



BOY SCOUTS OF AMERICA®
HOUSATONIC COUNCIL



2020 CAMP STRANG SUMMER CAMP

IMPORTANT DATES TO REMEMBER

**APRIL 1, 2020
AND
JUNE 1, 2020**

**IN ORDER TO SECURE A DISCOUNTED FEE
TOWARDS SUMMER CAMP, A DEPOSIT OF
\$25 IS REQUIRED FOR EACH WEEK
ATTENDING CAMP
ON OR BEFORE APRIL 1, 2020.**

**FULL PAYMENT OF THE DISCOUNTED PRICE
MUST BE RECEIVED ON OR BEFORE
JUNE 1, 2020 OTHERWISE THE
DIFFERENCE WILL BE APPLIED BASED ON
WHICH WEEK YOUR CHILD(REN) WILL BE
ATTENDING.**

**ATTENTION TROOPS - DEPOSITS DO NOT
HAVE TO BE FOR A SPECIFIC YOUTH
MEMBER
(I.E. RESERVE 10 SPOTS = \$250 DEPOSIT).**

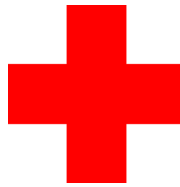
WE WELCOME YOU TO CAMP STRANG



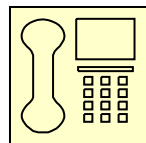
Owned and operated by the Housatonic Council B.S.A., located in the foothills of Litchfield County. Strang Scout Reservation's 186 acres of forests, fields and streams provide the backdrop to an exciting Scouting experience. Strang Scout Reservation offers a diverse program for Scouts of all ages.

SAFETY IS OUR TOP PRIORITY

Our Camp Health Lodge is staffed 24 hours a day by a qualified health officer. Strang Scout Reservation meets or exceeds National BSA Camp Standards and Complies with Connecticut State Laws for youth camps.



No Pets are allowed in camp without prior authorization from the camp administration.



CAMP TELEPHONE

In case of emergency only, the telephone to reach camp is 860-491-2770.

INSURANCE

Housatonic Council provides secondary health and accident insurance for participants, which covers costs not paid by the primary carrier. Non-Housatonic Council participants need to provide proof of council/ unit insurance.

MEDICAL FORMS

Please refer to the Medical Forms portion of the camp brochure. Please read it carefully and follow the directions.

SMOKING, ALCOHOL or ILLEGAL DRUGS

Use of tobacco products, alcohol or Illegal drugs on camp property is prohibited.

CAMP TRADING POST

The camp trading post offers everything a camper may desire during the week. Some of the items available for sale are T-shirts, craft supplies, soft drinks, ice cream, patches, Pepsi products, candy and other goodies.

MAIL SERVICE

Mail can be sent to campers at the following address:

Camper's name
Troop/Pack Number
Campsite

C/O Strang Scout
Reservation
278 West Side Road
Goshen, CT 06756

Scouts love getting mail so send letters and packages before they leave home...



WHAT TO BRING TO CAMP

- Watch
- Toiletry items
- Daily change of clothes
- Field (Class "A") Scout Uniform with Socks and Belt
- Sleeping Bag or sheets and blankets
- Pillow
- Rain Gear
- Flashlight and extra batteries
- Trunk and combination lock
- Scout Handbook
- Pen/ Pencil and paper
- Swim Suit and Towel
- Bug Netting with poles
- Hiking Shoes
- Laundry Bags
- Canteen or Water Bottle
- Sweatshirt or jacket
- Bug Repellent (non-aerosol)
- Sun Screen

WHAT NOT TO BRING

- Food to keep in site or tent
- Fire works
- Tobacco Products

HOW TO GET TO CAMP STRANG

DIRECTIONS TO EDMUND D. STRANG SCOUT RESERVATION

Located at 278 West Side Road in Goshen, CT.

- From the Lower Naugatuck Valley, follow Route 8 North towards Torrington.
- Take Exit 44 onto Route 4 West towards Goshen.
- Follow Route 4 West approximately 6 miles to Goshen.
- At the rotary, take a right onto Route 63 North.
- West Side Road is the first left past St. Thomas Roman Catholic Church.
- Follow West Side Road for Approximately one mile.
- The Main camp entrance will be on the right side of the road past the Rangers house.

All vehicles must be parked in the main parking lot as directed.



"A week of camp life is worth six months of theoretical teaching in the meeting room," Lord Baden Powell

Camp Strang Programs in 2020!

