



2021 TRAVELING DAY CAMPS



BOY SCOUTS OF AMERICA®
CROSSROADS OF THE WEST COUNCIL

#WEOWNADVENTURE

Table of Contents

Introduction to Camp	2
Non-Discrimination Clause.....	2
Contact Us.....	2
General Information	3
Arriving at Camp	3
Medical Forms.....	3
Refund Policy	3
Insurance	3
Leadership Roles	3
Emergency Alarm	4
First Aid.....	4
Youth Protection.....	4
Buddy System.....	4
Tree Climbing	4
Fire.....	4
Firearms, Ammunition & Archery	5
Smoking, Alcohol & Drugs.....	5
Lost Camper Prevention	5
Trading Post	5
Food Service	5
Food Service	6
Webelos Overnight Food Arrangements	6

Introduction to Camp

The Traveling Day Camp offers a balanced day camp program for Cub Scouts, Webelos Scouts and Primary youth groups.

The Traveling Day Camp brings the excitement, fun and activities to your youth group.

Non-Discrimination Clause

Traveling Day Camp does not discriminate against anyone on the basis of race, color, national origin, religion, age, sex, handicap, or any other delineation of peoples.

Contact Us

We're here to help your unit have the most memorable experience at camp. If you have any questions as you prepare for your adventure, please let us know at program.office@scouting.org.

General Information

Please understand that the purpose of camp rules is to insure the safety and convenience of all those who will be together during the traveling day camp. These rules make it possible for us to safely do things we would otherwise never attempt. In a very real sense, these rules set us free.

Arriving at Camp

Plan to arrive at camp no later than 8:00am (4:30pm for Webelos

Overnight programs). This will allow your group to check in, find a picnic spot, and attend flag ceremony.

Medical Forms

All participants (youth & adults) must complete parts A & B of the BSA health form. Bring these forms with you and turn them in at check in.

Refund Policy

A complete list of required deposits, fee schedules, and information about refunds is available online at www.utahscouts.org/refund.

Insurance

- Each group is required to carry adequate and proper liability insurance.
- Cub Scout packs registered in the Crossroads of the West Council are already insured - so nothing is required.
- Primary Youth Groups will be required to provide proof of insurance. Step by step instructions are included in this guide.
- Please prepare to verify that each camper is protected with personal health insurance - ensure that policy numbers are listed on each medical form.

Leadership Roles

All groups are required to maintain 2 adult leaders at camp during all times. One additional adult is required for every 10 youth.

Emergency Alarm

As part of our flag ceremony, we will demonstrate the camp's emergency alarm. Any other alarms during the activity will be real. If you hear the alarm, walk to the flag pole, join with your group, and ensure all are accounted for. Further instructions will be presented at the flag pole.

First Aid

We are ready with emergency support and will make necessary contact with local Emergency Medical Services.

Youth Protection

The Boy Scouts of America is a leader in the fight against child abuse. We must do everything in our power to prevent physical, emotional, and sexual abuse. To protect youth and adults we must be extremely careful to follow the BSA TWO-DEEP LEADERSHIP policies. The BSA cannot tolerate any activity that can, in anyway, be interpreted as abusive. If you are aware of anything questionable, please report it at once to the Camp Director. Do not become directly involved unless there is an immediate physical threat.

Buddy System

All campers should use the buddy system at ALL times in camp.

Tree Climbing

Participants (youth or adult) that are discovered to be climbing trees will be sent home.

Fire

The smallest spark is a deadly threat to wildlife and campers. No fireworks are allowed in camp. All fires must be confined to the designated fire pits in each campsite.

Firearms, Ammunition & Archery

The traveling day camp has adequate equipment and so it is required that no personal firearms, archery equipment or ammunition be brought to camp.

Smoking, Alcohol & Drugs

All buildings and tents are smoke-free. There are designated smoking areas for those who smoke. Possession or consumption of alcoholic beverages is not permitted on the property. Possession of unprescribed drugs, or abuse of prescribed drugs, are expressly prohibited at camp. Individuals or groups found in violation of this policy will be sent home immediately.

