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Open Programs



AOL Week





Campsite Alignment Matrix

Cub Scout Adventure Camp

	Max			07-0 Sessio			07-10 Sessio			07- Sess			07-17 Session	4		07-2 Sessio			07-2 Sessio		
Campsite	Unit L	ow I	ligh	Unit	Y	Α	Unit	Y	Α	Unit	Y	A	Unit	Y	Α	Unit	Υ	Α	Unit	Y	Α
High Seas	99	0	48	137B WE 601B WNYSC	5 14		69F GL 568F GFC	15 4		243F WG 332F ET	4 9		48F WG 203F HF 330F WG	11 8 8		68B HF 420F HF	5 30	5 10	233F HF 463F WE	15 14	
Medieval Castle	99	0	44	86F WG 829F GFC	9 6		50B GL	27	23				225F ET	19	20	163F WE 171F ET	8 14	8 16	273F ET	26	18
Mountain Scout Tent Site	6	0	60				10F ET	1	1	332F ET	5	4	65B HF 330F WG	2	3 4	163F WE 171F ET	8 10	8 13			
Pioneer Fort	99	0	44				10F ET	12	12	65B HF 260F WE	4	2	67F GL	23	22	521F WE	8	5	362F ET	29	26
Viking Longhouse Village	3	0	40				74F GL	13	12				25F GL 631F AHC	5 4		193F GFC 3008F GFC	11 4	9	65B HF 178F WG 277F WG	10 8 11	8
		То	als:		34	29		72	61		25	23		84	86		98	76		113	100

				07-	-27			07-	-31																
	Max			Sess	ion 7			Sess	ion	8															
Campsite	Unit	Low I		Unit D/C	_	_	$\overline{}$	Unit D/C		Υ	Α														
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Medieval Castle	99	0	44	11F GL 267F AHC 315F WE		10 2 4		2F ET 291F ET		3 10															
Mountain Scout Tent Site	6	0	60					29F GL 100F LC 160B GFC		7 7 2	3														
Pioneer Fort	99	0	44	275F WG	1	10	10	126F WE		24	24														
Viking Longhouse Village	3	0	40					166F WE		15	15														
		To	tals:		46	6	41		1	92	81		0	0 0	0 0	0 0	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0 0