☆ Activities at Camp

- ☆ STEM Center
- ☆ Radio-Controlled Cars
- ☆ Night Climbing
- ☆ Welding
- ☆ Crate Stacking
- ☆ Nine-Square in the Air
- ☆ Gaga Pit



☆ Bikes are allowed in camp

- ☆ Adventure to Eagle Week with Eagle Required Merit Badges and Seminars on how to plan a project! Most Scouts will only be able to bring home partials in the required badges....

- ☆ One of the Best First Year Camper programs in the Northeast Region!



☆ 2020 BOY SCOUT RESIDENT CAMP DATES:

Week 1: July 5 - 11
Week 2: July 12 - 18
Week 3: July 19 - 25
Week 4: July 26 - August 1

INCLUDES:

- ◆ ADVENTURE TO EAGLE CAMP
- ◆ HIGH ADVENTURE TREK



Camp Fees

\$400.00 (if \$25 deposit is paid by April 1st, and full payment made by June 1st)

If no deposit by April 1st - fee is \$440.00

Sibling discount reduces price to \$300.00 for the week

Or go for two weeks and second week is \$300

Adventure to Eagle & 50 MILE TREK

EARLY BIRD fee on or before April 1, 2020 - \$425.00

Regular fee \$465.00

CHECK IN PROCEDURES

Plan to Arrive between 2:00 PM and 4:30 PM for check-in.

Check-in Scoutmaster/ Staff member will be located at the registration area to check-in your Pack / Troop. Scouts then receive their buddy tag for the waterfront. All personal gear can be taken to your campsite.

If a **buddy tag** is **NOT** in the scoutmaster packet, then the scout must report to the Medical check-in station in front of the Health Lodge before reporting to the waterfront for a swim test.

A Swim Test will be conducted at the waterfront after check-in. **Scouts should plan to arrive at camp ready to take their swim test!**



FAMILY PICNIC ON SUNDAY

All parents/visitors are invited to stay for our opening picnic. The fee is **\$8.00** for adults and **\$5.00** for children. Children under age 6 are free. Dinner is served at **5:00 PM**. Field games will be organized so uniforms will **NOT** be required.

RETREAT

Formal retreat will be held at **6:45 PM** in the Parade Field. Troop formation and location will be discussed upon arrival. **Uniforms are NOT required for this because of the picnic.**



CAMP TOUR

All campers, new and old will attend the tour after retreat. Each of the program areas visited will have a staff member who will explain the program and answer any questions. Please make sure you bring a flashlight with you.

OPENING CAMPFIRE

The opening campfire will occur after the tour.



MERIT BADGE SIGN-UPS

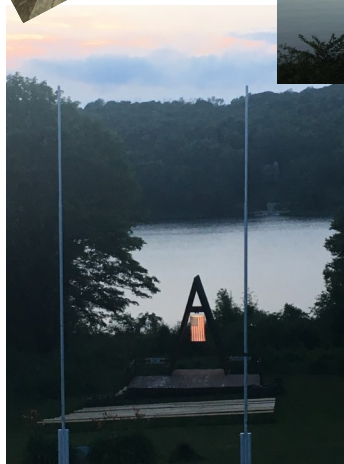
Scoutmasters should submit their unit's merit badge requests online prior to the pre-camp meeting on Tuesday night prior to camp. This allows the camp staff time to plan accordingly. The camp administration will do their best to accommodate all schedule requests. The program director reserves the right to adjust the merit badge schedule to best accommodate the majority of scouts.

CHANGING CLASSES

Scouts are able to change classes **on Monday** by seeing the instructor directly. However, due to space limitations, it may not always be possible to do so.

BY APPOINTMENT MERIT BADGES

Many badges, are available by scheduling an appointment with the counselor. For a list of available merit badges, please visit the appropriate area. Free time (except Siesta) may be used for 'By Appointment' merit badges at times agreed upon by the camper and counselor.



ADVANCEMENT PROGRAM



MERIT BADGES

The core of the scout's week at camp is the opportunity for advancement through earning merit badges and completing requirements for rank advancement. There are five sessions for scheduled merit badge classes per day with opportunity for others during free time. Certain merit badges also require prerequisites. It is beneficial to the scout to complete them **prior to the beginning of camp**. Scouts will need to show the work that they completed for the prerequisites to the assigned Merit Badge Counselor. However, some merit badges simply cannot be completed at camp. To be recognized at the Saturday Court of Honor for the completion of the merit badge, scouts must have proved that they have completed *all* the requirements.



Be sure that your merit badge pamphlet is up to date!!

RANK ADVANCEMENT

We recognize that many scouts will work towards advancing in rank during the week. The staff is committed to work with unit leaders to allow scouts to advance at camp and be recognized at the court of honor on Saturday morning. One of the main objectives of our First Year Camper Program is to provide new scouts with the skills they need to fulfill their advancement goals.



