

**APPENDIX
OF
CAMP FORMS
BOY SCOUT
RESIDENT CAMP**

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CAMBERSHIP GUIDELINES

Information About Financial Aid for Summer Campers

The Council's commitment to all Scouts is: Every Scout deserves a week at summer camp, and no Scout will miss camp because of a lack of funds.

A campership is financial assistance awarded to a Cub Scout or Boy Scout to allow him to attend a summer camp program (residential camp or day camp). Camperships are need-based and are awarded to youth who are unable to afford the full summer camp fee. All campership requests will be processed with the highest degree of confidentiality possible.

To be eligible for a need-based campership, a youth must:

- Be a registered youth member of the Connecticut Yankee Council, Boy Scouts of America.
- Plan to attend a summer camp program operated by the Connecticut Yankee Council.
- Secure the approval of his parent or guardian and his unit leader.
- Complete the attached application.
- Be able to arrange for their personal needs while at camp and arrange for their own transportation.
- Furnish the medical, health and other information required of all campers at Scout summer camps.
- Be in need of assistance to pay the full summer camp fee.

A Campership Committee made up of at least three Council volunteers will review all campership applications. The committee is recruited and/or appointed by the Vice President of Camping. The committee may award applicants up to 50% of the camp fee based upon the lowest rate available. However, if the need is great, the committee may elect to provide a higher-level campership. A Scout is expected to help provide for his own camping experience; therefore, 100% camperships will not normally be approved. The youth himself should help pay his own way, contributing some portion of the camp fee along with other support that can be provided by his family, troop/pack, and chartering organization.

Camperships to weekend unit Scouting activities are generally not considered. If a Scout cannot pay his own way, the unit chartering organization or the event committee should provide the needed funds.

Campership requests must be submitted to the camp registrar by May 15. Forms are available at the Scout Service Center, the ctyankee.org website and/or the unit leaders. **Campership requests must be filled out completely and signed by the parent/guardian and unit leader.**

The Connecticut Yankee Council will apply any awarded campership directly toward the balance of a Scout's summer camp fee. The parents, unit leader, and camp director will be informed of the account credit. Camperships will not be paid to individuals.

The Connecticut Yankee Council will make every effort to raise funds to aid families in sending their children to camp. Therefore, if you know of any potential donors to the campership fund, please contact your District Executive at (203) 876-6868.

For further information, please contact the Council Program Director, Dan Cooley at (203) 876-6868, Ext. 230.

CONNECTICUT YANKEE COUNCIL, BSA CAMPERSHIP APPLICATION 2011



MUST BE SUBMITTED NO LATER THAN MAY 15, 2011

Please attach this form to your registration form and include a non-refundable \$50 deposit.

The information you provide on this form will be kept strictly confidential. However, names of recipients may be publicized to promote the aims of the Boy Scouts of America. A separate application is required for each applicant. Camperships may provide up to one half of the fee. Larger camperships must be fully justified below.

Name: _____ Unit: _____ District: _____

Address: _____ City/Town: _____ Zip: _____

Age: _____ Phone: _____ Rank: _____ E-mail: _____

Camp Attending: _____ Dates of Camp: _____

A. Amount of event fee (least expensive rate available) \$ _____

B. Amount of money Scout can earn – A Scout is thrifty \$ _____

C. Amount of money family can provide \$ _____

D. Amount of money chartering organization/unit can provide \$ _____

E. Assistance from any other source for this event \$ _____

F. Amount of money needed for campership [A-(B+C+D+E)=] \$ _____

Number of family members in your household, including parents/guardians: _____

What is the family's combined NET (take home) annual income: _____

AFDC/Welfare/Food stamps/Foster Care Number: _____

Statement concerning need (please explain thoroughly, you may attach additional pages or write on the back of this page):

As a parent or guardian of the above named individual, I certify that he needs the financial aid requested. I understand that any assistance awarded will be credited against his fee and cannot be transferred or used in any other way.

Forms must be signed by the unit leader prior to being forwarded to the Scout office.

Parent/Guardian's Signature: _____ Daytime Phone No. _____ Date: _____

I have reviewed this application and verify this Scout is registered in my unit, in good standing and deserving of the assistance requested.

Unit Leader: _____ Unit: _____ Date: _____

E-Mail: _____ Daytime Phone No. _____

Address: _____ City: _____ Zip: _____

Date Application received: _____ Amount of approved campership: \$ _____

Connecticut Yankee Council, BSA
Campership Committee
P.O. Box 32, Milford, CT 06460-0032

REFUND REQUEST FORM

Name:

Address:

City:

State:

Telephone:

Unit Leader:

Week #

Campsite:

Reason for Refund: (Must be completed)

REFUND POLICY – BOY SCOUT RESIDENT CAMP 2011

Full refund less \$50.00 will be issued if cancellation occurs by June 30.

The camp fee minus \$150.00 will be issued if cancellation is on or after July 1.

Refund requests must be submitted in writing to the Camp Director.

No refund requests will be accepted after August 31.

Amount Paid to Date:	\$
Less Non-Refundable Deposit/Fee	\$ (- 50.00) or (- 150.00)
Total Refund Due:	\$

Mail Refund to:	Name:		
	Address:		
	City:	State:	Zip:

Unit Leader Approval:		Date	
Camp Director Approval:		Date	
Refund Request Received	Date	By	
Refund Issued	Date	Amount	Check No#



CAMP SEQUASSEN 2011
Provisional Summer Camp Reservation
Form

Please use this form to register as a provisional camper,
 i.e. attending camp without your unit or adult leadership.

Dear Scout,

You're invited to come to summer camp by yourself. If you accept the invitation, here is what you can expect:

You will be placed in a troop with friendly, caring Scouts and adult leaders. You will attend the merit badge classes you enrolled for and have plenty of time left for having fun during open program. By the time you leave camp you're going to have a bunch of new best friends. On the last day of camp, be sure to stop by the dining hall to pick up your blue cards for the merit badges you earned.

Camp Sequassen, it's where good Scouts belong. See you there!

Name: _____ Rank: _____ Position: _____
 Address: _____ City: _____ State/Zip: _____
 Unit: _____ District: _____ Council: _____
 Phone: _____ E-Mail: _____
 Date of Birth: _____

Please register me as a Provisional Camper as indicated below:

Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____
 *Week 5: _____ *Week 6: _____ *Week 7: _____ (Eagle Week* Yes/No)

I would like brunch tickets _____ Adults @ \$8 each or _____ Children (6-12 yrs) @ \$6 each
 (no charge for children under 5 years of age)

Provisional Camper fee is \$350 if paid in full by 4/15/11 or \$375 after 4/15. Eagle Week requires an additional \$30 for registration. If you are submitting this form with a \$50 non-refundable deposit, the balance is due not later than two weeks prior to the start of the camp week. Upon receipt of your Provisional Camper Reservation Form, you will be sent a registration packet with additional information.

* Eagle Week applicants will be sent a welcome packet with additional information.