MEDICAL FORMS AND MEDICATIONS

Full name:	High-adventure base participants:
Date of birth:	Expeditorizee No.:
Date of Dirtit.	or staff position.
Informed Consent, Release Agreement, and Authorization	
understand that participation in Scouling activities invalues the risk of persural injury, including death, due to the physical, meetal, and emotional challenges in the activities affirmed, information about Those activities and by exhibited from the venture, activity controllants, or your interface council, also understand that participation in these activities is entirely selectory and requires participants to follow introductions and above by all applicable neities and the shandards of conduct. In the case of an emergency involving the or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider another adult bander in the event that this person count be reached, permission is thereby glare to the medical provider another and the least the charge to excurse proper treatment, including buyidactation, amenting an activities, surgery, or ispections of medication for the or my child. Medical providing medical soft, camp management, another any physician or health-case provider insolined in providing medical care to the participant. Protected Health information the about its charge, camp medical soft, camp management, another any physician or health continues the reacht for the most of the participant of the participant providing medical includes exemited the following providing medical exclusions of the participant participant, participant is said activities on the program activities. If applicable i have carefully considered the risk involved and hereby glare my destinate of the participant in the program activities.	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/flow vide-cooperateurs/energy representatives and/or assign recording maked of more only official at all Scouding activities, and thereby release the Boy Scouts of America, the local council, the activity continuous, volunteurs, residently parties, or other propriations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, cale, copyright, exhibit, broadcast, electronic starage, and/or distribution of said photographs/flow/electronic-starages and/or distribution of said photographs/flow/electronic-starages and/or distribution of said photographs/flow/electronic-starages, and/or distribution of said photographs/flow/electronic-starages, and/or distribution of said photographs/flow/electronic-starages, and/or distribution of said photographs and or said or said said the discretion of the said said said to the said of
With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I havely fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Bay Scoats of howeice, the local council, the activity sendinators, and all employees, valuations, rished parties, or other organizations associated with any program or activity.	providers. However, so that leadent can be as familiar an possible with any introduce, let any restrictions imposed on a child participant in connection with programs or activities below. List participant restrictions, if any:
own behalf and/or on behalf of my child, I thereby fully and campletely release and waive any and all claims for personal injury, death, or loss that may arise against the log Scoats of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity. I understand that, if any information live have provided in found to be inaccurate, it may limit and Paliment Scoat React, Peliment Taxining Center, Nutrieum Tior. See Soon, or the Summit Sociate for and weight requirements and restrictions, and understand that the participant will not be met. The participant has permission to engage in all high-adventure activities described, except a privent or pair dain is signature in required.	Initiations, list any restrictions imposed on a child participant in connection with programs or activities below. List participant restrictions, if any: In eliminate the opportunity for participation in any event or activity. If I am participating at more, I have also med and understand the supplemental risk selvinaries, including height occur. I have also med and understand the supplemental risk selvinaries, including height occur. I have also med and understand the supplemental risk selvinaries, including height occur. I have also med and understand the supplemental risk selvinaries, including height occur. I have also med and understand the supplemental risk selvinaries, including height occur.
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Full name:						e base participants:		
Date of birth:					dianizee lia of politor			
Allergies/Med Do you use an epin		□ YES □	□ NO	DO YOU	USE AN ASTI	HMA RESCUE	□ YES	
AUTOBLIECTOR? Ex	p. date (if yes)			BOIALER	7 Exp. date	i (if yes)		
	os have any adverse reaction							
Vec No All	egies or Reactions	Explain		No. No.	Plants	or Reactions	Eighin	
Food	and a			HH	insect bites/	Minos		
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	currently used, includir							
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Full n	ame		High-adventure base participants:	
		th	Expeditorione No:	
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Aga:		Gender	Height (nches): Weight (flu.):	
Address				
City:		State	29 code Phone	
Unit lea			Unit leader's mobile it.	
	Name		Unit No.:	
		Insurance Company:		
-	C. CORR.	Instance Company.	Palicy No.:	
•	Pieses	attach a photocopy of both sides of the insurance card. If you	do not have medical insurance, enter "none" above.	
in case	of on	sergency, notify the person below:		
Same			Palationalija	
Address			Home phone: Other phone:	
Alberta	e contac	f name:	Albertabris phone:	
Heal	th H	istory		
	_	thave of have you ever been treated for any of the following?		
Tax.	-	Condition	Suptrin	
무	-	Diabetes	Last Hb.Mrc percentage and date: Insulin pump: Yes	
		Hypertension (high bland pressure) Adult or congenital twart disease/twart attack/ichest pain (angles)/		
		heart murmuricusonary artery disease. Any heart surgery or		
_				
	-	procedure. Explain all "yes" answers.		
		procedure. Septian at "yes" anteres. Family history of heart disease or any sudden heart-related death of a family member before age St.		
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New Form