MERIT BADGE SCHEDULE

(Subject to Change)

	Sunrise 6:30 - 7:00	Session 1 9:00 - 9:50	Session 2 10:00-10:50	Session 3 11:00 - 11:50	Session 4 2:00 - 2:50	Session 5 3:00 - 3:50	Session 6 4:00 - 4:40	Session 7 4:50 - 5:50
First Year Camper		Brownsea Island Program—Fingerprinting and Leatherwork					By Appointment	
ECON		Environmental Science		Geology	Pulp & Paper	Nature	Guided Nature Trail	By Apt
		Weather	Fish & Wildlife Management	Reptile & Amphibian	Mammal Study	Forestry	Conservation Project	
Field Sports	Wake up Sports (Mon. & Wed.)	Archery		Personal Fitness	Rifle Shooting		Older Boy Shoot	Open Shoot
		Shotgun Shooting					Open Archery	Older Boy Archery
Waterfront	Polar Bear Swim (Mon. & Wed.)	Canoeing (12 +)			Life Saving (12 +)		Open	
		Small Boat Sailing Swimming		Kayaking	Fishing			
		Instructional Swim	Swimming		Rowing			
Outdoor Skills Area		Scout Skills Instruction	Wilderness Survival	Emergency Prep	Cooking	Camping	Open	
		Geocaching & Orienteering	Pioneering (12+)		Indian Lore	Signs, Signals and Codes	Older Boy	Mini Trek
Handicrafts		Basketry	Automotive Maintenance		Art	Woodcarving	Open	
Climbing Tower	Wake up Climb (T & TH)		Climbing		Climbing		Open Climb	Older Boy Climb
STEM Center		Electronics	Chess	Animation	Robotics		Open	
		Farm Mechanics	Graphic Arts	Radio	Movie Making			
		Programming	Digital Technology	Space Exploration	Drafting	Welding		
Health & Safety			First Aid					

2020 MERIT BADGES



Animation is recommended for all scouts.



Archery is a two-period badge. Requirement #5 is possible to achieve at camp, but may prove difficult as it requires patience and skill.



Art is recommended for all scouts.



Automotive Maintenance is recommended for older scouts.



Basketry is recommended for new scouts. Three kits must be purchased from the Trading Post and completed to achieve this badge about \$20.



Camping is recommended for older scouts. Scouts will go on a challenging off property hike and should come prepared with a day pack and the appropriate footwear to do so. Scouts can complete everything at camp except requirement 9a, which requires a letter from your Scoutmaster.



Canoeing is a two-period badge which is not recommended for a first year scout. Scouts must have passed the swim test as a swimmer in order to take this badge.



Chess is recommended for all scouts.



Climbing is a two-period badge recommended for all scouts.



Cooking is offered in the Outdoor Skills area. The requirements of this merit badge may prove difficult for a scout to complete at camp unless, you have completed the following requirements prior to camp. Requirements 4, 5, and 6.



Digital Technology requires completion of the Cyber Chip prior to your attendance.



Drafting is recommended for all scouts



Electronics is recommended for all scouts.



Emergency Preparedness Earning this merit badge helps a Scout to be prepared by learning the actions that can be helpful and needed before, during, and after an emergency.



Environmental Science is a two-period badge which is recommended for older scouts. Some work and observations will have to be completed outside of class time. Written assignments that can be completed prior to camp include 2, 3e, 4b, and 6.



Farm Mechanics is recommended for older scouts.



Fingerprinting is a badge which is offered only in the Brownsea Island program



First Aid is a two-period badge available to scouts who have achieved the rank of First Class or above. Requirement 2d is a prerequisite the must be completed at home and brought to camp.



Fish and Wildlife Management is recommended for all scouts.



Fishing is a two-session badge recommended for all scouts. It is recommended that you bring your own fishing gear. Completion of this badge is dependent upon the cooperation of the fish.



Forestry is recommended for older scouts. Requirements 1, 2b, and 2c could be completed prior to camp.



Geocaching is recommended for all scouts and is offered alongside orienteering



Geology is recommended for all scouts



Graphic Arts is recommended for all scouts.



Indian Lore is a badge for all scouts. Craft kits can be purchased through the trading post to assist with requirements 3a, 3b, and 6e. Estimated cost for the kits \$20.



Kayaking is recommended for all scouts. Scouts must have passed the swim test as a swimmer in order to take this badge.



Lifesaving is a two-session badge available to scouts who have already earned swimming merit badge. It is a physically demanding badge.



Mammal Study is recommended for all scouts.



Moviemaking is recommended for all scouts.



Nature is not recommended for younger campers due to its difficulty. Requirement 4 may be difficult to complete at camp and could be done prior to camp.



