances, camp-wide evacuation.

EMERGENCY PROCEDURES



Chemical or Unknown Substance Leak/ Spill

Care should be taken when confronted with any unknown material, and they should be taken very seriously. Typical hazard areas at Scout camp could include but not limited to kitchens, roadways and parking lots.

If you discover an unknown substance (leak, spill or container), gasoline leaking from a vehicle, the odor of LP gas leaking from a tank:

1. Clear the area for at least 100 feet in all directions, moving people to the leeward side of the material. Keep all people away.
2. Send two runners to advise the Camp Office.
3. The event staff will alert the Camp Director, the Camp Ranger and local emergency response personnel.

If you discover gas leaking from a pressurized cylinder:

1. Clear the area for at least 1,000 feet, evacuating any adjacent structures.
2. Send two runners to alert the Camp Office about the LP gas leak.
3. Assure that the area remains clear until help arrives.
4. The event staff will alert the Camp Director, Ranger and emergency response personnel.

Encounters with Wildlife

Camp Gorton offers the opportunity to observe many types of birds, fish and wildlife. Undoubtedly, the opportunity to observe these animals will provide lifetime memories.

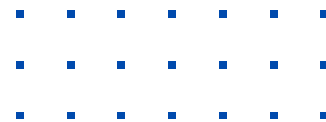
Seeing animals in their natural habitat is always a pleasure, but it is wise to remember that they are the permanent residents of the camp while you are only a visitor. Treat them with respect; give wildlife enough space so they will not feel threatened by your presence. Most conflicts between people and wildlife are linked to careless handling of food or garbage.

In the event an individual is injured by wildlife, provide first aid then please report the incident to Health Lodge immediately. For additional information or assistance contact the event chair or the Camp Ranger.

Intrusion of Unauthorized Persons

All event staff and participants receive color wristbands upon your unit's check-in. If anyone is found without identification, they should be escorted to the Camp Office by an event staff member to be logged in as a visitor. If the individual refuses, notify the event chair or the Camp Ranger immediately.

EVENT POLICIES



Prohibited Items

- Alcohol, cigarettes, marijuana, vape possession
- Firearms, weapons
- Fireworks, loud noisemakers, canons
- Drug possession
- Unauthorized generators
- Unauthorized vehicles of any kind
- Bicycles, E-Bikes, Scooters
- Chainsaws
- Logos, slogans, designs that conflict with Scouting ideals
- Pets of any kind (excluding service animals with appropriate paperwork)
- Open-toed footwear

Event Knife Policy

Folding knives with a blade length not exceeding 3 ½" are appropriate for legal and practical uses at this event if age-appropriate based on the Guide to Safe Scouting. All Scouts are discouraged from bringing a knife to the event.

Sheath knives, knives with fixed blades of any length, machetes, bayonets, swords, cleavers, death stars, stilettos and switchblades are not allowed for youth or adult use at Great Falls Council functions.

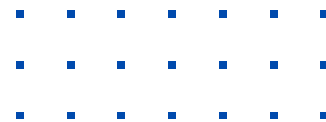
Smoking/Vaping Devices

Scouting has a strict no-smoking policy for all activities, which includes all forms of tobacco and e-cigarettes. All Scouting functions, meetings, and activities must be conducted on a smoke-free basis, with designated smoking areas located away from youth participants. Adults are expected to model healthy living and to not smoke or vape around young people, especially at camps.

Buddy System

We always use the buddy system at Great Falls Council events. This is a great chance to make new friends and stay safe. Please refer to the [Guide to Safe Scouting](#) and the [Scouting.org Safeguarding Youth website](#) for information on how to implement the Buddy System with your unit.

EVENT POLICIES



Lost & Found

Please label all of your gear with name and pack number. The camp is not responsible for lost or stolen items. Lost and found items are collected at the Camp Office. When the event ends, items are sent to the Council Service Center in Buffalo.

Event Parking

Parking lot will be very close to capacity for this event. Carpooling is recommended. For everyone's safety, personal vehicles must remain in the parking lot while attending the event and will not be permitted in camp except for authorized vehicles.

Check-in (Unit-based)

Check in will be in the Headquarters Building (Ambassador Lodge) on the left after the gateway.