Lost Camper Prevention

One should never go where they do not know and one should always take a buddy. Stay on trails, in camp, or with an experienced staff guide. No one should ever go anywhere without telling group leaders where they are going and when they intend to return. Always be prepared with water and proper clothing.

Group leadership should report immediately if someone does not show up when and where they should. Please instruct all scouts and leaders to stop and stay put, “hug a tree”, the moment they realize they are lost.

Trading Post

The traveling day camp has a trading post, which provides camp gear, snacks, souvenirs, and program supplies. Some other items available are soda, treats, and camp memorabilia.

Food Service

Youth and leaders will need to bring a sack lunch and a water bottle to camp. Please bring them in a cooler and you can put them on a picnic table in the morning before registration. There are multiple trash cans placed around camp for garbage. Please remember to practice Leave No Trace and leave the camp better than you found it.

Food Service

Youth and leaders will need to bring a sack lunch and a water bottle to camp. Please bring them in a cooler and you can put them on a picnic table in the morning before registration. There are multiple trash cans placed around camp for garbage. Please remember to practice Leave No Trace and leave the camp better than you found it.

Webelos Overnight Food Arrangements

The Traveling Day Camp will provide dinner and breakfast items that the youth will prepare. Directions will be given for locations and the process for preparation, cooking and dining.

Cub/Primary/Webelos Day-Only Schedule

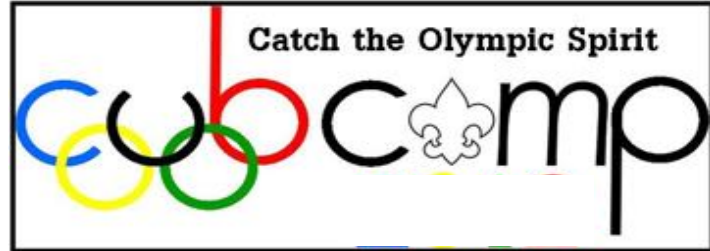
35 min stations

8:00	Registration/Check-in
8:20	Welcome/Opening Ceremony
8:30	Station 1
9:10	Station 2
9:50	Station 3
10:30	Station 4
11:10	Lunch/Trading Post
12:10	Station 5
12:50	Station 6
1:30	Station 7
2:10	Station 8
2:50	Closing Ceremony

Webelos Overnight Schedule

	Day 1
4:30 PM	Check-in/Registration
4:50	Opening
5:00	Station 1
5:40	Station 2
6:20	Dinner
7:20	Station 3
8:00	Campfire
9:15	Dismiss to camp

	Day 2
7:00 AM	Breakfast
8:00	Station 4
8:40	Station 5
9:20	Station 6
10:00	Station 7
10:40	Station 8
11:20	Closing
11:30	Dismiss home



ACHIEVEMENTS

From the BSA National Office:

February 20, 2015

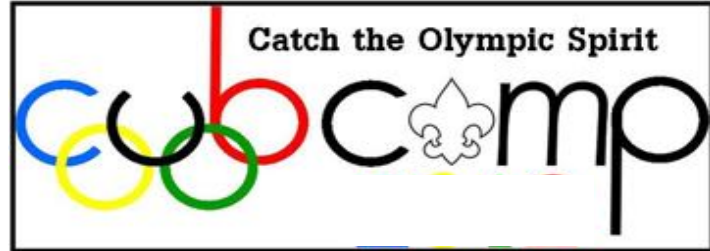
The overall purpose of day camps is to offer a fun experience and extend the participant's Scouting engagement. The purpose is not advancement. If advancement happens as part of fun engaging program, great! But it should not be the focus of camp.

One of the methods of Cub Scouting is adult association. Research indicates that a long-term relationship with a positive adult figure is a critical component for youth to develop into strong, resilient adults. In Cub Scouting this is accomplished by the den leader delivering a program of advancement in the den.

