



CUB SCOUT **ADVENTURE** **CAMP**

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Campsite Alignment Matrix

Cub Scout Adventure Camp

Campsite	Max Unit Low High			07-06 Session 1			07-10 Session 2			07-13 Session 3			07-17 Session 4			07-20 Session 5			07-24 Session 6		
				Unit	Y	A	Unit	Y	A	Unit	Y	A	Unit	Y	A	Unit	Y	A	Unit	Y	A
High Seas	99	0	48	137B WE 601B WNYSC	5 14	5 8	69F GL 568F GFC	15 4	11 2	243F WG 332F ET	4 9	4 9	48F WG 203F HF 330F WG	11 8 8	13 8 6	68B HF 420F HF	5 30	5 10	233F HF 463F WE	15 14	16 13
Medieval Castle	99	0	44	86F WG 829F GFC	9 6	10 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 4	3 4	163F WE 171F ET	8 10	8 13			
Pioneer Fort	99	0	44				10F ET	12	12	65B HF 260F WE	4 3	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	5 5	193F GFC 3008F GFC	11 4	9 2	65B HF 178F WG 277F WG	10 8 11	10 8 9
Totals:					34	29		72	61		25	23		84	86		98	76		113	100

				07-27				07-31									
Max				Session 7				Session 8									
Campsite	Unit	Low	High	Unit	D/C	Y	A	Unit	D/C	Y	A						
High Seas	99	0	48	67F ET		15	12	9F WE		8	6						
				277F WG		1	1	122F WE		1	1						
				3041F GFC		4	4	262F WE		12	8						
								4076F GFC		3	3						
Medieval Castle	99	0	44	11F GL		10	8	2F ET		3	2						
				267F AHC		2	2	291F ET		10	10						
				315F WE		4	4										
Mountain Scout Tent Site	6	0	60					29F GL		7	7						
								100F LC		7	3						
								160B GFC		2	2						
Pioneer Fort	99	0	44	275F WG		10	10	126F WE		24	24						
Viking Longhouse Village	3	0	40					166F WE		15	15						
Totals:						46	41			92	81	0	0	0	0	0	0

MEDICAL FORMS AND MEDICATIONS

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 these activities may be obtained from the venue, activity coordinator, 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. §§ 160.102, 164.501, etc., may, as amended from time to time, include 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 USA 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 coordinator, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I understand that, if any information I 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 Phoenix Scout Ranch, Phoenix Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understood 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 these requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider if the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____
(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____



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Part 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 ☐ NO

DO 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	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"/>	Breast bleedings	

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: _____ / _____

Participant signature

MD/DO, NP or RN 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. Status 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	Real Disease	Immunization	Duration
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (e.g., HIV)	
<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.

Reserve for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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




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New Form



	SENECA WATERWAYS COUNCIL BOY SCOUTS OF AMERICA Summer Camp Youth Medication Permission Form
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Last Name: _____ First Name: _____ Unit: _____

Street: _____ City/State: _____

Phone: _____ Date of Birth: _____ Weight: _____

Oral Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Diphenhydramine (such as Benadryl)	<90# 25 mg >= 90# 50 mg	Allergic Reaction/ Hay Fever every six hours as needed for 24 hours	Yes	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	
Ibuprofen Liquid (such as Motrin)	5 ml per wt (below)	Fever, Pain every 6 hours as needed	Yes	No	
Topical Agents	Dosage	Indication and Schedule	Camper Health Care Provider		Comments
			Approval	Initials	
Triple Antibiotic (such as Neosporin)	Per label instructions	Wound care (scrapes, poison ivy) 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	

Acetaminophen Dosing				
weight	50-75 lbs	75-95 lbs	95-150 lbs	>150 lbs
Dose	325 mg	500 mg	650 mg	1000 mg

Ibuprofen dosing				
weight	48-59 lb	60-71 lb	72-95 lb	96+ lb
Liquid	10 ml	12.5 ml	15 ml	20 ml
200mg tablet	1 tab	1 tab	1 1/2 tab	2 tab

OTC Medication	Dosage / Route	Indication and Schedule	Camper Health Care Provider		Comments
			Self-Administration	Initials	
			Yes	No	
			Yes	No	

Health Care Provider: _____ Phone: _____

Address: _____ License: _____

Signature: _____ Date: _____

I hereby give permission for my son/ daughter receive over the counter and prescription medications as indicated by my child's Health Care Provider and request self-administration of prescription drugs. In addition, I give permission to carry and use sunscreen or insect repellent at camp and to use it throughout the day. If my child needs help re-applying sunscreen or insect repellent, I give permission for camp staff to provide my child with assistance if he/she requests it.