Please send application and payment to: Connecticut Yankee Council, BSA
 P.O. Box 32
 Milford, CT 06460-0032
 Fax: 203-876-6884

Amount Enclosed: \$ _____ Check No. _____

Credit Card Payment: (Visa, MC, AMEX) Card No. _____

Exp. Date: _____ Signature: _____

Questions: 203-876-6868, Ext. 273



2011 Resident Camp Unit Registration Form

Date: _____

Please note the additional charges for LOBO, Eagle Week, SCUBA & BSA Lifeguard

Unit: _____ District: _____ Council: _____ Week: _____

Camp Leader: _____ Telephone (H): _____ (W): _____

Address: _____ City: _____ Zip: _____ E-Mail: _____

ALL INFORMATION MUST BE FILLED OUT

Scout's Name	Telephone	Camp Fee	LOBO or EAGLE (ind. L or E) @ \$30	SCUBA @ \$40	BSA Lifeguard @ \$65	Full Payment	Campership Form (Attached)	Photo @ \$10 each	Brunch Tickets (Adult \$8 or Child \$6)	Total Amount Enclosed

PLEASE USE REVERSE SIDE FOR ADDITIONAL SCOUTS & LEADER'S INFORMATION

Scout's Name	Telephone	Camp Fee	LOBO or EAGLE (ind. L or E) @ \$30	SCUBA @ \$40	BSA Lifeguard @ \$65	Full Payment	Campership Form (Attached)	Photo @ \$10 each	Brunch Tickets (Adult \$8 or Child \$6)	Total Amount Enclosed

CAMP LEADER REGISTRATION

Leader's Name	Telephone	Camp Fee of \$80	Photo @ \$10 each	Additional Brunch (Adult \$8 or Child \$6)	Total Amount Enclosed

Remit Complete Form & Fees to:

Connecticut Yankee Council, BSA
 Camping Department
 P.O. Box 32
 Milford, CT 06460-0032

Acct. # 6701-073-21

Camp Fees:	
_____ Scouts @ \$ _____	= \$ _____
_____ Scouts @ \$ _____	= \$ _____
_____ 2 nd Family Members @ \$ _____	= \$ _____
_____ 2 nd Family Members @ \$ _____	= \$ _____
_____ Scouts – LOBO and/or EAGLE @ add'l \$30 each	= \$ _____
_____ Scouts – SCUBA @ add'l \$40 each	= \$ _____
_____ Scouts – BSA Lifeguard @ add'l \$65 each	= \$ _____
_____ Adult Leaders @ \$80 each	= \$ _____
_____ Photo Orders @ \$10 each	= \$ _____
_____ Add'l Brunch Tickets/Adult @ \$8 each	= \$ _____
_____ Add'l Brunch Tickets/Child @ \$6 each	= \$ _____
Total Amount Enclosed:	\$ _____

2011
CAMP SEQUASSEN

APPLICATION FOR COUNSELOR IN TRAINING (CIT)

Fifteen-year-old Scouts are eligible for the CIT program. CITs attend two weeks for the regular price of one week at camp.

The camp fee is \$350 if paid in full by 4/15/11 or \$375 after 4/15.

Please print legibly and return this form to:

Camp Sequassen Camp Director, Connecticut Yankee Council, P. O. Box 32, Milford, CT 06460-0032

Last Name: _____ First Name: _____ M.I. _____

Permanent Address: _____
Number Street City ST Zip

Temporary Address: _____
Number Street City ST Zip

Telephone: _____ e-mail: _____ Date of Birth: _____

Circle the highest grade completed as of January 1, 2011:

High School: 8th 9th 10th 11th 12th School Name _____

Awards, Societies, Scholarships, and Scholastic Honors: _____

Years registered in Scouting: _____ Unit # _____ Rank _____ O. A. Member Y N

District: _____ Council: _____

Name of Camps attended: _____ Location: _____ Years: _____

All CITs attend the first week of camp, June 26-July 2. The second week will be scheduled according to the CIT's availability and needs of the camp.

CITs are expected to be mature and motivated and willingly conduct themselves according to the Scout Oath and Law. Failing to meet these standards will result in dismissal from camp without refund.

A complete Scout uniform is required.



SUMMER JOBS

2011 CAMP SEQUASSEN APPLICATION FOR CAMP STAFF

Please print legibly and return this form to: carolyn.cruson@scouting.org or
Camp Sequassen Camp Director, Connecticut Yankee Council, P. O. Box 32, Milford, CT 06460-0032.
Illegible forms will not be considered.

Last Name: _____ First Name: _____ M.I. _____

Permanent Address: _____
Number Street City ST Zip

Temporary Address: _____
Number Street City ST Zip

Telephone: (H) _____ (C) _____ e-mail: _____

Date of Birth: _____

Position(s) Desired: _____

Date(s) of availability: From: _____ to: _____

Important: List any periods you will not be able to work: _____

If you have ever been convicted of a felony or misdemeanor, please explain. _____

Educational Background

Circle the highest level education completed in each category as of January 1, 2011:

High School: 1 2 3 4 Year Graduated _____ School Name _____

College: 1 2 3 4 Year Graduated _____ School Name _____

Major: _____ Minor: _____

Awards, Societies, Scholarships, and Scholastic Honors: _____

SCOUTING EXPERIENCE

Years registered in Scouting: _____ Unit # _____ Rank _____ O. A. Member: Y N

District: _____ Council: _____

Name of Camps attended: _____ Location: _____ Years: _____

Previous Camp Staff Experience: _____

SPECIAL SKILLS

Please indicate your area of interest and expertise by entering a 1, 2 or 3 in as many as six skill areas.

1. Can teach it
2. Can do it
3. Can assist in teaching

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Sports/Games | <input type="checkbox"/> Sailing | <input type="checkbox"/> Backpacking |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> CPR Instruction | <input type="checkbox"/> Cooking | <input type="checkbox"/> Ecology |
| <input type="checkbox"/> Lifesaving (certified) | <input type="checkbox"/> Pioneering | <input type="checkbox"/> Forestry | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Orienteering | <input type="checkbox"/> Nature | <input type="checkbox"/> Water Sports | <input type="checkbox"/> COPE |
| <input type="checkbox"/> Mammals | <input type="checkbox"/> Basketry | <input type="checkbox"/> Campcraft | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Leatherwork | <input type="checkbox"/> Hiking | <input type="checkbox"/> Birds | <input type="checkbox"/> Indian Lore |
| <input type="checkbox"/> Rappelling | <input type="checkbox"/> Woodcarving | <input type="checkbox"/> Sports | <input type="checkbox"/> Black Powder |
| <input type="checkbox"/> Insects | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> First Aid | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Campfire Program | <input type="checkbox"/> Story Telling | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wilderness Survival | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Rowing | <input type="checkbox"/> Riflery |
| <input type="checkbox"/> Sail Boarding | <input type="checkbox"/> Group Singing | <input type="checkbox"/> Music | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Religious Services | <input type="checkbox"/> Basketball | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Frisbee |

Musical Instruments Played: _____

Other: _____

CAMP STAFF POSITIONS

Indicate in order of preference (1 - highest, 2 - second highest, etc) at least three positions in which you have the interest or ability to serve.

- | | | |
|--|---|---|
| <input type="checkbox"/> Camp Director | <input type="checkbox"/> Aquatics Director | <input type="checkbox"/> Ranger Assistant |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Boating Director | <input type="checkbox"/> Handicraft Director |
| <input type="checkbox"/> Ecology/Conservation Director | <input type="checkbox"/> Aquatics Instructor | <input type="checkbox"/> Handicrafts Instructor |
| <input type="checkbox"/> Ecology/Conservation Instructor | <input type="checkbox"/> Outdoor Skills Director | <input type="checkbox"/> High Adventure Coordinator |
| <input type="checkbox"/> COPE Challenge Director | <input type="checkbox"/> Outdoor Skills Instructor | <input type="checkbox"/> High Adventure Instructor |
| <input type="checkbox"/> COPE Challenge Instructor | <input type="checkbox"/> Trading Post Manager | <input type="checkbox"/> Camp Clerk |
| <input type="checkbox"/> Shooting Sports Director | <input type="checkbox"/> Trading Post Clerk | <input type="checkbox"/> C.I.T. Coordinator |
| <input type="checkbox"/> Shooting Sports Instructor/Aide | <input type="checkbox"/> Dining Hall Steward | <input type="checkbox"/> Sports Director |
| <input type="checkbox"/> Archery Director | <input type="checkbox"/> Kitchen Staff | <input type="checkbox"/> Sports Instructor |
| <input type="checkbox"/> Archery Instructor | <input type="checkbox"/> Wilderness Patrol Director | <input type="checkbox"/> Climbing Director |
| <input type="checkbox"/> Camp Health Officer | <input type="checkbox"/> Wilderness Patrol Instructor | <input type="checkbox"/> Climbing Instructor |
| <input type="checkbox"/> Camp Commissioner | | <input type="checkbox"/> Business Manager |