Any use of the required adventures at camp, while not recommended, should be channeled to "partials" – requirements which may be difficult for dens to accomplish on their own.

Now, more than at any other time in history, young children are not spending most of their time outdoors. There are so many electronic distractions that keep them inside, their minds and bodies are being denied the education that only nature can give. Scouting is a progressive program, and the outdoor experience intensifies as they get older. The experience starts when they are Cubs. We put a lot of thought into what kinds of experiences will show the boys the kinds of things they can do outside so they will have the desire to continue their experience away from Day Camp.

At Crossroads of the West Traveling Day Camp, we DO make an effort to include activities that could be used to partially satisfy a requirement. However, day camp does NOT complete the requirement. Please keep in mind that because of the group setting, it would be impossible to ascertain if boys are really paying attention and have learned what they were supposed to learn. Scouts will need to return to their Dens and "pass off" their knowledge or skills to their leader.



Below are the stations and the activities that will be included in this year's camp. Use this as a guide to what might be used toward Adventure requirements.

STATIONS

1. Archery Instruction and Range

- Learn about the parts of a bow and arrow
- Learn how to load and fire an arrow
- Learn how to safely carry the arrows
- Learn safety on the firing range
- Practice loading, firing and retrieving arrows on a range

2. BB Instruction and Range

- Learn about the parts of a gun
- Learn how to safely load and carry
- Learn shooting positions
- Practice loading, firing and retrieving targets on a range

3. Nature Trail

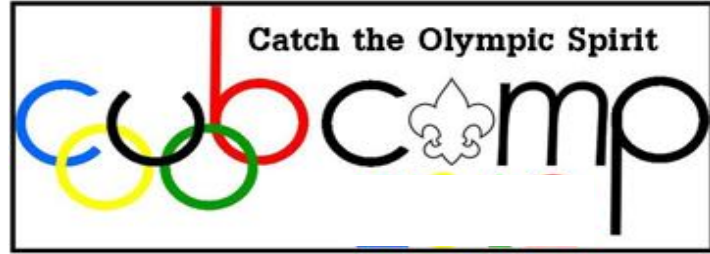
- Practice observation skills using binoculars, magnifying glass, and senses
- Learn to orient a compass and orient a map
- Create an art piece using natural objects

4. Leatherwork

- Learn about the tools for leather stamping
- Learn how to cure leather for tooling
- Stamp a piece of leather for decoration

5. Obstacle course

- Using elements of physical fitness, complete an obstacle course
- Play a challenge game as a team



6. Lawn Games

- Learn the importance and show good sportsmanship while playing a game
- Play a large group game
- Play a game that involves cooperation

7. Beadwork

- Assemble and organize supplies
- Create a flag using a pattern

8. Sail Science

- Construct a boat using different materials
- Test the sail during a regatta

Webelos Adventure Requirements

Achievements

Now, more than at any other time in history, young children are not spending most of their time outdoors. There are so many electronic distractions that keep them inside, their minds and bodies are being denied the education that only nature can give. Scouting is a progressive program, and the outdoor experience intensifies as they get older. The experience starts when they are Cubs. We put a lot of thought into what kinds of experiences will show the boys the kinds of things they can do outside so they will have the desire to continue their experience away from Day Camp.

The Webelos Woods was designed to help the scouts achieve within the outdoor Adventures.

Stations

The stations will provide instruction and activity to complete requirements in each of the following areas. Per instructions from BSA National, stations will not complete Adventure requirements but will provide partials. Scouts are encouraged to return to their Den Leader to complete requirements.