Orienteering is offered alongside geocaching. Scouts should have completed the first class orienteering requirement (#10) prior to camp. Bring a good compass with you. Several orienteering courses will be completed.



Personal Fitness is a badge requiring a 3-month commitment. Requirement 7 must be pre-approved by a counselor prior to camp. Also, requirements 1b, 6, 7, and 8 must be completed prior to camp.



Pioneering is a two-session badge recommended for all scouts who have completed the knots and lashing requirements for Tenderfoot and First Class ranks.



Programming is recommended for all scouts. Complete your Cyber Chip prior to camp.



Pulp & Paper is recommended for all scouts.



Radio is recommended for all scouts.



Robotics is recommended for all scouts.



Reptile and Amphibian - Recommended for all scouts. Requirement 8 must be completed outside of camp. Scouts should be prepared for mud



Rifle Shooting is a two-session badge and is not recommended for younger scouts. Practice is required and there is a qualifying requirement. Scouts may NOT bring their own firearms from home.



Rowing is a two-session badge which requires the scout to have passed the swim test as a swimmer. Strength and physical coordination is necessary. Scouts should bring shoes that can get wet.



Shotgun Shooting is a two-session badge offered to scouts 13 years of age and older. However, a scout's physical stature should be taken into consideration prior to registering for this badge. Scouts are required to shoot 25 times in a row in order to qualify.



Signs, Signals and Codes is recommended for all scouts. Requirements 7 COULD be completed before attending camp.



Small Boat Sailing is a two-session badge which is recommended for older scouts and may be technically and physically demanding. Scouts must have passed the swim test as a swimmer in order to take this badge.



Space Exploration is recommended for all scouts. Estimated cost of a rocket kit is \$20.



Swimming is a two-period badge recommended for all scouts who have passed the swim test as a swimmer.



Weather is recommended for all scouts.



Welding is a merit badge for older scouts due to the maturity required. This merit badge has limited availability and an estimated cost of \$15



Wilderness Survival is recommended for older scouts with prior camping experience. Scouts will be required to build a shelter and sleep in it for one night with the ten essentials of scouting.



Woodcarving is recommended for all scouts. Purchase of materials at the Trading Post will be needed in order to complete the badge. Scouts must have earned the Totin' Chip prior to taking this badge. Estimated cost of kits is \$15.

UNIT LEADERS WE COULD USE YOUR ASSISTANCE

We are always looking for Volunteers to assist with merit badges

Merit Badges by Appointment

By Appointment Badges:

May be earned at Camp Strang, depending upon the interest of the scout and the availability of a counselor, may be earned by making an appointment with a counselor. Free time (except siesta) may be used for the appointments.



Astronomy is a badge that is recommended for seasoned scouts. Some work and observations could be completed prior to attending camp. Completion of some requirements depends upon favorable weather conditions throughout the week.



Electricity is recommended for all scouts, bring your floor plan from requirement #2.



Photography is recommended for all scouts. Prior to attending camp complete requirements 4, 5, and 6.



Soil and Water Conservation is recommended for all scouts.

SPECIAL AWARDS



TROOP PROGRAM

THE SENIOR PATROL LEADER (SPL)

As the BSA is a youth-led organization, during the week at camp, the individual responsible for most troop activities and decision is the SPL. The SPL is charged with coordinating the troop's activities and ensuring the troop completes its responsibilities like campsite clean up and arriving on time to retreat. SPL's will be asked to attend frequent meetings with the program director to coordinate activities and discuss camp related issues.

TROOP ACTIVITIES

Troop activities will be held from 7:00 - 7:45 PM daily, except when special programming takes precedence. The following is a list of suggested activities for the evening program. Other ideas can be arranged and we always encourage inter troop and inter patrol competition.

Aquatics

- Troop Boating
- Troop Swim
- Greased Watermelon
- Canoe Tug of War
- Canoe keep away

Field Sports

- Rifle Shoot
- Archery Shoot
- Softball
- Capture the Flag
- Soccer
- One Pitch Wiffle Ball
- Volleyball
- Ultimate Frisbee

Handicrafts

- Plaque making
- Patrol Flag Making

Outdoor Skills

- Orienteering Skill Instruction
- Fire Building Skill Instruction
- Totin' Chip Award
- Pioneering Skill Instruction
- Fireman's Chit Award
- Paul Bunyan Award
- Knot Relay

Ecology & Conservation

- Kayak to Beaver Dam
- Plant ID/Nature Trail Hike
- Conservation Projects

Additional Activities

- Ga - Ga Ball
- Human Foosball
- Climbing Wall
- Native Games at EWI

OTHER TROOP PROGRAMS



Service Projects around camp can be completed by troops, patrols, and individuals for fun or for rank requirements (except Eagle). Interested scouts, units, and leaders should contact the Camp Commissioner.