Why do you want to serve in the positions checked? Please explain. _____

REFERENCES

Name: _____ Occupation: _____

Address: _____ City: _____ Telephone: _____

Name: _____ Occupation: _____

Address: _____ City: _____ Telephone: _____

Name: _____ Occupation: _____

Address: _____ City: _____ Telephone: _____

Signature of Applicant: _____ Date: _____

2011 Camp Schedule

Staff Week: June 16 - 22

Week 1: June 26 – July 2

Week 2: July 3 – July 9

Week 3: July 10 – July 16

Week 4: July 17 – July 23

Week 5: July 24 – July 30

Week 6: July 31 – August 6

Week 7: August 7 – August 13

Closing: August 14 -- 16

Depending upon the status of Cub Camp 2011, the opportunity to extend the camp work season may be available.

Staff members are expected to role model Scouting's three core goals: character, citizenship and fitness.

PRE-CAMP PLANNING CHECKLIST

January

- Obtain Scout commitments for camp attendance
- Confirm camp leadership
- Schedule camp promotion presentation for Scouts and parents

February-March

- Attend Camp Kick-Off Meeting
- Conduct Camp promotion presentation for Scouts and parents
- Begin choosing summer camp program
- Collect camp fees from Scouts



April

- Submit Early Bird Camp fees and registrations to Council Resource Center by April 15
- Pass out the Resident Camp Health Forms to Scouts and adults
- Campership Applications will be available to all units and Scouts
- Collect remaining camp fees from Scouts (if necessary)

May-June

- Collect Health Forms from Scouts and Leaders
- Attend Pre-Camp Leaders Meeting as scheduled. Regular Camp fees due at this meeting
- Submit Brunch Order
- Submit Camp Photo Order
- Confirm Camp leadership, transportation and equipment
- Collect remaining camp fees from Scouts (if necessary)
- Campership Applications due to the Council by May 15

July-August

- Collect Health Forms from Scouts and leaders
- Attend Pre-Camp Leaders Meeting as scheduled. Regular Camp fees due at this meeting
- Submit Brunch Order
- Submit Camp Photo Order
- Collect remaining camp fees from Scouts (if necessary)
- Make campsite reservation for next summer
- Enjoy your week at Camp Sequassen
- Request refunds by August 31

UNIT EQUIPMENT CHECKLIST

The following list is meant as a general guide for your unit.

- | | |
|--|--|
| <input type="checkbox"/> Health Forms | <input type="checkbox"/> American Flag |
| <input type="checkbox"/> Troop First Aid Kit | <input type="checkbox"/> Troop Reference Books |
| <input type="checkbox"/> Rope | <input type="checkbox"/> Propane Lanterns |
| <input type="checkbox"/> Mantles | <input type="checkbox"/> Matches |
| <input type="checkbox"/> Cooking Equipment | <input type="checkbox"/> Clock |
| <input type="checkbox"/> Troop/Patrol Flags | <input type="checkbox"/> Scout Spirit |
| <input type="checkbox"/> Advancement Materials | <input type="checkbox"/> Other items as needed |

PERSONAL EQUIPMENT CHECKLIST

This is only a suggested list. Items should be labeled with Scout's name.

- | | |
|--|---|
| <input type="checkbox"/> Medication (if needed) | <input type="checkbox"/> Scout Handbook |
| <input type="checkbox"/> Pen/Pencil/Paper | <input type="checkbox"/> Shorts |
| <input type="checkbox"/> Class A Uniform | <input type="checkbox"/> Class B Uniform* |
| <input type="checkbox"/> Long pants | <input type="checkbox"/> Long sleeve shirts |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Sweatshirt |
| <input type="checkbox"/> Boots | <input type="checkbox"/> Sneakers |
| <input type="checkbox"/> Poncho/Raincoat | <input type="checkbox"/> Sleeping Bag/Blankets |
| <input type="checkbox"/> Towel/Washcloth | <input type="checkbox"/> Shampoo/Soap |
| <input type="checkbox"/> Aquatics Shoes | <input type="checkbox"/> Toothbrush and toothpaste |
| <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Flashlight (extra batteries) |
| <input type="checkbox"/> Socks | <input type="checkbox"/> Swim suit |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Advancement materials | <input type="checkbox"/> Camera (optional) |
| <input type="checkbox"/> Fishing pole (optional) | <input type="checkbox"/> Compass |
| <input type="checkbox"/> Spending money | <input type="checkbox"/> Watch |
| <input type="checkbox"/> Backpack | <input type="checkbox"/> Mosquito netting |
| <input type="checkbox"/> Photocopy of camp health form | |



Please note: Scouts and leaders will wear Class A (uniform shirt with trousers/shorts and belt) to dinner each day. Class B (Scouting T-shirt with trousers/shorts and belt) is the recommended attire for breakfast, lunch, and program areas unless special clothing, like swimming trunks are required. (If you want your picture to appear in future camp promotional material, you need to be wearing Scout clothing.)

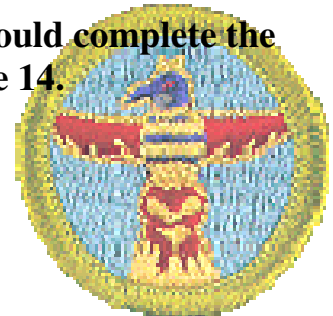
If you forget something...some items may be available at the Trading Post.

MERIT BADGE PRE-REGISTRATION PROCEDURE

- 1) Enter name, unit number, campsite, week and age. Also include the name of your unit leader. Be sure that all information is complete and can be read easily.
- 2) **Merit Badge Program:** Circle the (X) in the box of the merit badge or program you wish to pre-register for. Please Note: Merit badge classes are offered during the times that an X appears in the box.
- 3) **Wilderness Patrol Program:** If you are participating in the Wilderness Patrol Program do not fill out the 2011 Merit Badge Registration Form. Please complete the 2011 Wilderness Patrol Program Options form at page 15 specifically for Wilderness Patrol participants and check the merit badge that you select that takes place at 2:00.
- 4) **LOBO Adventures Program:** If you are participating in LOBO, please complete the 2011 LOBO Adventures Registration Form at page 16.
- 5) In order to provide the best quality merit badge program, some merit badges and programs are limited to a maximum number of participants. Every effort will be made to accommodate Scouts who have pre-registered and have turned in their form during (or before) the Pre-Camp meeting two weeks before the unit's arrival in camp.
- 6) Scouts should complete any prerequisites required prior to coming to camp. "Partials" will be issued for any merit badge for which prerequisite requirements were not completed prior to camp.
- 7) Be familiar with requirements for each merit badge. Be sure to have the most recent merit badge book or requirement book. Merit badge books will be available at the camp Trading Post.
- 8) Some merit badges require equipment or kits to complete the merit badge. Bring them with you or be prepared to purchase them at the camp Trading Post.
- 9) Return the summer camp Merit Badge Registration Form to your unit leader as soon as it is finished so it can be forwarded to the camp for processing.
- 10) If you have any questions regarding the Merit Badge Registration process, please contact your unit leader.
- 11) Get ready to have a great week at Camp Sequassen!



Scouts wishing to enroll in regular merit badge classes should complete the 2011 Merit Badge Registration form on page 14.