Signature of Parent or Guardian: _____ Date: _____





DIETARY 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 / Session Attending Camp: _____
Massawepie Scout Camps: _____ 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 ☐ Strong ☐ 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 later than two weeks prior to your 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

Recommended Packing List:

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

*The uniform is highly recommended, but no Cub Scout is denied attendance because he does not 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.**

Optional Items:

Lunch for check in day
Mosquito Netting
Binoculars
Matches (adults only)
Cub Scout Knife
Camera
Watch
Sports Equipment For Free Time
Fishing Pole and Tackle Box
Lawn Chairs
Stuffed friend
Ear Protection

What NOT to bring!

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



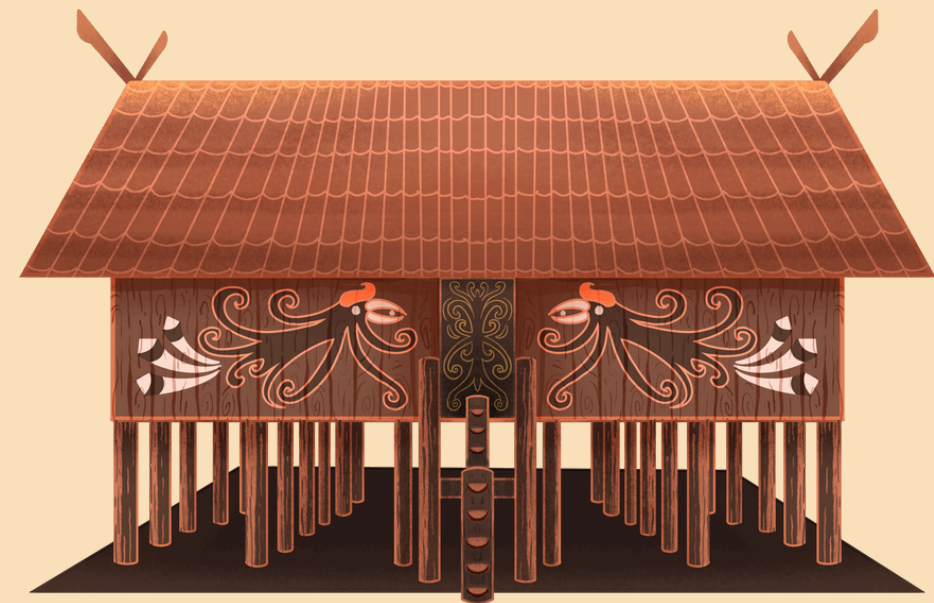


SLEEPING ACCOMMODATIONS

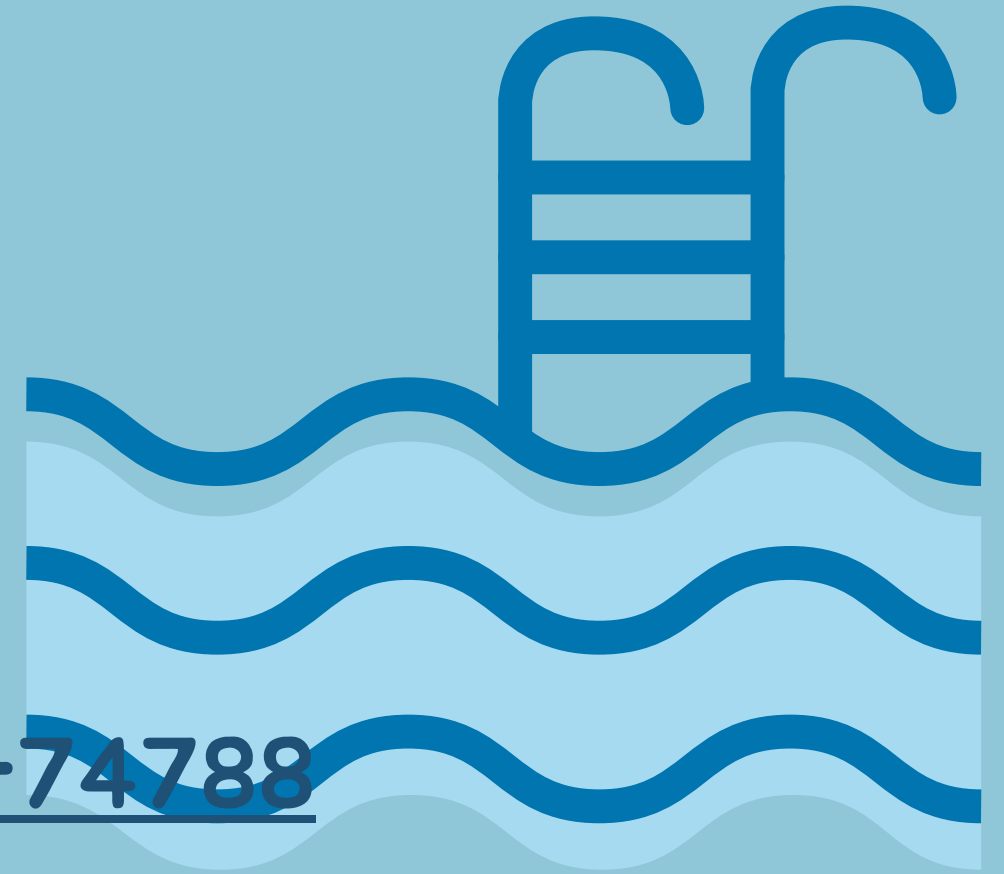
- Separate accommodations for youth males, youth females, adult males, and adult females
- Youth may not share accommodations with other youth with a two year age difference or more
- Food cannot be stored in sleeping quarters, unless you want to be visited by a furry friend
- Please use designated storage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