Campfires should be conducted by troops within their own campsites (observing quiet hours). If so desired, troops should invite staff members or other campsites to join in. Two camp-wide campfires will occur on Sunday and Friday evenings. The staff will run the campfire on Sunday. However, we strongly encourage troop participation in the Friday night campfire. Troops should start practicing their songs and skits early in the week and SPL's should inform the Program Director of their choices by Thursday at dinner.

Campsite Cooking is strongly encouraged. Especially at times when the dining hall is very full, troops may find it as a nice change to cook one meal during the week in their campsite. If they so desire, troops should notify the camp administration at the pre-camp meeting. You are responsible for providing most cooking equipment. If you have any questions, please contact any member of the camp administration.

Patrol Leader's Council Meetings are also strongly encouraged. If the SPL would like assistance in coordinating one of these important meetings within his troop, the Program Director will be glad to help.

Baden Powell Patrol Award

This award is issued to Patrols who participate in all troop functions, display scout spirit, and complete a service project as a patrol. See your scoutmaster or SPL for details.

CAMPWIDE PROGRAMS

Campwide activities will occur at 8pm on Monday, Tuesday, Thursday and 9pm on Friday for our closing campfire. Campwide activities will be decided at the Sunday Senior Patrol Leader meeting.

SATURDAY PROGRAM

Saturday program will include breakfast served in the campsite, and a court of honor.

The schedule is as follows:

7:00 AM REVEILLE

8:30 AM UNIT BREAKFAST

Breakfast can be collected from the dining hall at 7:30 AM to eat at troop sites. Please be sure to bring all trash back to the dining hall. We ask that all unnecessary gear and/or equipment be packed and placed in a central location in the unit site, so that the camp staff can move it out starting at 8:30 AM.

9:30 AM COURT OF HONOR

The court of honor will be held at **9:30 AM**. This court of honor will recognize all scouts for their hard work during the week. Troops have the option of being able to purchase merit badges that can be attached to all merit badge certificates handed out at the court of honor in the office. It is the responsibility of the troop to pay for these badges in a reasonable amount of time.

Scoutmasters are responsible for picking up the advancement paperwork after the court of honor each week!!



BOY SCOUTS OF AMERICA®
HOUSATONIC COUNCIL

THIS PAGE LEFT INTENTIONALLY BLANK

ADVENTURE TO EAGLE



OUR MISSION

Adventure to Eagle (A2E) is a one-week, structured, and specifically timed program, held at Housatonic Council's Edmund D. Strang Scout Reservation, in Goshen, CT. It provides an environment for the older Scout to grow, to set personal goals, to learn to understand values, to experience motivation, and to learn leadership from experienced mentors in the Boy Scouts.

PROGRAM HIGHLIGHTS

A2E will also teach youth how to apply for their Eagle Scout rank, and how to confirm their personal and troop records with the National records. Other workshops will include the benefits of earning the Eagle Scout rank, including college scholarship opportunities, Eagle Courts of Honor and dinners/receptions.

BUT IT WON'T BE ALL WORK...

As members of a Strang provisional troop, the **A2E** campers will take part in camp-wide events as selected and, at least once during the week, **A2E** Scouts will participate in a "for-them-only" special activity.

MERIT BADGES

The **A2E** candidates will select 3 or 4 Eagle-required merit badges to work on during the week. These may be among those offered at camp on a regular basis or others offered only during **A2E** Week. Each **A2E** Candidate receives his own individual MB class schedule.

Depending on the badge, all requirements may not be completed at camp. Pre-requisites, outlined during the pre-Camp Troop meeting in April, will be expected of many of the badges.

ADVENTURE TO EAGLE MERIT BADGE REGISTRATION

This form must be turned in at time of registration to Adventure to Eagle

First Name: _____ Last Name: _____

Current Rank: ☐ Star ☐ Life DOB: _____

Unit #: _____ Unit's Town: _____

Scoutmaster/Crew Advisor Recommendation Initials (Required): _____

Parent's Signature: _____ Date Signed: _____

PLACE THE DATE of the required Merit Badges you have earned on the line. Place a number in the ranked order of the required Eagle Merit Badges you wish to take at A2E:

Camping		Environmental Science	
Citizenship in the Community		Family Life	
Citizenship in the Nation		First Aid	
Citizenship in the Wor1d		Lifesaving	
Cooking		Personal Fitness	
Communications		Personal Management	
Emergency Preparedness		Swimming	

Attending A2E does not mean the Scout will complete the Merit Badge at camp. Merit Badges that are not completed at camp will have a "partial" issued to the Scout. It is the scout's responsibility to complete the requirements with an authorized merit badge counselor.