2011 Merit Badge Registration Form

Scouts Name _____ Age _____ Troop _____ Week Attending _____

Campsite _____ Scoutmaster Approval _____

Merit Badge	Pre Reqs	9:00	10:00	11:00	2:00	3:00	4:00	7:00	APPT.	
The merit badges in this section are available for Scouts of all ages										
Archery		X	X	X						
Art (3)	Y	X			WP					
Astronomy	Y		X		X					
Athletics/Sports (1)		X								
Basketry									X	
Camping	Y	X	X		X					
Canoeing (1)				X		X				
Cooking	Y			X	X					
Finger Printing/ Sculpture (3)	Y		X		WP					
Fire Safety (3)	Y		X		WP					
Fish & Wildlife/ Soil & Water	Y				X					
Fishing	Y			X	X					
Forestry			X							
Indian Lore	Y				X					
Learn-to-Swim (3) (6)			X	X	WP					
Leatherwork (3)				X	WP					
Lifesaving (1)		X								
Metalwork	Y	X	X	X						
Nature (3)				X	WP					
Orienteering	Y	X		X						
Pioneering		X	X							
Reptile & Amphibian Study	Y	X		X						
Rifle Shooting (7)		X	X	X						
Rowing		X	X							
Swimming (3)		X		X	WP					
Weather			X		X					
Woodcarving		X	X							
Scouts 13 or older may select from this section as well as the section above										
Cinematography (9)	Y			X						
Climbing (1)			X							
Composite Materials (8)				X						
Cycling	Y			X						
Environmental Science (1, 5)			X A/9-11	X B/10-12						
Personal Fitness	Y	X								
Photography (9)			X							
Sm. Boat Sailing (1)				X		X				
Wilderness Survival	Y			X	X					
Scouts 14 or older may select from this section as well as either section above										
Chemistry	Y	X		X						
First Aid (1)	Y								X	
Geocaching	Y		X							
Motorboating (4)	Y	X		X						
Shotgun Shooting					X					
Scouts must be 15 or older to take BSA Lifeguard.										
BSA Lifeguard (2) (6)					X					

1. These merit badges are longer than one hour. Do not schedule another class during these times.
2. Lifeguard Training will require the Scout to spend all day at the waterfront. Scouts must be at least 15 years old and a Blue Swimmer. There is an additional \$65 fee for this training. Participants may need to complete testing on Saturday morning. Successful completion of the course earns ARC Lifeguarding w/ First Aid, CPR/FPR w/ AED in addition to BSA Lifeguard.
3. WP – Wilderness Patrol Scouts will have priority sign up for the 2:00 p.m. classes.
4. Participants must hold a CT Safe Boaters Certificate or, if resident of another state, the appropriate equivalent.
5. This is a two hour merit badge class. There are two sessions offered: Session A from 9 – 11 am or Session B from 10 am – 12.
6. Not a merit badge.
7. Recommended for Scouts 13 years and older. Experience has shown younger Scouts are unlikely to complete all requirements.
8. Maximum 10.
9. Some time in the afternoon and/or evening will be needed to complete badge requirements.

2011 WILDERNESS PATROL PROGRAM OPTIONS

Please complete the following form to sign up for the Wilderness Patrol program:

Name: _____ Troop: _____ Week: _____

Campsite: _____ Age: _____ Rank: _____

1) What one merit badge would you like to take at 2:00? (Please put an X on the line following the merit badge)

Art _____

Fingerprinting/Sculpture _____

Fire Safety _____

Leatherwork _____

Nature _____

Swimming _____ (Scout must be a Blue Swimmer)

Learn to Swim _____ (Top priority for non-swimmers)



2) Are there any skills which you feel should be covered during your week at camp? Are there any requirements which you are specifically looking to have completed?

3) What are you most looking forward to while at camp?

I have reviewed the above information and recommend this Scout for the Wilderness Patrol Program.

SCOUTMASTER SIGNATURE

DATE

2011 LOBO ADVENTURES REGISTRATION FORM

Name of Scout: _____ Age: _____ Troop: _____
Campsite: _____ Rank: _____

As a member of LOBO you can register for up to three Merit Badges during the morning. The following list of merit badges have been reserved for Scouts 14 and older.

If you are interested in taking an offered merit badge that is not listed below during the morning sessions, write in your selection next to "Other."

Please place an X next to the merit badge you would like to take:

9:00
Chemistry _____
Motorboating _____
Other (Write your choice) _____

10:00
Geocaching _____
Other (Write your choice) _____

11:00
Chemistry _____
Motorboating _____
Other (Write your choice) _____



Parents, please read and sign the below portion of this registration form.

I understand that participation in the LOBO Adventures program includes climbing/rappelling, rock climbing, bike touring, tubing on the Farmington River, etc. and that these activities involve a certain degree of risk that could result in injury or death. I understand these risks and also understand that precautions will be taken to ensure the safety and well being of my son and I have given permission for my son to participate in these LOBO activities during his stay at Camp Sequassen.

I understand some of these activities are done off the camp property. Therefore, I authorize the camp leadership to transport my son off camp to these event sites so long as BSA rules are followed.

In the event of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. I further agree to the release of medical information pertaining to treatment/condition/prognosis/etc. of my son to the adult leader in charge.

Signature of Parent/Guardian

Date

Swimming Tests

In accordance with B.S.A. policy, each Scout and adult must have a swim classification upon arrival at camp.

The swim classification test may be taken at camp as part of the check-in process. An alternative is for individuals or units to conduct swim classifications for Scouts and adults prior to attending camp using the "Swim Classification" procedure and record sheet outlined here on pages 18-20. Arriving at camp with swim classifications already completed and submitted at the precamp meeting reduces a unit's orientation time.

If taking advantage of the option to pre-test, the following procedure must be followed.

The swim classification test at the unit level must be administered by an individual with one of the following certifications:

- Aquatics Instructor, B.S.A.
- Aquatics Supervisor, B.S.A.
- B.S.A. Lifeguard
- Certified Lifeguard
- Swimming Instructor
- Swimming Coach

Any expense for this pre-camp classification is paid by the unit and is not reimbursed by the camp. The attached "Unit Swim Classification" report must be filled out completely with the proper classification filled in for all Scouts, leaders and adults who took the swim test. The Swim Classification form and the copy of the BSA requirements must be signed by the administrator of the test and submitted along with copies of their certifications including current CPR with expiration date.

Remember, every person using the waterfront must have a "swim classification." If any person in your unit does not take part in the pre-test, they will have to take the swim test upon arrival at summer camp.

When the unit/camper arrives at summer camp, each individual will be issued a buddy tag based on his/her classification.

Please note: When swim tests are conducted away from camp, the Camp Aquatics Director reserves the authority to review or retest at his discretion.

Important Message for Unit Leaders

The swim test must be given and scored according to the direction contained in this guide. Using any other standard risks putting a Scout in a life threatening situation. For example, overstating a Scout's swimming ability could allow him access to deeper water than he is prepared for with the potential for tragic results.

Follow the guide for safety's sake!

2011 UNIT SWIM CLASSIFICATION

Unit No.	Campsite:	Week:	Date of Swim Test:
Unit Leader:			
Address:			Telephone:
City:	State:	Zip:	

This is the individual swim classification record as of this date. Any changes in status after this date i.e., non-swimmer to beginner or beginner to swimmer would require a reclassification test by the Camp Aquatics Director. All Scouts and leaders must complete the swim classification test and record.

Special Note: When swim tests are conducted away from camp or at the point of activity, the Aquatics Director shall at all times reserve the authority to review or retest all participants to assure that standards have been maintained.

Please attach a copy of your certifications to this form.