Swim Checks and Swimmer 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.

ITiNERARY

Time	Sunday/Thursday	Time	Monday/Friday	Time	Tuesday/Saturday
		6:30am - 7:00am	Polar Bear Swim	6:30am - 7:00am	Polar Bear Swim
		7:45am	Flags	7:45am	Flags
		8:00am - 9:00am	Breakfast	8:00am - 9:00am	Breakfast
		9:10am - 10:10am	Rank Activity	9:10am - 10:10am	Rank Activity
		10:20am - 11:20am	Rank Activity	10:20am - 11:20am	Rank Activity
11:00 am-12 pm	Check-In Blocks	11:30am - 12:45pm	Parade Field and Lunch	11:30am - 12:30pm	Parade Field and Lunch
12pm to 1 pm		12:45pm - 1:45pm	Siesta	12:30p - 1:30pm	Siesta
1 pm - 2pm					
2pm - 2:30pm	Extra Time	1:50pm - 2:50pm	Rank Activity	1:35pm - 2:35pm	Rank Activity
2:40pm - 3:30pm	Block 1			2:45pm - 3:30pm	Village Time
3:40pm - 4:30pm	Block 2	3:00pm - 4:00pm	Open Program	3:30pm - 4:15pm	Open Program
4:40pm - 5:30pm	Block 3	4:10pm - 5:10pm	Open Program	4:25pm - 5:10pm	Open Program
5:45pm	Flags	5:20pm	Flags	5:20pm	Flags
6:00pm - 7:00pm	Dinner	5:30pm - 6:30pm	Dinner	5:30pm - 6:15pm	Dinner
7:15pm - 7:45pm	Scouts Own Service	6:45pm - 7:45pm	Village Time	6:15pm - 7:00pm	Campfire
8:00pm	Opening Campfire			7:15pm	Camp Dismissed
9:00pm	Cubmaster/Leader Mtg	8:00pm - 9:30pm	Movie Night		
10:00pm	Lights Out	10:00pm	Lights Out		