Please note that some of the Merit Badges have pre-requisites and require a three month commitment. Pre-requisites are listed within this brochure for Camping, Cooking, Emergency Preparedness, Environmental Science, First Aid, Lifesaving, Physical Fitness, and Swimming.

Citizenship in the Community - Requirements 2, 7, and 8 must be completed prior to attending camp.

Citizenship in the Nation - Requirements 2 and 8 must be completed prior to attending camp.

Communications - Requirements 3, 5 and 6 can be done in advance of camp; written confirmation from Scoutmaster, teacher or similar must be presented.) All class members will plan and present a campfire at camp to complete the badge.

Family Life - Requirements 3, 4, 5, and 6 must be worked on prior to camp. Completing this badge requires a 3-month commitment.

Personal Management - Requirement 2 requires a 3- month commitment and must be completed prior to attending camp.

CAMP STRANG REGISTRATION FORM - SCOUT CAMP

Name: _____ Age: _____ Birth date: ____/____/____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Unit #: _____ Unit's Town: _____

Parents Signature (Required): _____

Parents Email _____

CHECK THE APPROPRIATE WEEK(S) YOU WILL ATTEND AND CIRCLE THE FEE AMOUNT(S) PER YOUR PAYMENT DATE.
Camp fee includes a \$25.00 non-refundable deposit.

SCOUT RESIDENT CAMP SESSIONS AT CAMP STRANG

Total All Above \$_____ AMOUNT PAID \$_____

<u>SUMMER CAMP DATES</u>	<u>Regular Fee after April 1st</u>	<u>Early Bird Fee Prior to April 1st</u>	<u>Additional Week / Sibling Discount</u>
_____ Week #1 Sunday, July 5 -Saturday, July 11	\$440	\$400	\$300
_____ Week #2 Sunday, July 12 -Saturday, July 18	\$440	\$400	\$300
_____ Week #3 Sunday, July 19 -Saturday, July 25	\$440	\$400	\$300
_____ Week #4 Sunday, July 26 -Saturday, Aug 1	\$440	\$400	\$300
_____ Week #4 ADVENTURE TO EAGLE	\$465	\$425	
_____ Week #4 HIGH ADVENTURE TREK	\$465	\$425	

PAYMENT INFORMATION

Payment by (check all that apply) Cash _____ or Check _____ or Credit Card Payment _____

Credit Card Type: MC _____ VISA _____ Date: _____ Check #: _____

Print Name of Card Holder: _____ Signature _____

Credit Card #: _____ Security # on Back _____

Expiration Date: _____

Remit to: Housatonic Council, BSA, 111 New Haven Ave, Derby, CT 06418

See refund request form for refund policy. ALL REFUND REQUEST MUST BE MADE IN WRITING TO THE COUNCIL SERVICE CENTER BY AUGUST 31

THIS PAGE LEFT INTENTIONALLY BLANK

****Required Form****
PERMISSION TO LEAVE CAMP

Scout Name: _____ Unit #: _____

Dates attending camp: _____

Departure date and time: _____ Return date and time: _____

Signature of parent or legal guardian: _____

Will your child need to leave camp during the week? (sports, medical, family event, etc.)

We cannot release any Scout to anyone other than a parent, legal guardian, or other authorized person specified on this form. We require advance notice if a Scout will be leaving camp for any reason (other than emergencies) and with whom. In case of emergency, a Scout will be released to the parent or guardian whose signature is on the official Housatonic Council, BSA medical form.

Circle one: My child **WILL / WILL NOT** be leaving camp during the week.

Reason for leaving: _____
Authorized pick-up person (provide name and relationship to the scout named above.) _____

Camp Strang Trip Permission Form

Some merit badge classes and camp program require scouts to leave the camp property. At all time while off site, proper adult/staff supervision will be provided. (a minimum of 2 adults over the age of 18) Transportation will be by foot, chartered bus, or private car with a driver over the age of 21, most likely from your child's troop. All BSA Youth Protection guidelines will be followed.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my child's activity, I hereby agree to my child's participation and waiver all claims against the leader of this trip and officers, agents, and representatives of the Boy Scouts of America.

Circle one: I **DO / DO NOT** give my child permission to participate in the following off property trip(s) on the following dates.

Camp Mohawk Dance on _____ (date, time)

5 mile hike on _____ rain date scheduled for _____
(date, time)

Other: _____ on _____
(note activity) (date, time)

Signature of parent or legal guardian _____ date _____

THIS PAGE LEFT INTENTIONALLY BLANK



REQUEST FOR REFUND Housatonic Council, BSA Refund Policy



All requests must be received by August 31ST and must have the Unit Leader's approval (signature) to be considered for refund. If a Scout will be missing days during a Camp period, that Scout needs to notify the Camp Director at check in time. No refund will include the non-refundable \$25.00 deposit.