	Full Name (Please print)	Swim Classification		
		Non-Swimmer	Beginner	Swimmer
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Name of person conducting test – (For this test to be valid, copies of certifications, including CPR with expiration date, must be attached)

Print Name: _____

Signature: _____

Boy Scout Swim Classification

It is the unit leader's responsibility to ensure that the swim test administrator understands the standards for the Boy Scouts of America's swim classification. Please have your test administrator read and sign this description of the classification. The administrator must also attach a copy of his or her certification, including CPR and expiration date, to this paper and this should be submitted with the unit classification sheet. Sheets without this information will not be accepted at summer camp.

Nonswimmers (white) have not passed a swimming test.

Beginners (red) must pass this test: Jump feet first into water over the head in depth, level off, swim 25 feet on the surface. Stop, turn sharply, resume swimming as before and return to the starting place.

Swimmers (blue) pass this test: Jump feet first into water over the head in depth. Level off and swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be completed in one swim without stops and must include at least one sharp turn. After completing the swim, rest by floating.

I understand the national standards of the Boy Scouts of America for swim classification and I have administered the test in a manner supporting these standards.

Signature of administrator: _____

Date: _____

DIETARY RESTRICTION

To: Camp Sequassen Camp Director

Subject: Special dietary request

Please provide alternative meal for _____

Name

Unit

Week

Campsite

On _____ for _____
Date Meal

Specify dietary restriction: _____

Parent Signature

Date

DIETARY RESTRICTION

To: Camp Sequassen Camp Director

Subject: Special dietary request

Please provide alternative meal for _____

Name

Unit

Week

Campsite

On _____ for _____
Date Meal

Specify dietary restriction: _____

Parent Signature

Date



2011 Campfire Kits

If you are planning an evening in the campsite, treats available from the camp larder will make your evening twice as enjoyable. Be sure to order your kit in advance either at check-in or at the pre-camp leader's meeting. Requests are to be turned in to the Commissioner at least 24 hours in advance.

- | | |
|---|------------------------|
| A. Graham crackers, marshmallows, chocolate bars and bug juice. Just the right ingredients for S'mores. | \$10
(Serves 10-15) |
| B. Crackerbarrel Special: Ritz crackers with peanut butter, jelly, squeeze cheese spread and bug juice. | \$15
(Serves 15-20) |
| C. Jumbo cookie pack with bug juice. | \$10
(Serves 10-14) |
| D. Dutch oven with strudel ingredients and cook book. | \$10
(Serves 10-15) |
| E. Sheet cake, made fresh by the camp chef. | \$20
(Serves 40-50) |

Campfire Kit Request Form

Unit: _____

Campsite: _____

Selection: _____

Date Needed: _____

Amount Enclosed: \$ _____



CAMP SEQUASSEN Patrol Cooking Request Form

The following items are available from the camp for the purpose of patrol cooking. Please list the quantity requested on the lines provided.

_____ Hamburgers

_____ Hot Dogs

_____ Chicken Pieces

_____ Corn

_____ Green Beans

_____ Potatoes

_____ Tomatoes

_____ Lettuce

_____ Mayonnaise

_____ Mustard

_____ Ketchup

_____ Relish

_____ Potato Chips

_____ Fruit

_____ Watermelon

_____ Brownie Mix

_____ Cake Mix

UTENSILS

_____ Forks

_____ Knives

_____ Spoons

_____ Napkins

_____ Cups

_____ Aluminum Foil

Unit #: _____ Campsite: _____

Unit Leader: _____

Date Needed: ____/____/____ Meal being prepared (circle one): Breakfast Lunch Dinner

of people eating in campsite: _____

Be sure to order your items in advance, either at check-in or at the pre-camp leaders meeting. Requests are to be turned in to the Commissioner at least 48 hours in advance.

POLAR BEAR SWIM

Each morning at 6:30 our Aquatics staff invites you to participate in an early morning Polar Bear swim. Any member of a unit may participate in the swim as long as they are with a buddy. Those Scouts and Scouters who complete three out of the five days are authorized to wear the polar bear segment. The Senior Patrol Leader is responsible for keeping track of participants on the form below that should be turned in to the Program Director at the Friday leaders meeting.



NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Unit Number: _____ **Campsite:** _____ **Week:** **1 2 3 4 5 6 7**

Senior Patrol Leader: _____

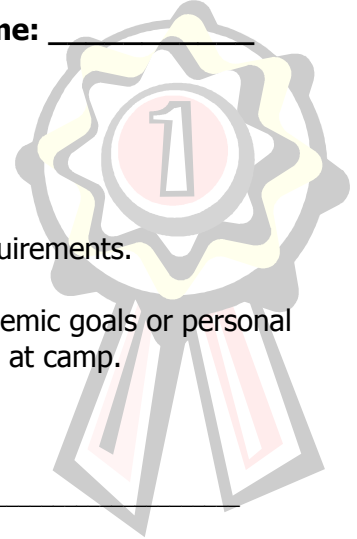
HONOR PATROL REQUIREMENTS/APPLICATION

Campsite: _____ **Unit #:** _____ **Patrol Name:** _____

Purpose: To reinforce the Patrol as a working unit within the Troop

Requirements:

The unit Senior Patrol Leader and Camp Commissioner approve all requirements.

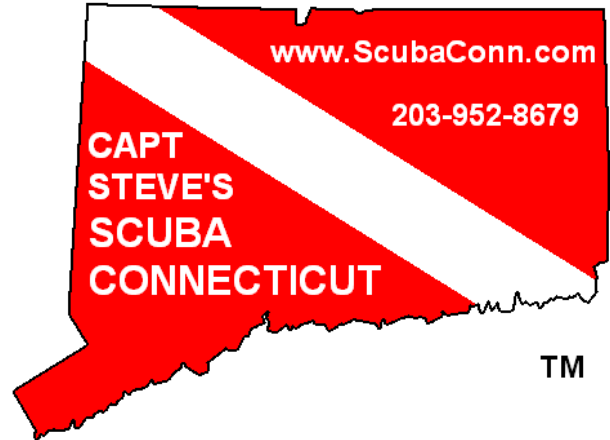


_____ 1. Develop two goals for each patrol member, they can be academic goals or personal goals, and state them below. Achieve at least 80% of these goals while at camp.

NAME	GOALS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- _____ 2. Have a Patrol flag and bring it to camp. Display it at all flag ceremonies.
- _____ 3. Show Patrol spirit during your week at camp.
- _____ 4. Patrol members must participate in the All Camp Challenge.
- _____ 5. During your stay at camp, Do Your Best as a Patrol to observe the Scout Oath and Law, Do A Good Turn Daily and Be Prepared.

NOTE: This must be turned in to the Camp Commissioner upon completion.



SCUBA BSA and Open Water SCUBA Experience at Camp Sequassen

Again this year, CAPT Steve Coe will be offering SCUBA BSA with an Open Water Experience at Camp Sequassen!

The SCUBA BSA program meets at Camp Sequassen on Wednesday afternoon from 2:00PM to 5:00PM. The cost of this program is \$40.00 and includes all necessary equipment. You may bring your own mask, snorkel, fins and/or wetsuit if you have them, but this is not required. Participants must be 14 years old before their arrival at camp. Registered adult leaders are also encouraged to participate.

Three forms are required to enroll:

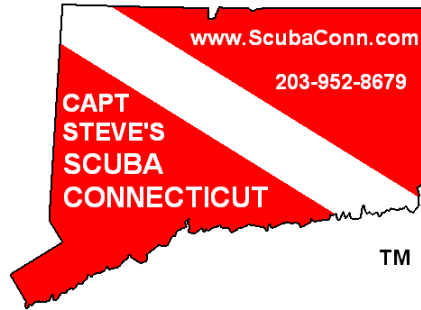
- BSA Participant Agreement
- Assumption of Risk – Waiver and Release
- Enrollment and medical form

Two notes regarding the medical form:

- 1) If any questions on the form are answered “Yes” (EXCEPT “Contact Lenses”, the participant must be examined by an MD and signed off for diving on a more specific form.
- 2) The camp physical form is NOT a substitute for this form. The Enrollment/medical form is required for SCUBA **IN ADDITION** to the regular camp physical form.