ast Name:		First Name:		Unit		
treet:		City/Sta	te:			
hone:		Date of Birth:		Weig	ght:	
Oral Agents	Dosage	Indication and Schedule	Camper I	Health Car roval	e Provider Initials	Comments
Diphenhydramine (such as Benadryl)	<90# 25 mg >= 90# 50 mg	Allergic Reaction/ Hay Fever every six hours as needed for 24 hours		No		
Maalox	30 cc	Indigestion/ heartburn once	Yes	No		
Milk of Magnesia	30 cc	Constipation daily twice as needed	Yes	No		
Robitussin	Per label instructions	Colds every six hours as needed	Yes	No		
Acetaminophen (such as Tylenol)	15 mg/kg (below)	Fever, Headache, Pain Control, Toothache every 4 hours as needed	Yes	No		
Ibuprofen (such as Motrin)	200 mg	Fever, Pain every 6 hours as needed	Yes	No		
(such as Motrin)	5 ml per wt (below)	Fever, Pain every 6 hours as needed	Yes	No		
Topical Agents	Dosage	Indication and Schedule			e Provider	Comments
Triple Antibiotic (such		Wound care (scrapes, poison ivy)	App	roval	Initials	
as Neosporin)	instructions	twice daily as needed	Yes	No		
Pramoxine (such as Caladryl)	Per label instructions	Insect Bites/ Poison Ivy twice daily as needed	Yes	No		
Miconazole Powder (such as Desenex)	Per label instructions	Athletes Foot twice daily as needed	Yes	No		
Clotrimazole (such as Lotrimin)	Per label instructions	Jock Itch three times daily	Yes	No		
	Apetamino	ophen Dosing	Ibup	rofen dosing		_
weight Dose	50-75 lbs 75	95 lbs 95-150 lbs >150 lbs weight 0 mg 650 mg 1000 mg Liguid	48-59 lb	90-71 lb 12.5 ml		+ Ib
Lose	323 mg 50	200mg table				lab
TCMedication	Dosage / Route	Indication and Schedule		lealth Car	e Provider Initials	Comments
	110000		Yes	No		
			Yes	No		
ealth Care Provider:						
ddress:			Lic	ense:		
			Da	te:		
ignature:						
hereby give permission hild's Health Care Prose se sunscreen or inse	on for my son/ ovider and requ of repellent at o	daughter receive over the counter ar sest self-administration of prescriptio camp and to use it throughout the da camp staff to provide my child with a	n drugs. In y. If my ch	addition, I ild needs h	give permis elp re-apply	sion to carry an





DIETARU NEEDS

https://scoutingevent.com/397-csac2025

cutler-food@senecawaterways.org



Camp Food Accommodation Request

The food service departments at the Seneca Waterways Council Scout Camps are committed to ensuring that all participants have the best meals that we provide. We understand that many people are allergic to the foods we use every day in our kitchens or have religious dietary requirements. Our food service team will make all reasonable accommodations for our campers.

Please select the camp being attended: Dates / Sessio Massawepie Scout Camps:	n Attending Camp: _	Cub Scout Adventure Camp:
National Youth Leadership Training (NYLT):	Eagle Flight:	
Participant's name:	Unit:	
Council:	District:	
Home contact person:	Phone:	
Food Allergies/Religious Restrictions		
Describe:		
How severe is the allergy? Moderate Str	ong Severe	
Any other information that we need to know?		
•		
Religious Dietary Requirements:		
What can we do to help accommodate your needs?		
Please return this form no late	er than two	•

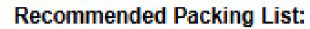
arrival at camp.

Please e-mail forms to:

Summer Program	Contact Address
Massawepie Scout Camps / Adirondack Treks	msc-food@senecawaterways.org
Cub Scout Adventure Camp / Explorer First Responder Camp / Eagle Flight	cutler-food@senecawaterways.org
National Youth Leadership Training (NYLT)	nylt-food@senecawaterways.org

Questions? Please give us a call at SWC Camping Department - 585-241-8545 Camp Cutler - 585-374-8656 Massawepie Scout Camps - 518-359-2281

WHAT YOU NEED TO PREPARE



Uniform Class A Shirt* Swimsuit & goggles Poncho or Raincoat

Personal Hygiene Items**

Pants/Slacks/Shorts

Underwear & Socks

Pajamas

Flashlight/Headlamp

Towels

Water Bottle

Sweater or Jacket

Mosquito Repellent

Sunscreen

Closed Toed Shoes (2 Pairs)***

Small Backpack/ Day pack Spending Money for Trading Post Sleeping Bag & Pillow

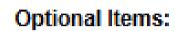
Whittling Chip **BSA Med Forms**

own a uniform



**Adult and youth have separate shower facilities so please plan accordingly

***Good walking shoes are 100% necessary, it is recommended to have a pair of crocs or slip on CLOSED TOE shoes for before/after swimming and bathing. NO OPEN TOED SHOES WILL BE PERMITTED EXCEPT ON THE POOL DECK AND BEACH.