The only circumstances under which refunds will be granted are as follows:

1. Illness of Scout prevents child's attendance at summer camp
2. Illness or death in the camper's immediate family prevents attendance at camp
3. Family relocation making attending camp impractical
4. Mandatory attendance at summer school that is verifiable
5. A Scout leaves camp for medical reasons (home sickness is not considered a refundable medical reason) must be certified by the Camp Health Officer or Camp Director. In such cases, the Scout will receive a pro-rated refund for the unused portion of the camp fee. If the unused portion constitutes three or more days and the medical excuse is not due to horseplay or negligence of said Scout.

Absolutely no refunds will be granted for "No Shows" or Days Missed.

Scout's name: _____ Troop/Pack: _____

Address: _____ City/State/Zip: _____

Parent's Name: _____ Phone: _____

Camp Attending and Date(s): _____

Reason for Refund _____

Amount Paid for Camp: \$ _____ Amount Requesting: _____

Unit Leader's Signature (required): _____

Mail to: Housatonic Council, BSA, 111 New Haven Avenue, Derby, CT 06418

THIS PAGE LEFT INTENTIONALLY BLANK

SCOUT CAMP SCHOLARSHIP FUND APPLICATION

To Apply a \$25 non refundable deposit is needed to process this campership application along with Unit Leader's Signature

Name: _____ Age (as of 7/1/2020) _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Unit: Troop / Crew # _____

Parent – Briefly explain your need for campership assistance:

This youth is planning on attending _____ week (s) of camp.

Applying for:

SUMMER CAMP DATES

_____ Week #1 Sunday, July 5 -Saturday, July 11

_____ Week #2 Sunday, July 12 -Saturday, July 18

_____ Week #3 Sunday, July 19 -Saturday, July 25

_____ Week #4 Sunday, July 26 -Saturday, Aug 1

_____ Week #4 ADVENTURE TO EAGLE

_____ Week #4 HIGH ADVENTURE TREK

I can afford to pay the following \$ _____ towards my child's week (s) of camp.

The unit will be contributing \$ _____ towards my child's week (s) of camp

Number of persons in household _____ Gross Income \$ _____

I understand that this is an application, and in no way guarantees a camp scholarship. I further understand that Housatonic Council awards partial camp scholarship and that scouts are encouraged to earn part of their camp fee. This campership program is limited to use at Housatonic Council Camp facilities.

Parents Name (please print) _____

Address: _____ City _____ State _____ Zip _____

Parents Signature: _____

Mail to: Camperships Committee, Housatonic Council BSA, 111 New Haven Avenue, Derby, Connecticut, 06418

Unit Leader's Signature: _____ Date: _____

THIS PAGE LEFT INTENTIONALLY BLANK

REQUIRED MEDICAL FORMS

All troops/packs send in medical forms with their Scoutmaster a week prior, during the Pre-Camp Meeting. All scouts and scouters must have a completed medical form to spend the week in camp. A scout's health history must be filled out and signed by the parent/guardian within the past year and the medication signature must be within 90 days. The camp health officer will check and collect all forms not previously turned in, as well as medications during check-in.

PLEASE SUBMIT A PHOTOCOPIED HEALTH FORM

Scouts and scouters not meeting the medical examination requirements will not be permitted to remain in camp. This pertains to all participating scouts and leaders, no matter how long their stay in camp may be, including temporary leadership.

EACH MEDICATION TO BE ADMINISTERED BY THE HEALTH OFFICER WILL NEED:

- "Authorization for Administration of Medication by School, Child Care, and Youth Camp Personnel" - page 24
- The doctor needs to fill out a form for each medication to be administered, including any over the counter, vitamins, inhalers, and EpiPens.
- If the "Authorization for Administration of Medication by School, Child Care, and Youth Camp Personnel" is not complete - the medication CANNOT be administered at Camp.

No medical examinations can be given at camp!

MEDICATIONS

All medications for scouts and scouters must be turned into the health officer during check-in. The Health officer will be located at the Medical check-in station at the Health Lodge. All medications must have a **photo of the camper** attached. Each form of medication must have a date as well as a doctor's name on the container.

Medications must be in the original container with an attached photo!

Please bring only the amount of medication necessary for the week.

