

2024

CUB SCOUT DAY CAMP GUIDE



Join us for a summer adventure!

REGISTER ONLINE

WDBOYCE.ORG/CUB-SUMMER

WELCOME

PARENTS & LEADERS,

We are so excited for your interest in Cub Scout Day Camp this year! The 2024 theme is “Outdoor Adventure!” We are looking forward to all the fun things that are planned for camp and all the amazing volunteers that help make this happen. Please take the time to read this guide and familiarize yourself with day camp and our policies.

While each day camp is unique, the policies and procedures in this book will remain similar for each camp. You will also receive camp specific instructions from your camp director prior to the start of camp.

Day Camps are run by a staff of volunteers who work hard all year round to provide an unforgettable experience for the campers!

THANK YOU!

REGISTER ONLINE:

[WDBOYCE.ORG/CUB-SUMMER](https://www.wdboyce.org/cub-summer)

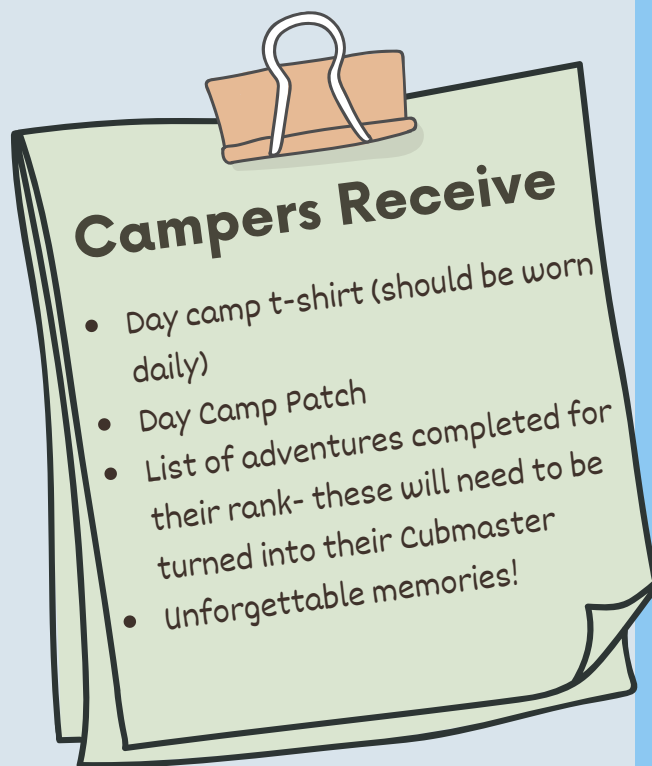


Council Contact

Erin Smith
W. D. Boyce Council, BSA
Day Camp Advisor
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309-673-6136 ext. 140

Table of Contents

Locations, Dates, & Contact Info.....	4
Camp Hours.....	5
Late Arrivals/ Early Departures.....	5
Adult Supervision Requirements.....	5
Packing List.....	6
Lost & Found.....	6
Camp Behavior.....	6
Meal Time.....	7
Transportation.....	7
Non-Camper Siblings.....	7
Inclement Weather/Cancellations...	7
Health Forms.....	8
Medication.....	8
Uniform.....	8
Youth Protection Policies.....	9
Activities and Adventures.....	10
Health and Medical Record.....	11&12



Locations, Dates, & Contact Info

Pekin Area: June 10–14, Mineral Springs Park

1701 Court St, Pekin, IL 61554

Camp Director: Gary Towne, gtowne61554@yahoo.com

Program Director: Walter Beach

Pontiac Area: June 3–7, Humiston Woods

22001 N 1125 E Road, Pontiac, IL 61764

Camp Director: Dave Gallup, gallup800@frontier.com

Program Director: Tina Hammer, tinahammer12@gmail.com

Peoria Area: June 17–21, Tanners Orchard

740 State Rout 40, Speer, IL 61479

Camp Directors: Paul Ernst, ernstsss@gmail.com & Sally Saul

Program Director: Angie Karcher

Bloomington Area: June 10–14, Comlara Park

13001 Recreation Area Dr, Hudson, IL 61748

Camp Directors: Andrew Linden amlinden@gmail.com, Teresa Kunkes & Elisa Thorson

Peru Area: June 10–14, St. Bede Academy

24 W US Highway West, Peru, IL 61354

Camp Director: Emily Maltas, 3mily9innell@gmail.com

Program Director: Stacey King



Camp Hours

8:30am-4:00pm

On Day 1 of camp arrive 20-30min early and expect check-in to take 20-30 minutes.