Lunch for check in day

Mosquito Netting

Matches (adults only)

Sports Equipment For Free Time

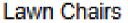
Binoculars

Cub Scout Knife

Camera

Watch

Fishing Pole and Tackle Box



Stuffie friend

Ear Protection



Open Toed Shoes Bikes/Scooters Alcoholic Beverages Pets Fireworks Weapons Aerosol Cans









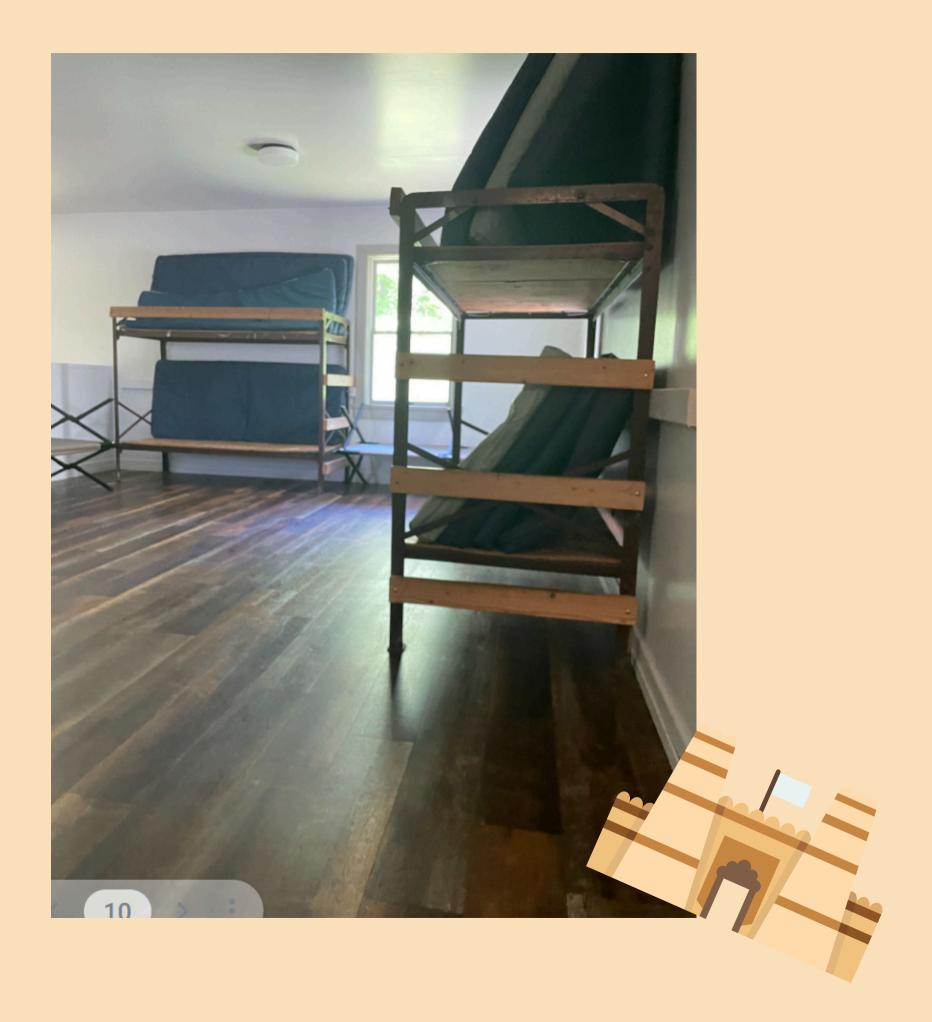
SEEPING ACCOMODATIONS

- Separate accommodations for youth males, youth females, adult males, and adult females
- Youth may not share accommodations with other youth with a two year age difference or more
- Food cannot be stored in sleeping quarters, unless you want to be visited by a furry friend
- Please use designated storage areas.
 - Castle/Fort/High Seas- Village
 Kitchen
 - Viking/Mountain Scout Dining Hall Kitchen