Questions?

Email CAPT Steve at CaptSteve@ScubaConn.com or call (203) 952-8679.



Statement of Understanding and Participant Agreement for SCUBA BSA and Open Water SCUBA Experience at Camp Sequassen

The diving course you are about to begin is an exciting and demanding challenge. To accept the call of underwater adventure, you must be aware of the risks involved in the sport and be willing to cooperate and obey instructions to achieve success.

SCUBA BSA introduces qualified Boy Scout, Venturing, and registered adult participants to the special skills, equipment, and safety precautions associated with SCUBA diving, and provides a foundation for those who later will participate in more advanced underwater activity. The SCUBA BSA experience contains two parts—Knowledge Development and Water Skills Development. During the first part, participants learn basic dive safety information and overview skills to be used during their water experience. The Water Skills Development session introduces essential dive skills, such as mask clearing, regulator clearing, and alternate air source use. In addition, participants will have the opportunity to move ahead with a supervised open water introductory experience. Because of the open water component, minimum age for this program is fourteen.

This course will require physical exertion. You must pass the BSA swim test to the BLUE (swimmer) level. You will need to be able to equalize pressure in your ears and sinuses. Your breathing and circulatory systems must also be in good health. You will need to complete an enrollment/medical history form and your instructor may require you to be examined by a physician. You and your parent (or guardian) will also need to read, discuss and sign a waiver, release and indemnity agreement, and this document. Since you are a minor, you will need to have this form, the waiver/release form and your enrollment/medical form signed by a parent or guardian. These forms are returned to the instructor for the course files.

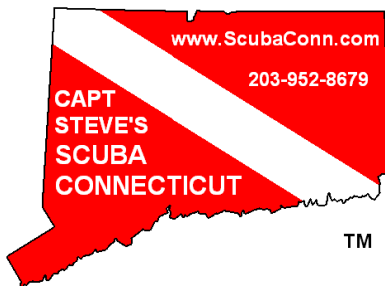
The SCUBA BSA program meets at Camp Sequassen on Wednesday afternoon from 2:00PM to 5:00PM. The cost of this program is \$40.00 and includes all necessary equipment. You may bring your own mask, snorkel, fins and/or wetsuit if you have them, but this is not required.

AGREEMENT: I understand and agree that by enrolling in this course I am incurring obligations for attendance, skill performance and cooperation. I understand and agree that mastering the subject matter and skills of skin and scuba diving are largely dependent on me. I also understand that my instructor is only able to assist and guide me as I proceed through the training process. I am willing to accept the risks and responsibilities for my own actions. I understand and agree that the instructor must make the final judgment as to my competency to be a safe diver and to participate in the program.

Signed _____ Date _____

AGREEMENT: I understand and agree that by enrolling my son/ward in this course I am incurring obligations for attendance, skill performance and cooperation. I understand and agree that mastering the subject matter and skills of skin and scuba diving are largely dependent on him. I also understand that his instructor is only able to assist and guide him as he proceeds through the training process. I am willing to accept the risks and responsibilities for his actions. I understand and agree that the instructor must make the final judgment as to his competency to be a safe diver and to participate in the program.

Parent/Guardian
of Minor _____ Date _____



CAPT STEVE'S SCUBA CONNECTICUT

POB 175, Norwalk, CT 06852-0175

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**PLEASE READ CAREFULLY AND BE CERTAIN YOU UNDERSTAND
THE IMPLICATIONS OF SIGNING**

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees):

Stephen F. Coe (Instructor), National Association of Underwater Instructors (NAUI), Scuba Diving International (SDI), Technical Diving International (TDI), Emergency Response Diving International (ERDI), International Training Inc (ITI), The Emergency Response Training Center LLC (ERTC), The YMCA of Norwalk Inc, Orbit Marine Inc, D/V Orbit Diver II, Connecticut Yankee Council BSA, Camp Sequassen BSA.

2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.

3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.

4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ Signature _____

Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

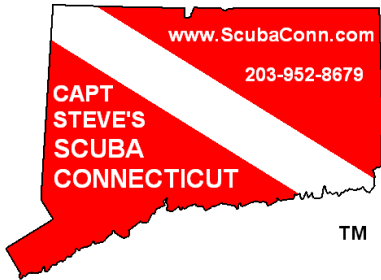
_____ Date _____

(Parent Signature if participant is a minor)

INSTRUCTOR CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature of Instructor _____ Date _____



CAPT STEVE'S SCUBA CONNECTICUT

SCUBA DIVING COURSE STUDENT RECORD

PLEASE PRINT LEGIBLY
ENTER YOUR NAME AS YOU WOULD LIKE IT TO APPEAR
ON YOUR CERTIFICATION CARD

COURSE #: _____

NAME: _____ DOB: _____
First MI Last

PHONE HOME: _____ CELL: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ MARITAL STATUS: _____ AGE: _____

SHIRT/JACKET/DRESS SIZE: _____ SHOE SIZE: _____

EMERGENCY CONTACT: _____

PHONE HOME: _____ CELL: _____

RELATIONSHIP: _____

MEDICAL HISTORY STATEMENT:

I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ears and sinuses are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge and belief my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.

Write YES or No next to all of the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Behavioral health problems | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Contact lenses |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Dental plates |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Back/spinal surgery | <input type="checkbox"/> Over 40 years old |
| <input type="checkbox"/> Ear or hearing problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Trouble equalizing pressure | <input type="checkbox"/> Ulcers | <input type="checkbox"/> HIV positive |
| <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Colostomy | <input type="checkbox"/> Regular medication |
| <input type="checkbox"/> Severe hayfever | <input type="checkbox"/> Hernia | <input type="checkbox"/> Drug allergies |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Alcohol or drug abuse |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Rejected from any activity
for medical reasons |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> May be Pregnant | |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Any medical condition not listed: _____ | |

List all medications you are presently taking: _____

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT (OR PARENT OR GUARDIAN): _____



BE A



LEADER

Scoutmaster and Assistant Scoutmaster Specific Leader Training and Introduction to Outdoor Leader Skills will be offered at Summer Camp again this year.

Monday and Tuesday will cover the three parts of Scoutmaster/ Assistant Scoutmaster Leader Specific Training. Plan on the training sessions lasting from 9 AM to 3 PM each day.

Introduction to Outdoor Leader Skills may be completed at various locations around camp Wednesday through Friday.

Each participant will receive a check off list for the Outdoor Leader Skills portion of the training. Partial credits may be earned.

A \$5.00 fee will be charged for SM/ ASM Specific and a \$5.00 fee will be charged for Introduction to Outdoor Leader Skills.

Units are requested to complete the registration form and present it with their camp registration at the pre-camp leaders meeting for their week of camp attendance.

There must be one completed form for each participant.

For further information or questions, contact:

Gene Waring at ewaring@snet.net

or

Jay Lubin at jaylubin@scatacook.org

or

Dan Cooley at dcooley@bsamail.org

**REGISTRATION FORM:
Boy Scout Leader Training at Camp Sequassen**

Name _____ Unit _____

Address _____

Town _____ District _____

Telephone Number _____ Email _____

Week at Camp _____

Please check the training you are taking:

- SM/ ASM Specific - Mon./Tues. 9:00 AM – 3:00 PM -- \$5.00
- Intro to Outdoor Leader Skills – Wednesday-Friday -- \$5.00

Total Fees submitted \$ _____



Connecticut Yankee Council, BSA

Introduction to Outdoor Leader Skills

Personal Record of Requirements Completion

Name _____ Troop No. _____

District: Powahay Pomperaug Scatacook
 Wepawaug Valley Sleeping Giant Lighthouse

If participant is unable to complete all requirements before the course ends, Course Director should initial items that have been completed, and give one copy to the participant and send one copy to the District Training Chair.