ARRIVAL DETAILS

Check In

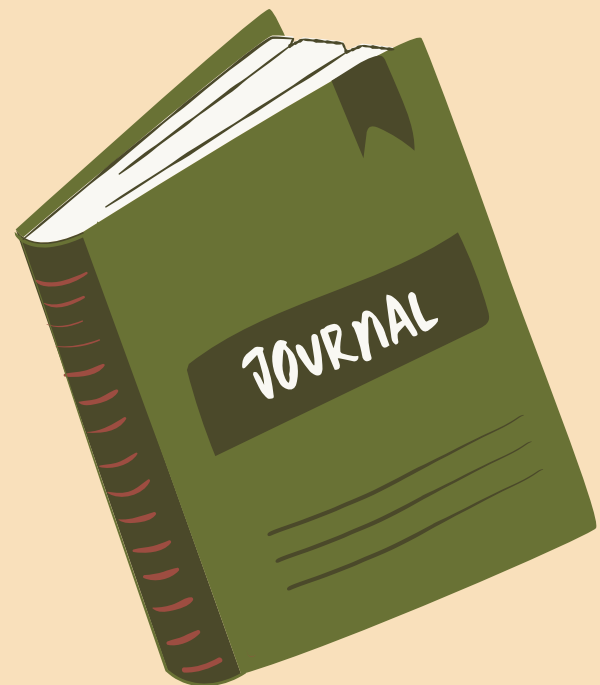
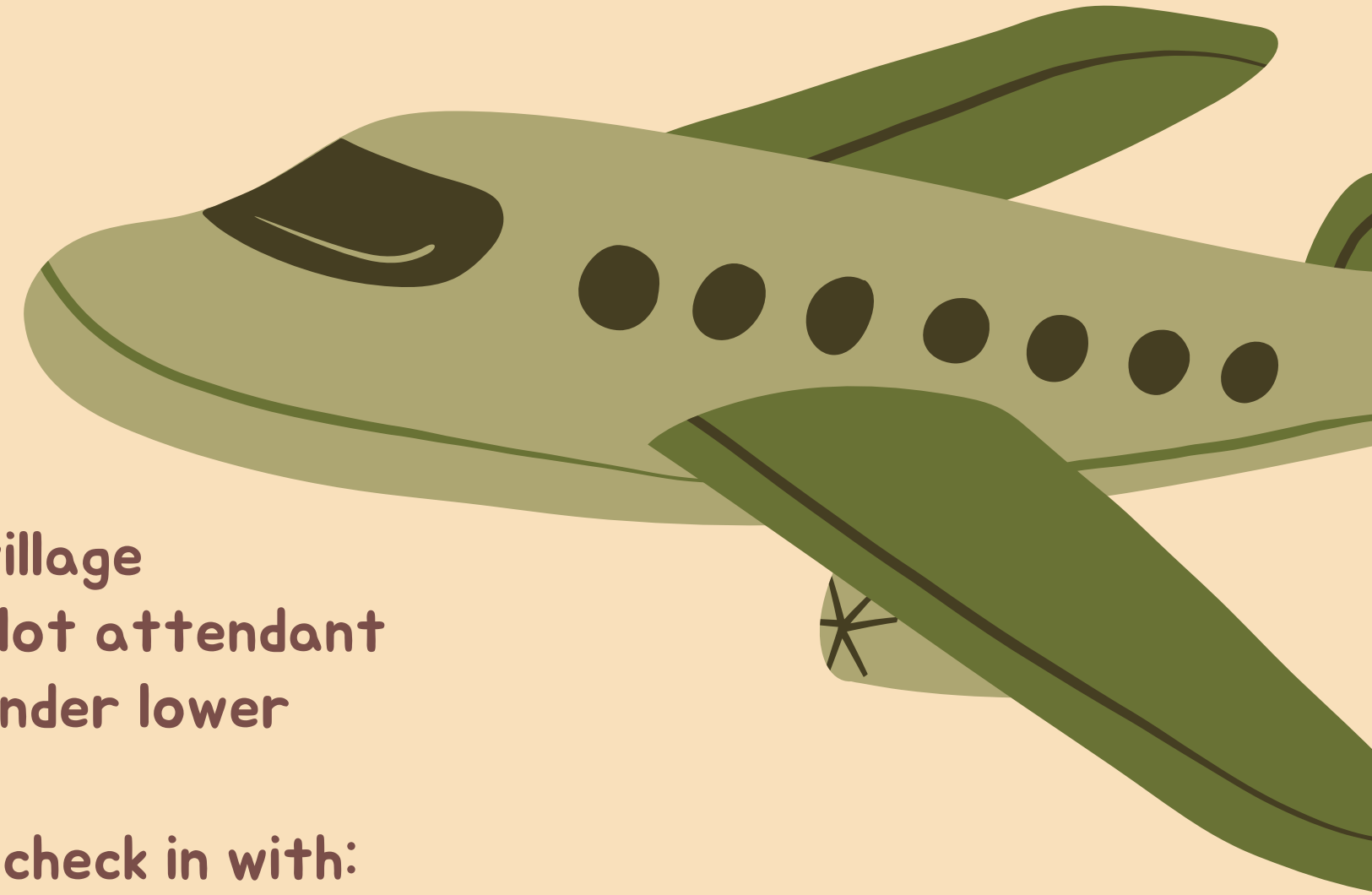
11am - 12pm Mountain Scout/
Medieval Castle