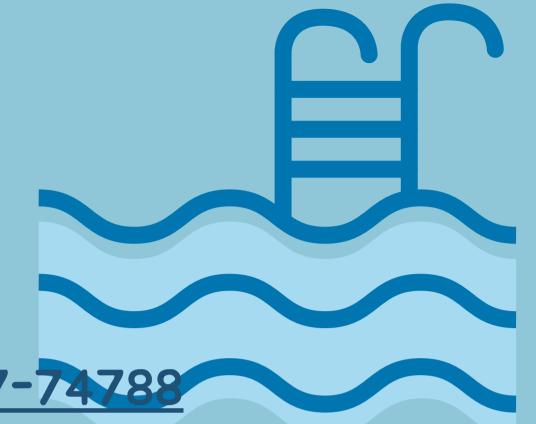








Swirn Checks and Swirnner Levels



- Option A Before Camp https://scoutingevent.com/397-74788
- Option B At Camp after check in
- Swimmer's Test/Blue Band Jump feet first into deep end, level off, begin swimming. Swim 75 yards in a strong manner, then swim 25 yards using resting backstroke. Float on your back for one minute.
 - Beginner's Test/Red Band Jump feet first into deep end, level off, begin swimming. Swim 50 feet on the surface.
 - Non-Swimmer/White Band anyone unable to complete a swimmer or beginner test. Non-swimmers will be limited to the slip and slide.

Boating

- Row Boat white or red band adult or youth WITH blue band ADULT
- Canoe and Corcl blue band youth/adult



We encourage all adults to get their swim test, so they are able to participate with youth, and youth are not prevented from boating if they are white bands.