DROP OFF: 8:30 AM. Please stay with your child until they are checked in.

PICK UP: 4:00 PM.

Any adult picking up a Scout must show a valid ID. If someone other than a parent/guardian is picking up your child, you must mark them as a person authorized for pick up on the health form and on the online registration.

Late Arrivals/ Early Departures

Communicate with the camp director if you will be arriving late or leaving early or absent. Check-in and out at the registration table. If you are leaving early, you must fill out an early release form and hand it to the camp director. (Available with camp director.)

If a camper has not arrived within the 1st hour of camp and the camp director was not notified, a phone call will be made to the emergency contact person.


Adult Supervision Requirements

Each pack must send 1 adult walker for every 8 Cub Scouts in attendance. It does not have to be the same adult each day. Some camps will separate the campers based on age, not pack. We will do everything we can to keep as many scouts from a pack together, but a walker may be asked to supervise campers who are not in their pack.

Please ensure your pack send the appropriate number of walkers.

Walkers do not have to be registered adults, but each pack should approve of the adults helping at camp. Volunteering to be a walker is fun and rewarding! Please reach out to your camp director with any questions.

Daily Packing List

- Camp T-shirt (worn daily)
 - Sack Lunch, Drink & Snacks
 - Backpack
 - Filled Water Bottle
 - Hat & non-aerosol sunscreen
 - Non-aerosol Bug Spray
 - Rain Poncho
 - Closed toes shoes & extra socks
 - Swim suit & towel if necessary
 - Money for trading post
-  Leave at Home: knives, electronic devices, lighters, flip flops

Lost & Found

Check your child's items each day. Lost and found will be at the registration area. After camp, lost and found goes to the Peoria Scout Service Center and kept for 1 month then donated. Council contact info is on pg. 3.

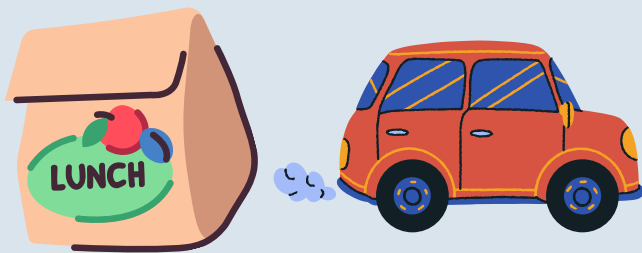


Camp Behavior

Campers & volunteers are expected to respect themselves and others at all times while at camp. This includes personal property. If a camper's or volunteer's behavior jeopardizes the safety of themselves, others, or doesn't portray the proper Scouting values, they will be asked to stop. Adult Walkers are responsible for maintaining order within their group. In the case of major behavioral issues, parents will be contacted to immediately pick up their child. Physical discipline is NOT allowed at camp (even with your own child.) Campers or camp staff are not to be insulted, degraded, or demoralized through verbal discipline. If you have any concerns over the way your child is being treated at day camp, please contact the council office at 309-673-6136 ext. 140 immediately.

Meal Time

Everyone will be responsible for bringing their own lunch and drink with them daily. There will be limited areas to store cold items, so pack non-perishable foods. Do not send anything that can spoil, such as mayonnaise or milk. Do not send glass bottles. Write your camper's name on their lunch and drink.



Transportation

Parents/Guardians are responsible for transportation to and from camp. Youth cannot be transported by anyone under the age of 18. If you transport other youth besides your own Scout, you must follow the BSA Youth Protection Policies. Full policies can be found here: [Link](#)

Non-Camper Siblings

Siblings who are older, younger, or not registered campers are not permitted to participate in day camp activities and should not come to camp unless to visit with a parent/ guardian. Scouts BSA youth may volunteer if approved by Camp Director.

Inclement Weather/ Cancellations

Do NOT assume Day Camp will be cancelled due to rain. Bring your rain gear and continue as scheduled. The Camp Director will move camp into sheltered areas or cancel camp if weather conditions become unsafe. In the unlikely event that this happens, emergency procedures have been put into place, and you will be notified via email and text messages to come and pick up your camper. Camp will not be refunded based on weather cancellations. We will do our best to reschedule activities if possible.