Medical Forms Checklist for each Camper:

- ☐ **Authorization of Medication by School, Child Care, and Youth Camp Personnel (If over 18, not required)**
- ☐ **Boy Scouts of America Annual Medical Form**
- ☐ **Medical Addendum**
- ☐ **Non-prescription medication must also be left at the Health Lodge. This is a state law.**

THIS PAGE LEFT INTENTIONALLY BLANK

MEDICAL ADDENDUM

REQUIRED FORM to

attend camp!

(must be completed by parent/guardian for scouts under 18 years old)

Scout_____ Troop_____ Week (s) _____

This addendum to the Annual BSA Health and Medical Record is for scouts under 18 years of age and is required to meet Connecticut Department of Health requirements.

I give my permission for the camp Health Officer/Nurse to administer over-the-counter medications as directed by the Camp Physician in the Camp Standing Orders. The Housatonic Council's policies on medications at scout camp are written to comply with the National Standards of the Boy Scouts of America and the State of Connecticut Health Department.

If you do not wish to have any of the following over-the-counter medications administered, please cross out and initial.

Over-the-Counter Medications may include:

(Generics may be substituted)

- Tylenol by mouth, per weight/age dosing as needed every 4-6 hours
- Advil by mouth, per weight/age dosing as needed every 6-8 hours
- Bacitracin/Neosporin/Hydrogen Peroxide topically as needed
- Hydrocortisone Cream topically every 6 hours as needed
- Benadryl by mouth, per weight/age dosing as needed, per package directions
- Claritin by mouth, per package directions
- Sudafed by mouth, per package directions
- Zantac by mouth, per package directions
- Sunscreen topically, as needed
- Bug repellent topically, as needed every 2-4 hours
- Solarcaine/Aloe Vera topically as needed every 2-4 hours

Signature_____ Date_____

****REMINDER** - Prescription medications must be in the original pharmacy container with label, this includes EPI-Pens. Please bring only amount needed for camp. Failure to comply will result in the inability for the medications to be administered at camp. Any medication not picked up with-in 1 week after scout leaves camp will be destroyed.

THIS PAGE LEFT INTENTIONALLY BLANK

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student: _____ Date of Birth ____/____/____ Today's Date ____/____/____

Address of Child/Student: _____ Town _____

Medication Name/Generic Name of Drug, _____ Controlled Drug? ☐ YES ☐ NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method /Route, _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____

Relevant Side Effects of Medication _____ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs, _____

Plan of Management for Side Effects _____

Prescriber's Name / Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ____ / ____ / ____

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

☐ I request that medication be administered to my child/student as described and directed above

☐ I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)

☐ I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (____) ____ - _____ Work Phone # (____) ____ - _____ Cell Phone # (____) ____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: ☐ YES ☐ NO _____
Signature Date

Parent/Guardian authorization for self-administration: ☐ YES ☐ NO _____
Signature Date

School nurse, if applicable, approval for self-administration: ☐ YES ☐ NO _____
Signature Date

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

THIS PAGE LEFT INTENTIONALLY BLANK

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
<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/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 ☐ 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	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: _____



Prepared. For Life.®

Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit www.scouting.org/health-and-safety/ahmr to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

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	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: _____ Date: _____

Examiner's printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



Prepared. For Life.®

BECOME A FRIEND OF CAMP STRANG

**Friends of Camp Strang Alumni includes
anyone that has been a camper, staff
member, supporter or visitor**

The Camp Strang Staff Alumni group will be sponsoring a meet and greet at Edmund D. Strang Scout Reservation on July 11th, 2020.

Afternoon activities include opportunities for swimming, boating, shooting, camp tours and more! Update will be given on current projects and planned improvements to the Edmund D. Strang Scout Reservation.

For More Information contact:
Housatonic Council, BSA, 111 New Haven
Avenue, Derby, CT 06418 or
carole.cafaro@scouting.org.



CONTACT INFORMATION

SCOUT EXECUTIVE
John Zseller
(203) 734-3329 ext.. 304
E-mail: John.zseller@scouting.org

ADDITIONAL FORMS

The Summer Camp Applications are located on-line at <http://www.houstonicbsa.org>

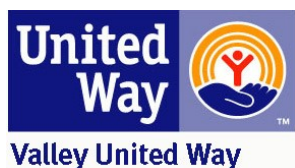
- Click on Summer Camp
- Then FORMS.

The medical form is also located on the Council Website or the Housatonic Council Office.

**CAMP STRANG - SUMMER CAMP
HOUSATONIC COUNCIL
BOY SCOUTS OF AMERICA
111 NEW HAVEN AVE
DERBY, CT 06418
(203)734-3329**

2020 CAMP PROMOTIONAL VIDEO IS ON YOUTUBE

<http://bit.ly/2020strangpromo>



**BOY SCOUTS
OF AMERICA®**
HOUSATONIC COUNCIL