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ARRIVAL DETAILS

Check In

11am - 12pm Mountain Scout/

Medieval Castle

12pm - 1pm

Pioneer Fort/

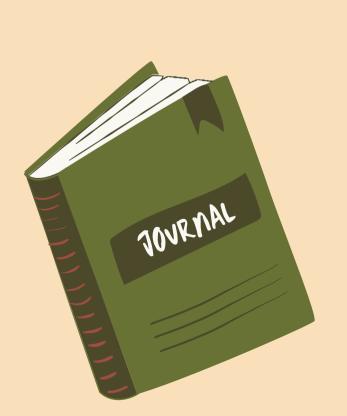
Viking Longhouse

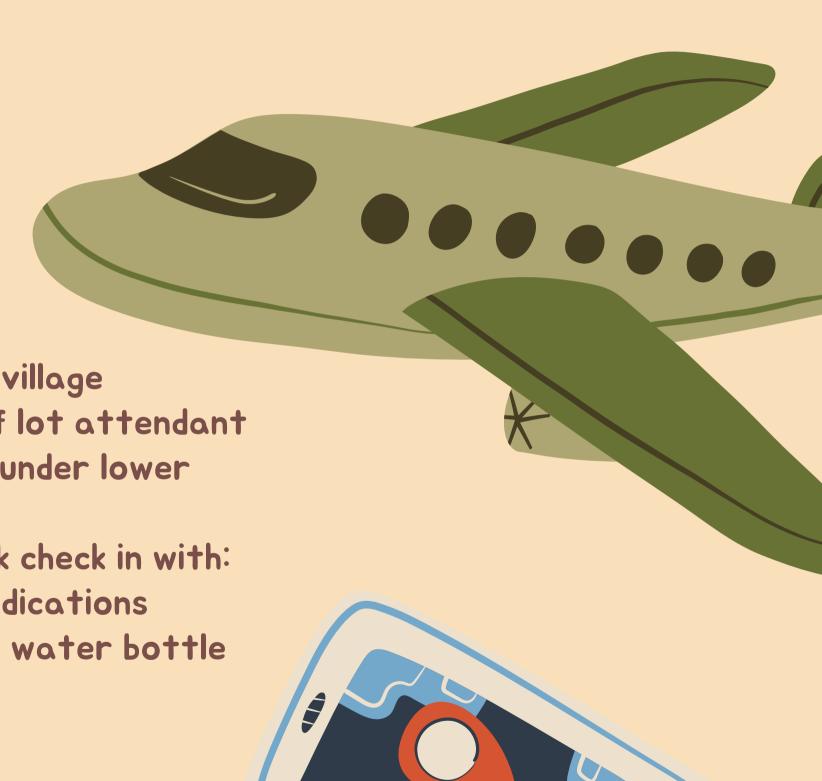
1pm - 2pm

High Seas

Procedure

- Arrive during scheduled check-in by village
- Park in lower lot, follow guidance of lot attendant
- Unload gear onto designated table under lower pavilion
- Have one representative from Pack check in with:
 - Medical Forms, Pack Roster, Medications
- Keep daypack with swim suit, towel, water bottle with you on wagon





Day 1 Blocks

	High Seas	Medieval Castle	Viking Longhouse	Pioneer Fort	Mountain Scout
Block 1 2:40pm - 3:30pm	Village Orientation	Boating	Shooting Sports	Archery	Boating
Block 2 3:40pm - 4:30pm	Archery	Village Orientation	Boating	Boating	Shooting Sports
Block 3 4:40pm - 5:30pm	Boating	Archery	Village Orientation	Village Orientation	Village Orientation

Rank Base	d Schedule	Tiger	Wolf	Bear	Webelos	AOL
	9:10am - 10:10am	Good Knights	A Wolf Goes Fishing	Hike – Balancing Bears	BB Gun	
Day 2	10:20am - 11:20am	Tigers in the Water OR Tiger-iffic	Slingshot	A Bear Goes Fishing	Earth Rocks	Into The Woods
	1:50pm - 2:50pm	Archery	Finding Your Way	Roaring Laughter	Aquanaut OR Chef's Knife	Fishing

Rank Based Schedule		Tiger	Wolf	Bear	Webelos	AOL	
Day 3	9:10am - 10:10am	Tiger Hike	Digging in the Past	Salmon Run OR Forensics	Hike - Math on the Trail	BB Gun	
	10:20am - 11:20am	Floats and Boats	Hike – Spirit of the Water	BB Gun	Catch the Big One	Swimming OR Into the Wild	
	1:35pm - 2:35pm	Fish On	Paws For Water OR Air of the Wolf	Whittling	Champions for Nature	Mud Run	





LET'S

GO

HIKING





DESTINATIONS

VILLAGES

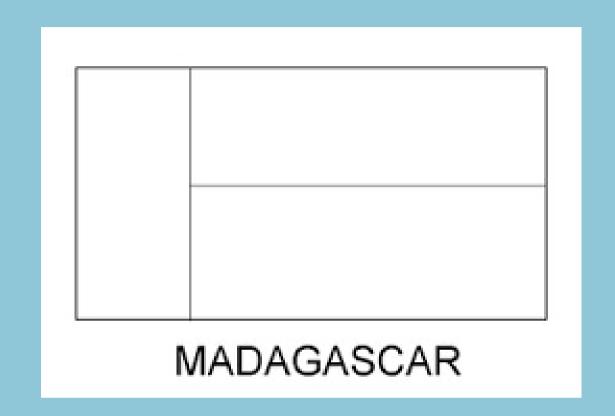
- Castle Germany
- Fort Australia
- Viking Norway
- High Seas Puerto Rico
- Mountain Scout Canada