- Outdoor Adventure: Tents, Campfire, Overnight
- Scouting Adventure: Knots, Knife safety
- Into the Wild Adventure: Animals
- Into the Woods/ Webelos Walkabout Adventure: Plants
- Castaway Adventure: Fire and Wilderness Survival
- Sports Adventure: Sportsmanship and Games, Shooting Sports
- Cast Iron Chef Adventure: Outdoor Cooking

Adventure requirements (Partials)

Cast Iron Chef (completed if using dinner as a cooking experience)

#3. At an approved time in an outdoor location and using tinder, kindling, and fuel wood, demonstrate how to build a fire; light the fire, unless prohibited by local fire restrictions. After allowing the flames to burn safely, safely extinguish the flames with minimal impact to the fire site.

#2. Prepare a balanced meal for your den or family; utilize one of the methods below for preparation of part of your meal:

- a. Camp stove
- b. Dutch oven
- c. Box oven
- d. Solar oven
- e. Open campfire or charcoal

#2. Demonstrate an understanding of food safety practices while preparing the meal.

Webelos Walkabout

#5 Describe and identify from photos any poisonous plants and dangerous animals you might encounter on your hike

Outdoor Adventurer (completed if participating in overnight) – OPTION A

1. With the help of your den leader or family, plan and conduct a campout.

2. On arrival at the campout, with your den and den leader or family, determine where to set up your tent. Demonstrate knowledge of what makes a good tent site and what makes a bad one. Set up your tent without help from an adult.

3. Once your tents are set up, discuss with your den what actions you should take in the case of the following extreme weather events which could require you to evacuate:

- a. Severe rainstorm causing flooding
- b. Severe thunderstorm with lightning or tornadoes
- c. Fire, earthquake, or other disaster that will require evacuation.

Discuss what you have done to minimize as much danger as possible.

Scouting Adventure

#5a. (partial) Show how to tie a square knot, two half hitches and explain how each knot is used.

b. Show the proper care of a rope by learning how to whip and fuse the ends of different kinds of rope.

#6. Demonstrate your knowledge of the pocketknife safety rules and the pocketknife pledge. If you have not already done so, earn your Whittling Chip card.

Castaway

#1b. With the help of an adult, demonstrate one way to light a fire without using matches.

- a. On a campout with your den or family, cook two different recipes that do not require pots and pans.
(possible with outdoor cooking)

#2a. (partial) Learn what items should be in an outdoor survival kit that you can carry in a small bag or box in a day pack.

Into the Wild

#4. Learn about the bird flyways closest to your home. Find out which birds use these flyways.

#7. Give examples of at least two of the following:

- a. A producer, a consumer, and a decomposer in the food chain of an ecosystem
- b. One way humans have changed the balance of nature
- c. How you can help protect the balance of nature

Into the Woods

#2. (partial) Tell how both wildlife and humans use them.

#6. Explain how the growth rings of a tree trunk tell its life story. Describe different types of tree bark and explain what the bark does for the tree.

Sports

#2. (partial) While you are a Webelos Scout, play two team sports.

#3a – Discuss sportsmanship and describe examples of good sportsmanship



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Day Camp Group Roster

Instructions:

- This form is to be used by units attending Day Camp programs and to be submitted at camp during check-in.
- Complete the form by listing the youth that will attend Day Camp programs.
- For Cub Scout groups: Verify BSA membership registration for each youth and adult through local BSA Service Center. This must be verified: in person, emailed (program.office@scouting.org), at least 2 days prior to attending camp.
- Attach receipt for payments made within 7 days prior to arrival.

Unit # _____ Camp: _____ Camp Date: _____ District: _____

Unit Leader Name (First & Last): _____

Mailing address: _____ City: _____ State: _____

ZIP: _____ Phone: (____) _____ Email: _____

Adult Leader Names & Email

Youth Names & Parent's Email

All youth & adults that attend camp must be registered members of the Boy Scouts of America. If a youth or adult is not currently registered when this roster is verified, a digital BSA Membership Form will be emailed to the individual(s).

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: _____



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 (anginal)/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/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/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/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 or epilepsy	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"/>	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	



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"/>	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"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/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 (i.e., Hib)	
<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: _____