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



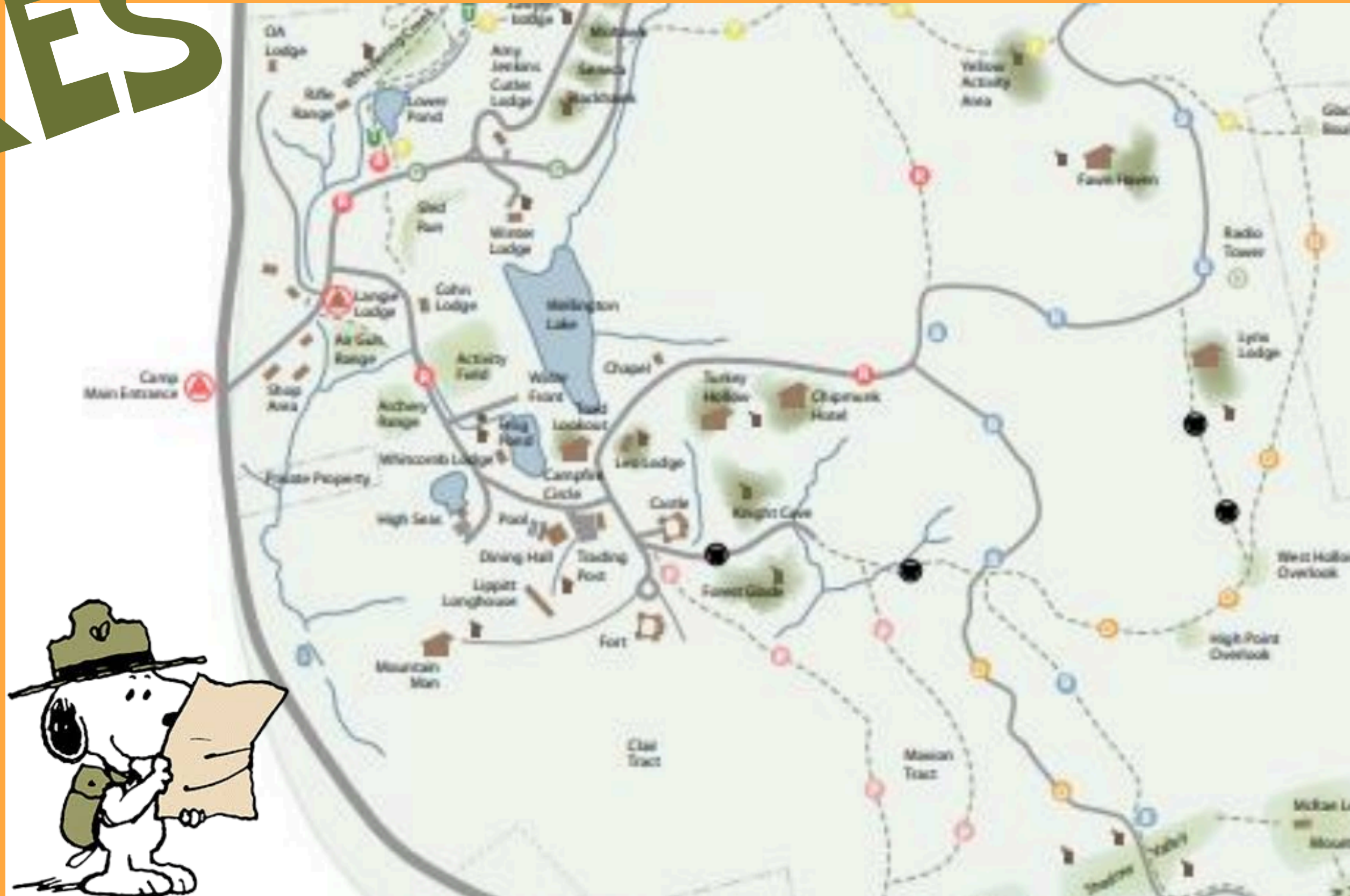
Day 1 Blocks

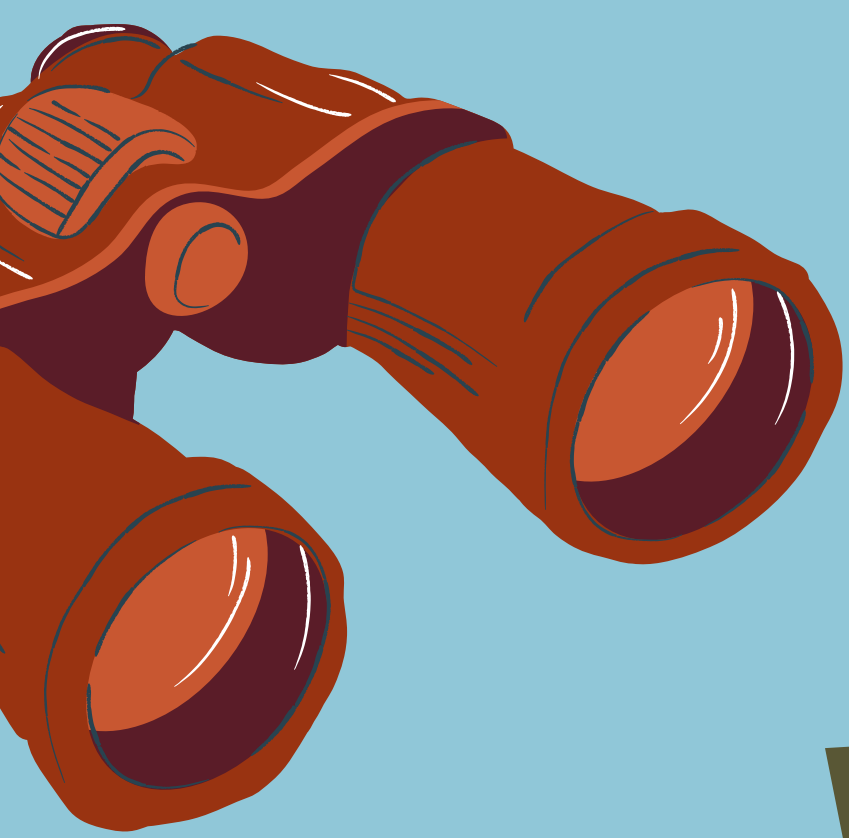
	High Seas	Medieval Castle	Viking Longhouse	Pioneer Fort	Mountain Scout
Block 1 2:40pm - 3:30pm	Village Orientation	Boating	Shooting Sports	Archery	Boating
Block 2 3:40pm - 4:30pm	Archery	Village Orientation	Boating	Boating	Shooting Sports
Block 3 4:40pm - 5:30pm	Boating	Archery	Village Orientation	Village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