THE AMERICAN FLAG

_____ Raise, fold, display

ROPES AND LASHING

_____ Whip and fuse ends
 _____ Taut-line hitch
 _____ Clove hitch
 _____ Shear lashing
 _____ Bowline

WOODS TOOLS

_____ Knife
 _____ Axe-methods

CAMP FIRES

_____ Tinder
 _____ Fire fuel

COOKING

_____ Menu planning
 _____ Clean-up

ADDITIONAL SKILLS

_____ Map reading
 _____ Compass reading
 _____ Measuring
 _____ Camp and pack basics
 _____ Plant identification

TENTS AND SHELTER

_____ Pitching a tent

_____ Two half hitches
 _____ Timber hitch
 _____ Square lashing
 _____ Diagonal lashing

_____ Camp saw
 _____ Sharpening tools

_____ Kindling
 _____ Extinguishing

_____ Backpack stove

_____ Orienteering
 _____ Hiking basics
 _____ Animal identification
 _____ Leave No Trace camping

Connecticut Yankee Council, BSA

Introduction to Outdoor Leader Skills

Personal Record of Requirements Completion

Name _____ Troop No. _____

District: Powahay Pomperaug Scatacook
 Wepawaug Valley Sleeping Giant Lighthouse

If participant is unable to complete all requirements before the course ends, Course Director should initial items that have been completed, and give one copy to the participant and send one copy to the District Training Chair.

TENDERFOOT FIRST AID

- | | |
|---|---|
| <p>_____ <input type="checkbox"/> Cuts and scratches</p> <p>_____ <input type="checkbox"/> Minor burns and scalds</p> <p>_____ <input type="checkbox"/> Identify poisonous plants</p> <p>_____ <input type="checkbox"/> Nosebleed</p> <p>_____ <input type="checkbox"/> Frostbite and sunburn</p> | <p>_____ <input type="checkbox"/> Hand and foot blisters</p> <p>_____ <input type="checkbox"/> Bites and stings of insects</p> <p>_____ <input type="checkbox"/> Poisonous snakebites</p> <p>_____ <input type="checkbox"/> Heimlich maneuver</p> |
|---|---|

SECOND CLASS FIRST AID

- | | |
|---|---|
| <p>_____ <input type="checkbox"/> Serious bleeding</p> <p>_____ <input type="checkbox"/> Object in the eye</p> <p>_____ <input type="checkbox"/> Puncture wounds</p> <p>_____ <input type="checkbox"/> Heat exhaustion</p> <p>_____ <input type="checkbox"/> Heatstroke</p> <p>_____ <input type="checkbox"/> Hypothermia</p> | <p>_____ <input type="checkbox"/> Internal poisoning</p> <p>_____ <input type="checkbox"/> Rabid animal bite</p> <p>_____ <input type="checkbox"/> Serious burns</p> <p>_____ <input type="checkbox"/> Shock</p> <p>_____ <input type="checkbox"/> Dehydration</p> <p>_____ <input type="checkbox"/> Hyperventilation</p> |
|---|---|

FIRST CLASS FIRST AID

- | | |
|--|--|
| <p>Bandages _____ <input type="checkbox"/> Head Injury</p> <p> _____ <input type="checkbox"/> Collarbone</p> <p>Transport _____ <input type="checkbox"/> Smoke-filled room</p> <p> _____ <input type="checkbox"/> Five signs of heart attack</p> | <p>_____ <input type="checkbox"/> Upper arm</p> <p>_____ <input type="checkbox"/> Sprained ankle</p> <p>_____ <input type="checkbox"/> Sprained ankle - 25 yards</p> <p>_____ <input type="checkbox"/> Explain basic CPR</p> |
|--|--|

_____ **Course Completion Date**

_____ **Course Location**

_____ **Course Director / Troop Scoutmaster**

_____ **Name of Course Director / Troop Scoutmaster**

_____ **District Training Chair**

_____ **Council Training Chair**

_____ **Date Posted to Council Training Records**

Camp Sequassen

Commissioner's Site Visitation Checklist

Campsite: _____ Unit/Town: _____ Week: _____

Senior Patrol Leader: _____ Scoutmaster: _____

Your Commissioner: _____

FIRE SAFETY	Mon.	Tues.	Wed.	Thurs.	Fri.
Fire Barrel -- filled, clear of debris, near fire circle					
Fire Circle -- debris cleared, barrel near, correct location					
Fireguard Chart -- posted & signed daily by fire warden					
Fire Tools -- displayed on rack, readily available					

HEALTH AND SAFETY	Mon.	Tues.	Wed.	Thurs.	Fri.
Latrine -- area cleaned (in & out), disinfectant used					
Washstand -- clean (in, on & around) of trash/debris					
First Aid Kit -- displayed and stocked, easily accessible					
Travel Area -- free of debris, clotheslines placed properly					
Trash Can -- liner inside, emptied if full					
Axe Yard -- defined, safe, tools clean & safe guarded					

SCOUT-LIKE CONDITION	Mon.	Tues.	Wed.	Thurs.	Fri.
Bulletin Board -- hung, neat, duty roster, emergency procedures					
Tents/Lean-tos -- neat, no trash, flaps all up or down, swept					
Campsite Entrance -- well kept, neat, show Scout skill					
Flags -- up (or down when raining), unit flags displayed					
Camp Improvements -- approved and a true improvement					








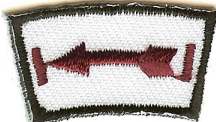




ENVIRONMENT	Mon.	Tues.	Wed.	Thurs.	Fri.
Litter -- site free of litter, full trash bags disposed of					
Beauty -- site kept as natural as possible					
Brush Piles -- fire wood stacked, other wood piled					
Structures -- neat, no markings or damage					
Assigned Service Area -- clean and free from litter					



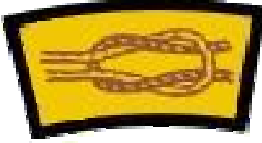







TOTAL POINTS EARNED (out of 100 possible)	Mon.	Tues.	Wed.	Thurs.	Fri.
Commissioner's Initials					

0 = Unsatisfactory 1 = Needs improvement 2 = Fair 3 = Good enough 4 = Very good 5 = Excellent

Comments:

<p>Polar Bear Swim</p> <p>This segment is earned by participating 3 times in the polar bear swim.</p> 	<p>Gold Unit</p> <p>This segment is issued to units that have 75% of their June 30 membership participating in summer camp.</p> 	<p>Wilderness Patrol</p> <p>This segment is issued to first year campers who complete the Wilderness Patrol program.</p> 	<p>Adult Leader</p> <p>This segment is available to adult leaders who stay overnight at camp.</p> 
<p>Hermits Pilgrimage</p> <p>This segment is earned by scouts who participate in the Hermit's Pilgrimage.</p> 	<p>Waiter</p> <p>This segment is available to scouts who serve as a waiter at summer camp.</p> 	<p>Alumni Association</p> <p>This segment is available to members of a Camp Sequassen alumni association.</p> 	<p>Scoutmaster Merit Badge</p> <p>This segment is awarded for earning the Scoutmaster Merit Badge.</p> 
<p>Staff</p> <p>This segment is available to members of the Camp Sequassen summer resident camp staff.</p> 	<p>Overnight on Island</p> <p>This segment is earned by spending a night on the island as a participant in an older Scout program.</p> 	<p>Provisional Camper</p> <p>This segment is available to any Scout who attends Camp Sequassen summer camp as a provisional camper.</p> 	<p>CIT</p> <p>This segment is available to Scouts who complete the Counselors In Training (CIT) program.</p> 