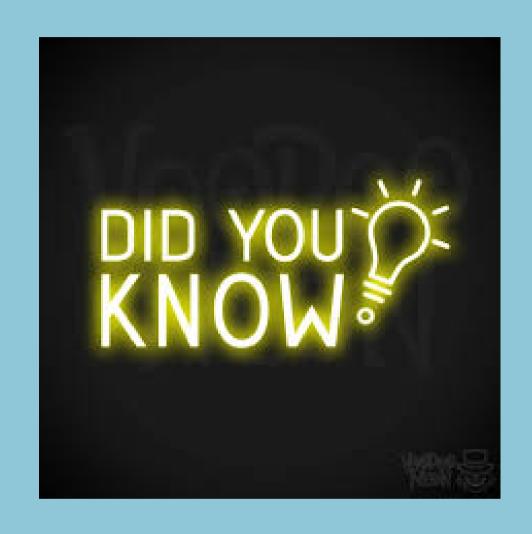
PROGRAM AREAS

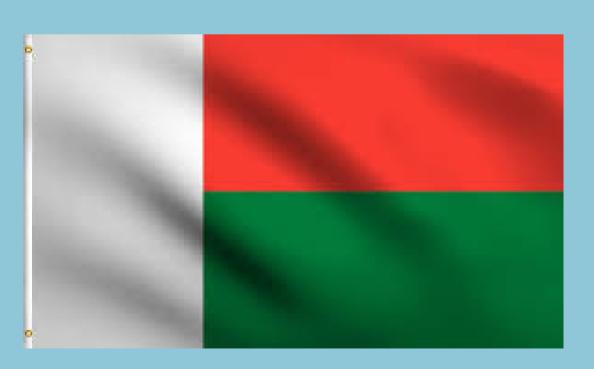
- Waterfront Madagascar
- Sports Italy
- Nature Brazil
- Fishing Indonesia
- RATA United Kingdom
- Pool Antarctica



Around the World













OPEN PROGRAM

THIS PAGE IS UNDER CONSTRUCTION!!!!

Please note that the open program schedule is still being finalized and will be determined based on staffing. We are working hard to ensure we offer a variety of fun and engaging activities for all participants. As we get closer to camp, we will provide a more detailed schedule. Thank you for your understanding and patience as we make sure everything is in place for an exciting camp experience!

Open Programs:
Boating - Sponge Wars
Archery
Shooting Sports
Sports
Bouldering
Swimming
Nature
Gaga







The Return of..... THE VILLAGE CUP!















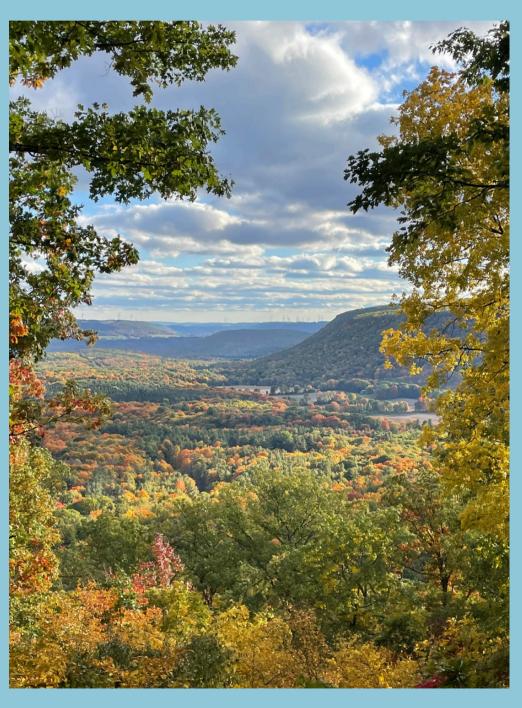
AOL WEEK

Things to expect:

- Re-designing our week long program for AOL's
- Two overnight outposts
- Multiple meals away from camp
- Specialized programming
- Campers will need to bring their own tents and mess kits
- Medical form C will be needed, as well as A, B1, B2