Rank Based Schedule		Tiger	Wolf	Bear	Webelos	AOL
Day 2	9:10am - 10:10am	Good Knights	A Wolf Goes Fishing	Hike - Balancing Bears	BB Gun	Into The Woods
	10:20am - 11:20am	Tigers in the Water OR Tiger-iffic	Slingshot	A Bear Goes Fishing	Earth Rocks	
	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





HIKES





DESTINATIONS

VILLAGES

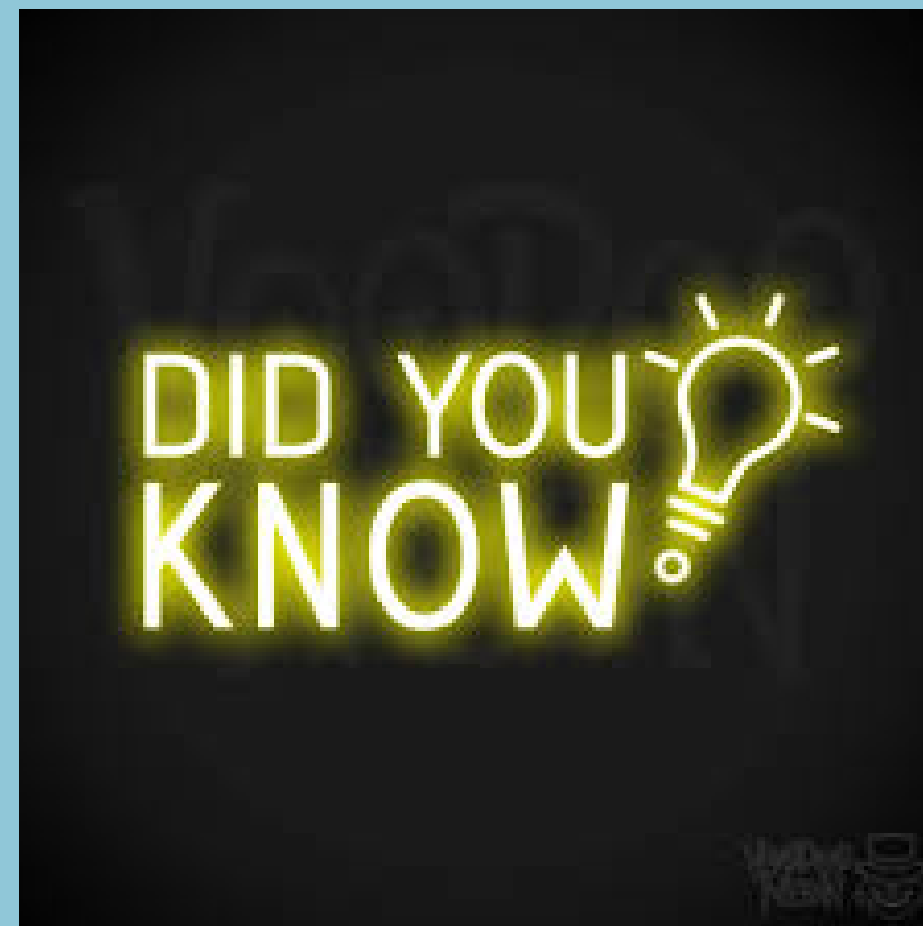
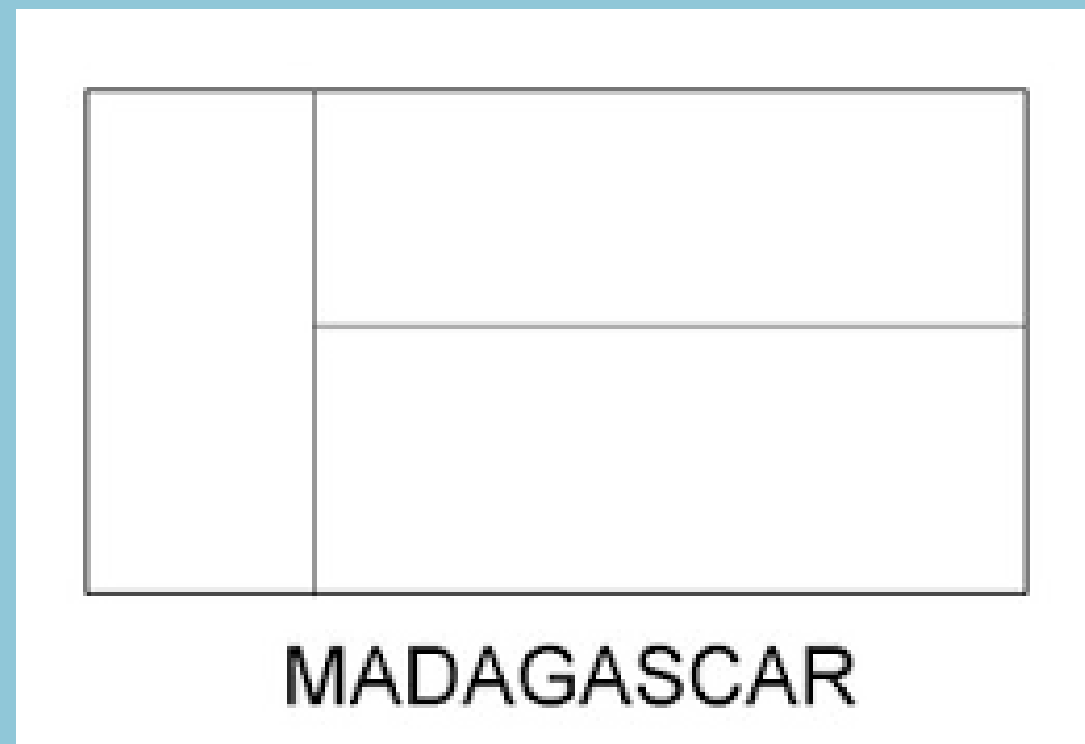
-  Castle - Germany
-  Fort - Australia
-  Viking - Norway
-  High Seas - Puerto Rico
-  Mountain Scout - Canada