<p>80 Years</p> <p>This segment is available to all Scouts who visited Sequassen during the 80th anniversary of the camp's founding (2007).</p> 	<p>Service Project</p> <p>This segment is awarded for completing a camp service project approved by the Ranger.</p> 	<p>Geocaching</p> <p>This segment is available to those who participate in geocaching while at camp.</p> 	<p>Boundary Trail</p> <p>This segment is available to Scouts and Scouters who hike the boundary trail.</p> 
<p>Eagle Week</p> <p>This segment is available to Scouts who complete the Eagle Week Program.</p> 	<p>Scoutmaster Cook-off</p> <p>This segment is available to Scouters who participate in the Scoutmaster Cook-Off.</p> 	<p>Ordeal</p> <p>This segment is available to members of the Order of the Arrow who complete an ordeal at Camp Sequassen.</p> 	<p>Brotherhood</p> <p>This segment is available to members of the Order of the Arrow who achieve Brotherhood at Camp Sequassen</p> 
<p>Years</p> <p>This segment is available to record the number of years a Scout or Scouter has attended camp. Add the appropriate star pin in the space.</p> 	<p>Recycler</p> <p>This segment is available to members of a unit that promotes recycling in all aspects of camp life or participates in Go Green.</p> 	<p>LOBO Activities</p> <p>This segment is available to Scouts who are registered for and participate in LOBO activities.</p> 	<p>Aqua Skipper</p> <p>This segment is available to Scouts who ride the aqua skipper out and back for 100'.</p> 

<p>Aqua Launch</p> <p>This segment is available to Scouts who have been launched, crashed, and made it back to shore.</p> 	<p>Program Area Director</p> <p>This segment is earned by those who serve in a Camp Sequassen staff director position.</p> 	<p>Spirit Stick Holder</p> <p>This segment is available to members of a unit or campsite that earns the spirit stick.</p> 	<p>Campfire Skit</p> <p>This segment recognizes Scouts who perform in a skit at the camp's closing campfire.</p> 
	<p>Honor Patrol</p> <p>This segment is available to members of a patrol qualifying for Honor Patrol.</p> 	<p>COPE</p> <p>This segment is awarded to those who participate in a COPE session while attending summer resident camp.</p> 	
<p>Super Troop-1st Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the first time.</p> 	<p>Super Troop-2nd Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the second time.</p> 	<p>Super Troop-3rd Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the third time.</p> 	<p>Super Troop-4th Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the fourth time.</p> 

Camp Sequassen Segment Order Form

As of _____

<u>Segment</u>	<u>Requirement:</u> While at Camp Sequassen	<u>Eligibility</u> S = Scout A = Adult B = Both	<u>Number Required</u>
Polar Bear	Attended 3 Polar Bear Swims	B	*
Wilderness Patrol	Completed Wilderness Patrol program	S	*
Eagle Week	Completed Eagle Week program	S	*
Ordeal	Attended Ordeal at Camp	B	
Brotherhood	Attended Brotherhood at Camp	B	
CIT	Completed CIT program	S	*
Staff Member	Served on Camp Staff	B	*
Adult Leader	Overnighted as Unit Leader	A	
Waiter	Served as waiter	S	
Gold Unit	Member of Gold Unit	B	
Overnight on Island	Overnighted on the island in an older Scout program	B	
Hermit Pilgrimage	Attended Hermit Pilgrimage	B	
Provisional Camper	Attended camp as Provisional Camper	S	
Service Project	Performed Service Project	B	
Eighty Years	Attended Camp in 2007	B	
Geocaching	Participated in geocaching	B	
Boundary Trail	Completed Boundary Trail	B	
Scoutmaster Cook-Off	Participated in Scoutmaster Cook-Off	A	
_____ Years	Total number of years at Camp Sequassen	B	
Alumni Association	Member of Alumni Association	A	
Scoutmaster Merit Badge	Earned Scoutmaster Merit Badge	A	*
Recycler	Unit promoted recycling in all aspects of camp life	B	
LOBO Activities	Registered for & participated in LOBO activities	S	
Aqua Skipper	Rode the aqua skipper out and back or for 100'	S	
Aqua Launch	Launched, crashed and made it back to shore	S	
Program Area Director	Served in a camp staff director position	B	*
Spirit Stick Holder	Member of unit/campsite earning spirit stick	B	
Campfire Skit	Participated in closing campfire	S	
COPE	Participated in COPE session	B	
Honor Patrol	Qualified for Honor Patrol	S	
Super Troop Unit-1st Year	Member of Super Troop	B	
Super Troop Unit-2nd Year	Member of Super Troop	B	
Super Troop Unit-3rd Year	Member of Super Troop	B	
Super Troop Unit-4th Year	Member of Super Troop	B	
	Total Order		

* Issued by the camp.

Place order at the Trading Post 24 hours prior to pick up.

Total segments ordered _____ X \$1.00 = \$ _____



**2012
CAMP SEQUASSEN
CAMPSITE RESERVATION FORM**

Boy Scout Resident Camp

- Week 1 June 24-30
- Week 2 July 1-7
- Week 3 July 8-14
- Week 4 July 15-21
- Week 5 July 22- 28
- Week 6 July 29 - August 4
- Week 7 August 5-11

Estimated # of Youth _____
Estimated # of Adults _____

Unit No:	District:	Council:		
Camp Coordinator:		Position:		
Address:		City:	State:	Zip:
Phone (Home):		Work:	Fax:	
E-Mail:				

South Sequassen

Campsite	Capacity
Aquila	34
Baden-Powell	52
Polaris	38
Ledge	28
Trail (Savino)	30 (16)
Loyalty	24
Hillside	28
Jerome (Zimmerman)	24 (16)
Northrup	36
International	42

North Sequassen

Campsite	Capacity
Royalwood	50
Eli Whitney	34
Nathan Hale	38
Cedar	54

Non-refundable site reservation fee is \$200. Units may "roll over" previous year's site fee.

Note: Due to increased demand for summer camp facilities, units with fewer Scouts than the site capacity may need to share a site. Units exceeding the published maximum site capacity may need to move to a larger site or reserve or share a second site at the discretion of the Camp Director.

Please submit this form before leaving camp at the end of your camp week.

Office Use: Account #1-6701-073-21

Please turn completed form in to Commissioner or Program Director on Saturday morning before leaving camp.

Camp Evaluation 2011

What are the top three all camp program offerings?

What all camp programs would you change or discontinue?

What all camp programs would you like to see offered?

Please give us feedback on the following areas:

Wilderness Patrol

Staff: _____

Program: _____

Program Area: _____

Ecology

Staff: _____

Program: _____

Program Area: _____

Sports

Staff: _____

Program: _____

Program Area: _____

Handicrafts

Staff: _____

Program: _____

Program Area: _____

Shooting Sports

Staff: _____

Program: _____

Program Area: _____

Waterfront

Staff: _____

Program: _____

Program Area: _____

Outdoor Skills

Staff: _____

Program: _____

Program Area: _____

Older Boy Activities

Staff: _____

Program: _____

Program Area: _____

Campsite

Tents/Lean-tos: _____

Latrine: _____

General Comments: _____

Camp Facilities General Comments:

Please give any feedback on staff, program or anything else you would like to see addressed.

Unit Number _____ Leader _____ Campsite _____

TROOP DUTY ROSTER

(POST ON BULLETIN BOARD)

DUTY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
BREAKFAST WAITER	X						X
LUNCH WAITER	X						X
DINNER WAITER							X
LATRINE CLEAN-UP							X
FIRE WARDEN							X
FIREWOOD FIRE WATER							X
LITTER CONTROL							