Health Forms

Every camper & adult volunteer must have a completed BSA Health and Medical Record on file at camp. It is extremely important that all medical and contact information is up to date, clear, & accurate on your health form. This form can be found at the end of this packet and at this [LINK](#).

You do NOT need a physical to attend camp. A parent/ guardian can fill out the health form. For day camp, you just need to fill out parts A & B.



Camp Uniform

- Camp t-shirt (for safety & easy recognition)
- Close toed shoes & socks (no cros)
- Loose fitting pants/shorts
- Sunscreen & bug spray

Medication (Adult & Youth)

Only medication listed on your medical form may be allowed at camp. Parents are encouraged to dispense any medication to their own child. If you are unable to do this, you must sign the health form allowing the health officer to dispense medication. All medications (including over the counter medicine) must be locked up while at camp. The only exceptions to this is campers or adults with sever allergies or other life-threatening conditions.

In this case, participants may carry their medication on them. For examples, campers with severe allergies that require an Epi-Pen may carry it in their backpack. All instances of this MUST be noted on the medical form and made aware to the health officer.

Youth Protection Policies

BSA Youth Protection Mission Statement: True youth protection can be achieved only through the focused commitment of everyone in Scouting. It is the mission of Youth Protection volunteers and professionals to work within the Boy Scouts of America to maintain a culture of Youth Protection awareness and safety at the national, territory, area, council, district, and unit levels.

Youth Protection Information: <https://www.scouting.org/training/youth-protection/>
Scoutings Barriers to Abuse: <https://www.scouting.org/health-and-safety/gss/gss01/#a>

Registration Requirements



01

All full time camp staff are registered members of the BSA. Registration includes:

- Completion of application including criminal background check and mandatory Youth Protection training
- Volunteer Screening Database check

Responsibility



05

Leaders must ensure that all participating in Scouting activities abide by the Scout Oath and Law. Adult leaders and youth members share the responsibility for the safety of all participants in the program, including adherence to Youth Protection and health and safety policies.

Adult Supervision



02

Two registered adult leaders 21 years of age or over are required at all Scouting activities, including all meetings. There must be a registered female leader 21 years of age or over must be present for any activity involving female youth or female adult program participants.

Restrooms



06

Separate shower and latrine facilities should be provided for male and female adults as well as for male and female youth. If separate facilities are not available, separate times should be scheduled and posted.

No 1:1 Contact & Buddy System



03

One-on-one contact between adult leaders and youth members is prohibited both inside and outside Scouting.

The buddy system should be used at all times. Buddies should be the same gender and within 2 years of age.

Scouts First Helpline



07

As part of its "Scouts First" approach to the protection and safety of youth, the BSA has established a dedicated 24-hour helpline to receive reports of known or suspected abuse or behavior that might put a youth at risk. 1-844-SCOUTS1 (1-844-726-8871)

Discipline



04

Discipline must reflect Scouting's values. Corporal punishment is never permitted. Disciplinary activities involving isolation, humiliation, or ridicule are also prohibited.

FAQs



08

Frequently asked questions can be found [in this FAQ.](#)

Activities & Adventures

Each camp will differ slightly in their schedule and activities. However, all camps will offer the following:

● Games

● Wood Project

● BB Guns

● Archery

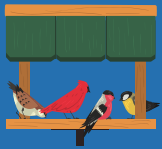
● STEM

● Scout Skills

● Arts & Crafts

● Leather Work

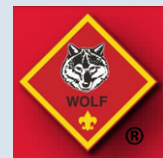
● Trading Post



Rank Adventures



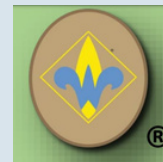
1st Grader/ Tigers: BB Gun Tiger, Archery Tiger, Day Camp Patch



2nd Grade/ Wolf: BB Gun Wolf, Archery Wolf, Day Camp Patch



3rd Grade/ Bear: BB Gun Bear, Archery Bear, Day Camp Patch



4th Grade/ Webelos: BB Gun Webelos, Archery Webelos, Day Camp Patch



5th Grade/ Arrow of Light (AOL): BB Gun AOL, Archery AOL, Day Camp Patch

Campers' Cub Scout Packs are responsible for awarding them adventure loops. You will receive a list of completed requirements to turn into your Cubmaster.



Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____

Name: _____

Phone: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Name: _____

Phone: _____

Phone: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

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

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

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

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



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

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

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

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



Part B2: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ YES 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
		Medication				Plants	
		Food				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)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			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: _____