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



AOL Week 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							7:30am - 8:30am	Breakfast	7:30am - 8:30am	Cold Breakfast	7:30am - 8:30am	Breakfast	7:45am	Flags			
		8:00am - 9:00am	Breakfast													8:00am - 9:00am	Breakfast			
		9:00am - 9:30am 9:30am - 10:15am	Pack Up Gear Personal First Aid Kit													8:30am - 9:30am	Pack Up	8:45pm - 9:45pm	Swimming	8:30am - 9:30am
Hike with special guest, Ranger Jeff. Eat on the trail.	9:30am - 11:30am		Hike: Into the Woods Part 1	10:00am - 11:00am	Brunch With The Staff	9:30am - 11:30am	Hike: Into the Woods Part 2	10:20am - 11:20am	Rank Activity: Swimming or Into the Wild											
		11:00am - 11:30am								Pack Up For Outpost	11:30am-12:30pm	Lunch	11:30am - 12:30pm	Parade Field and Lunch						
															12:30pm-1:30pm	Siesta	12:45pm - 1:45pm	Boating	12:30pm - 1:30pm	Siesta
	3:00-4:00pm	Open Program	2:45pm - 3:30pm	Vilage Time																
					4:00pm-5:00pm	Open Program	3:30pm - 4:15pm	Open Program												
									5:20pm	Flags	4:25pm - 5:10pm	Open Program								
	5:30pm - 6:15pm	Dinner	5:20pm	Flags																
					6:25pm - 7:15pm	Archery	5:30pm - 6:30pm	Dinner												
									7:25pm - 8:25pm	Bouldering	6:45pm - 7:45pm	Village Time								
8:35pm - 9:30 pm	Campfire at Mountain Scout, S'Mores and skits	8:00pm - 9:30pm	Movie Night																	
				5:00pm - 10:00pm	Make Dinner, Dessert, 1 hour rest time, then Champions of Nature elective	6:15pm - 7:00pm	Campfire													
								7:00pm - 9:00pm	Knife Safety and Whittling project	7:15pm	Camp Dismissed									
9:00pm - 10:00pm	Get settled	9:15pm	Cubmaster/Leader Mtg																	
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JOIN CAMP STAFF

WE'RE LOOKING FOR PASSIONATE, ENERGETIC
INDIVIDUALS!