	Distriction of the production of				AOL Wee	k 7/24/25 - 7/29	/25				
Time	Thursday	Time	Friday	Time	Saturday	Time	Sunday	Time	Monday	Time	Tuesday
		6:30am - 7:00am	Polar Bear Swim							6:30am - 7:00am	Polar Bear Swim
		7:45am Flags 8:00am - 9:00am 9:00am - 9:30am 9:30am 9:30am - 10:15am Flags Breakfast Pack Up Gear Personal First Aid Kit	7:30am - 8:30am	Breakfast	7:30am - 8:30am	Cold Breakfast	7:30am - 8:30am	Breakfast	7:45am	Flags	
			7.00am - 0.00am	Dicariast	7.00am - 0.00am	Cold Breaklast	7.50am - 0.50am	Bleaklast	8:00am - 9:00am	Breakfast	
				8:30am - 9:30am	Pack Up	8:45pm - 9:45pm	Swimming	8:30am - 9:30am	Pack Up	9:10am - 10:10am	Rank Activity : BB Gun
				9:30am - 11:30am	Hike: Into the Woods Part 1			Brunch With The Staff Pack Up For Outpost	Hike: Into the Woods Part 2		
			Hike with special guest, Ranger Jeff. Eat on the trail.			10:00am - 11:00am	The Staff			10:20am - 11:20am	Rank Activity: Swimming or Into the Wild
11:00 am-12 pm	pm pm					11:00am - 11:30am					
12:00 pm -	Check-In Blocks	eck-In Blocks 10:30am - 3:00pm		11:30am-12:30pm	Lunch	11:30am - 5:00pm	Leave for Outpost, Whisper Valley, Eat on the trail and cover points of requirment Outdoor Adventure. At arrival of campsite, set up and settle in.	11:30am-12:45pm	Parade Field and Lunch	11:30am - 12:30pm	Parade Field and Lunch
1:00pm 1:00pm -				12:30pm-1:30pm	Siesta			12:45pm - 1:45pm	Boating	12:30pm - 1:30pm	Siesta
2:00pm				1:40pm- 5:10pm	Conservation Project, and village activies with remainder time						
2-2:30pm	Extra time	Extra time Block 1 Block 2						1:50pm - 2:50pm	Siesta	1:35pm - 2:35pm	Rank Activity: Mud Run
2:40 - 3:30pm	Block 1							3:00-4:00pm 4:00pm-5:00pm	Open Program Open Program	2:45pm - 3:30pm	Vilage Time
3:40 - 4:30pm	Block 2										
4:40 - 5:30pm	Block 3	3:00pm-4:00pm	Set up camp and get settled							3:30pm - 4:15pm	Open Program
		4:00pm -	Estimations at Campsite Make Dinner, Dessert Knife Safety and Whittling project Get settled	5:20pm	Flags	5:00pm - 10:00pm	Make Dinner, Dessert, 1 hour pm rest time, then Champions of Nature elective			4:25pm - 5:10pm	Open Program
5:45pm	Flags	5:00pm		5:30pm - 6:15pm	Dinner			5:20pm	Flags		
6:00pm - 7:00pm	Dinner	5:00-7:00pm		6:25pm - 7:15pm	Archery			5:30pm - 6:30pm	Dinner	5:20pm	Flags
7:15pm - 7:45pm	Scouts Own Service	-						6:45pm - 7:45pm	Village Time	5:30pm - 6:15pm	Dinner
8:00pm	Opening Campfire	7:00pm - 9:00pm		7:25pm - 8:25pm	Bouldering			8:00pm - 9:30pm	Movie Night	6:15pm - 7:00pm	Campfire
				8:35pm - 9:30 pm	Campfire at Mountain Scout,					7:15pm	Camp Dismissed
9:15 pm	Cubmaster/Leader Mtg	9:00pm - 10:00pm			S'Mores and skits						
10:00pm	Lights Out	10:00pm	Lights Out	10:00pm	Lights Out	10:00pm	Lights Out	10:00pm	Lights Out		