The following items will be distributed to your unit leader during check-in: color bracelets, program schedule/camp map brochures, and a copy of the event unit roster.

NOTE: Event patches will be ordered just after the event.

Annual Health & Medical Record (Health Forms)

All event participants (youth & adults) must complete Scouting America's Annual Health and Medical Record (AHMR) parts A (Informed Consent) and B (Health History). Part C is not required. The AHMR form can be found at this link:

(https://filestore.scouting.org/filestore/HealthSafety/pdf/680-001_AB.pdf) and in the appendices of this guide. AHMRs will be collected by your unit and must be available at the event.

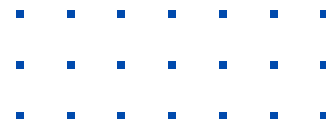
Saturday Lunch Distribution

For those who purchased lunch, it will be distributed in the Dining Hall by Cub Scout Pack. Units are asked to wait till their pack is called to come to the large window to pick up their food items.

Trading Post

The Camp Gorton Trading Post will be open on Saturday times will be shared at the Opening Ceremony. The following items will be available for purchase: camp branded apparel, snacks, ice cream, and drinks.

EVENT POLICIES



Garbage

Please place all garbage in strong plastic bags, please keep Camp Gorton clean by putting all garbage in garbage cans.

Scouts/Families Leaving Early

If a Scout family wishes to leave the event before Sunday check-out, please inform your unit leader prior to departing the camp property.

Packing List

Mandatory Gear for Scouts:

- Warm winter coat
- Waterproof snow pants
- Insulated boots
- Hat, scarf, and gloves (extra pairs recommended)
- Layered clothing (thermal base layer, fleece, etc.)
- Reusable water bottle
- Backpack for personal items

Recommended Gear:

- Hand warmers
- Small snacks (granola bars, trail mix, etc.)
- Sit-upon or foam pad for sitting outdoors

Note to Leaders: Please ensure all scouts are dressed appropriately for outdoor activities in cold weather.

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

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.

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: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE
AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NODO YOU USE AN ASTHMA RESCUE
INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

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

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

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<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 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"/>	<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: _____



Come & Join Us!

CUB SCOUT WINTEREE

1/10/26



**JANUARY 10, 2026
9:00 AM - 4:00 PM**

Camp Gorton, 4241 County Route 25, Dundee, NY



**SNOW GAMES | OUTDOOR ACTIVITIES
INSIDE ACTIVITIES | INDOOR BB GUN AND ARCHERY**

Bring your Cub Scouts to Camp Gorton for Winter Activities for all the Scouts in your Pack and any Scout aged youth! We will have multiple events for Scouts to participate in the morning and after lunch. Food will also be available for an additional fee. Cost per Scout or Cub Scout Aged Youth is \$15, Adults are \$10 per person.

REGISTER TODAY!



<https://scoutingevent.com/375-winteree26>



WHEN: SATURDAY, JANUARY 10TH, FROM 9:00 AM TO 4:00 PM

WHERE: CAMP GORTON - 4241 COUNTY ROUTE 25, DUNDEE, NY 14837

WHO: CUB SCOUTS, ADULT LEADERS, PARENTS/CAREGIVERS, AND SIBLINGS. WE ALSO ENCOURAGE PACKS TO INVITE NON-SCOUTING FAMILIES WITH CHILDREN OF CUB SCOUT AGE

**HOW MUCH: \$15 FOR CUB SCOUTS/CUB SCOUT AGED YOUTH
\$10 FOR ADULT LEADERS OR PARENTS/CAREGIVERS**

FEE INCREASES ON DECEMBER 27TH, 2025 TO \$25 YOUTH \$20 ADULTS

FEE COVERS REGISTRATION, PROGRAM SUPPLIES, AND AN EVENT PATCH. WHILE FOOD IS AVAILABLE FOR PURCHASE ONLINE, PLEASE NOTE THAT ADDITIONAL FOOD WILL NOT BE SOLD AT THE EVENT.

EVENT CONTACT:

EVENT CHAIR: GEORGE BACALLES - GBACALLES@GMAIL.COM OR (607) 426-5365

SENIOR DISTRICT EXECUTIVE: CHRIS THEURICH - CHRIS.THEURICH@SCOUTING.ORG

<https://scoutingevent.com/375-winteree26>