GAIN VALUABLE EXPERIENCE, MAKE NEW FRIENDS, AND
BE PART OF AN EXCITING TEAM!

APPLY NOW AND BE PART OF THE ADVENTURE!

MASSAWEPIE SCOUT CAMPS, TUPPER LAKE NY

JUNE 29TH - AUGUST 20TH

POSITIONS NEEDED:

AQUATICS DIRECTOR 21+
COMMISSIONERS 18+
COMMISSARY DIRECTOR 18+
HEALTH LODGE ASSISTANT 18+
DINING HALL STEWARD 18+
TREK GUIDES 18+
OUTDOOR SKILLS DIRECTOR-18+
-SPORTS/CYCLING DIRECTOR- 18+
-LIFEGUARDS, 16+
-CAMP PROGRAM STAFF 15+
-COUNSELOR IN TRAINING- 14-15



CUB SCOUT ADVENTURE CAMP, NAPLES NY

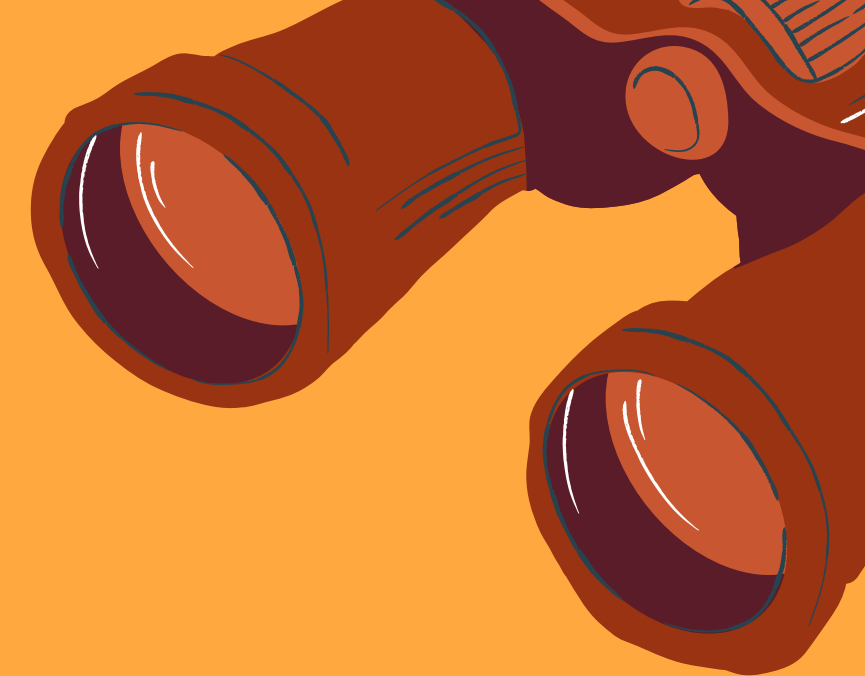
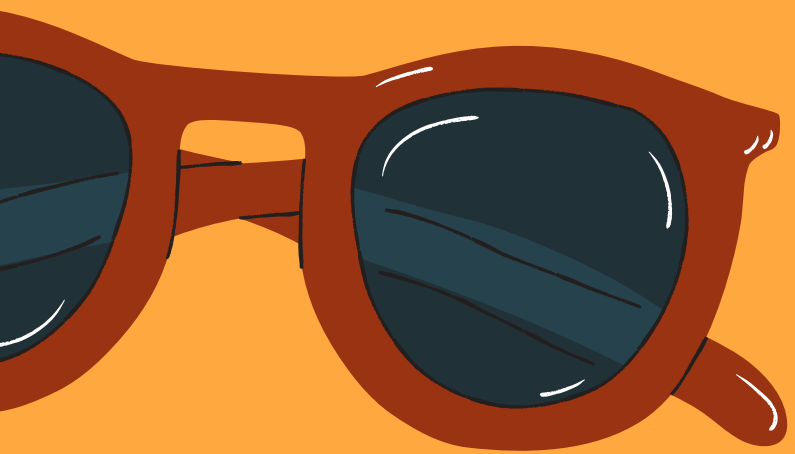
JUNE 26TH - AUGUST 8TH



POSITIONS NEEDED:
AQUATICS DIRECTOR 21+
HEALTH DIRECTOR 18+
VILLAGE DIRECTOR 18+
QUARTERMASTER 18+
LIFEGUARDS 16+
TRADING POST CLERK 15+
COUNSELOR IN TRAINING 14-15



Scouting America
Seneca Waterways Council



**ADVENTURES
FEED YOUR SOUL.
ENJOY YOUR LIFE
AND GO TRAVEL.**

