

Cub Family Weekend 2010



Pirates of the Caribbean Adventures at Camp Resolute
Yo ho, yo ho a pirates weekend for your family!

E. Paul Robsham, Jr.
Scout Reservation
Bolton, MA

Knox Trail Council, BSA

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Welcome to Family Camp Weekend 2010

Welcome to Camp Resolute's Family CampWeekends!

We have put a tremendous amount of effort as well as imagination into the program this year to ensure a fun atmosphere. The time you spend with your Scouts is extremely important and we are here to assist you, by providing creative and interesting activities so you can make the most of that time. We expect nothing less than for this weekend to be a wonderful experience for you and your Scout.

This year's theme is "Pirates of the Caribbean Adventures at Camp Resolute." We encourage everyone to join in on the fun and bring costumes or props for their campers. You may also conjure up some good ideas in our crafts area.

This packet is your information for the weekend, so don't let it fly away. It contains vital information such as the weekend's schedule of events, as well as what's on the food menu. You will also find a handy-dandy map to help you fine your way around Resolute. Please remember that the Camp Staff is here for your benefit and are more than happy to answer any questions you may have.

If you have any questions that were not answered in this packet, please email us at campresolute@gmail.com. Thank you; and we look forward to seeing you at Camp!

Points of Interest

1. Registration for campers begins Saturday morning at 10:00 am and runs until 12:00 pm. Please plan to arrive at Resolute during this time period.
2. There will be a buffet lunch served from 11:00am to 12:00pm.
3. The opening ceremony will be in the amphitheater at 12:10pm on Saturday. Information about the weekend's activities will be discussed after the ceremony.
4. Please remember to bring your medical forms (parts A & C) to camp with you for the weekend. It is required by state law that we have them on record and you cannot stay in camp until we do (They DO NOT need to be signed by a doctor).
5. Vehicles are not permitted into the camp, so you will have to carry your equipment a bit of a distance. Please plan accordingly. Assistance will be provided to those with physical challenges.
6. Please bring adequate clothing and supplies for any inclement weather or act of nature that may occur. Rain gear, sun block, bug repellent, etc.
7. What you might need money for:
 - a. Trading Post – The Camp Resolute Trading Post is fully stocked with all sorts of exciting merchandise! Check out our snack window for a wide selection of candy, ice cream, & Swirl Slush!
 - b. Forget something? Flashlight? Batteries? Toothbrush? The Trading Post has just what you need.
 - c. Mosquito netting & poles, a must at Camp Resolute! Only the brave go without! The use of duct tape to attach poles to the cots is strictly prohibited.
8. Please let us know of any dietary concerns before the weekend by sending an email to campresolute@gmail.com. We can accommodate any type of dietary need but we need to know about it in advance of the weekend.
9. Closing ceremony is Sunday at 10:15 am. Camp closes at 11 am.
10. The emergency phone number at camp is (978) 779-2777.



What You Will Be Doing

Camp Areas

WaterFront & Docks

- Take a swim test and enjoy the water or take a row boat out on the pond!

Arts and Crafts

- Make and bring home your own souvenirs & costumes!

Trading Post

- Find that perfect souvenir to take home!

BB Range

- Come practice your shot at the BB Range!

Archery Range

- Learn to shoot a bow and arrow!

Administration Building

- This is the place to register as you arrive!

Nature

- Come explore our beautiful camp and learn a little about nature!

Sports

- Run around, learn to whittle, or just sit back and catch fish!

Amphitheater

- This is the place to be Saturday night for the campfire!



Activities and Sports

- ❖ Scavenger Hunt
- ❖ Fishing
- ❖ Kickball
- ❖ Soccer
- ❖ Whittling
- ❖ Boating
- ❖ Crafts
- ❖ And more!



Weekend Schedule

Saturday

10:00AM	Registration begins
11:00AM	Lunch Buffet
12:10PM	Opening Ceremony (in the amphitheater)
12:20-5:20PM	All Activities Open

“Pirates of the Caribbean Adventures at Camp Resolute” - Resolute open to activities!!!
Swim tests for Boating and Swimming, (**NOTE:** 1 adult in each boat must pass swimmers test.)

12:30PM	Whittling Chip (Big Top)
1:30PM	Kickball (Ball Field)
3:00PM	Fishing on the Shore (in picnic grove by the pond across from Big Top)
4:00PM	Campwide Game (in the parade field)
5:20PM	All Activities Closed
6:00PM	Dinner at The Dining Hall (feel free to dress up in Pirate costumes & join the fun!)
7:00PM	Parents vs. Staff Beach Volleyball Match
8:00PM	Saturday Night Campfire at the amphitheater
9:00PM	Ice Cream Social at The Dining Hall
10:00PM	TAPS – All quiet please, sleep well.

Sunday

7:00AM	Reveille – Rise and Shine!
8:00AM	Breakfast Buffet
9:00-10:00AM	All Activities Open
10:15AM	Closing Ceremony (in the amphitheater)
11:00 AM	Camp Closes – Thank you for coming

All events are conditional of the weather or unforeseen circumstances



Weekend Menu

Saturday Lunch (Buffet): 11:00 AM

Hot Dogs & Rolls
Hamburgers & Buns
Baked Beans
Cornbread
Bag of Chips
Bug Juice & Ice Water

Saturday Theme Dinner: 6:00 PM

Garden Green Salad
Elbows & Meat Sauce
French Bread
Chocolate Cake w/Vanilla Frosting
Milk, Hot Cocoa, Tea & Coffee

Ice Cream Social: 9:00 PM

Assorted Ice Cream Bars
(Marshmallows delivered to campsites!)

Sunday Breakfast (buffet): 8:00 AM

Pancakes & Syrup
Sausages
Assorted Cereals
Orange Juice, Milk, Coffee & Cocoa

Note: Coffee and hot chocolate are always available in the Dining Hall and water will be available at all the activity areas in camp. This menu, like everything else, is subject to change. Please inform the kitchen staff of any dietary concerns before the weekend by sending an email to campresolute@gmail.com.



Safety Regulations

- Adults **MUST** accompany Scouts at all times.
- Shoes are to be worn in all areas of camp with the exception of the waterfront.
- No running (except for during sports)
- Do not spray insect repellent around tents as it may affect their water resistance.
- Stay out of fenced in and roped off areas, unless instructed by a staff member.
- Camp Resolute has been designated a smoke-free area. Smoking is allowed in the parking lot away from the camp entrance only.
- Absolutely no alcoholic beverages or weapons of any kind will be allowed in camp. **Please do not bring rifles, bows & arrows, or BB guns.**
- National BSA policy prohibits children under the age of seven from shooting BBs.
- BSA policy states that all participants wishing to swim or boat must be swim tested by our aquatics staff.
- Each rowboat and paddle boat must contain an adult that has passed the BSA “swimmers” test.
- Do not eat or store food or candy in your tent. You do not want late night visitors.
- Please do not pick the Lady Slippers.
- BSA policy prohibits campers from swimming anywhere other than the designated areas.

Please feel free to collect dead wood for your campfire. Please do not take wood from the trees. When you have your campfire, please make sure to fill your fire bucket (located in your site latrine) and put it near your campfire ring for easy access in case of emergency.

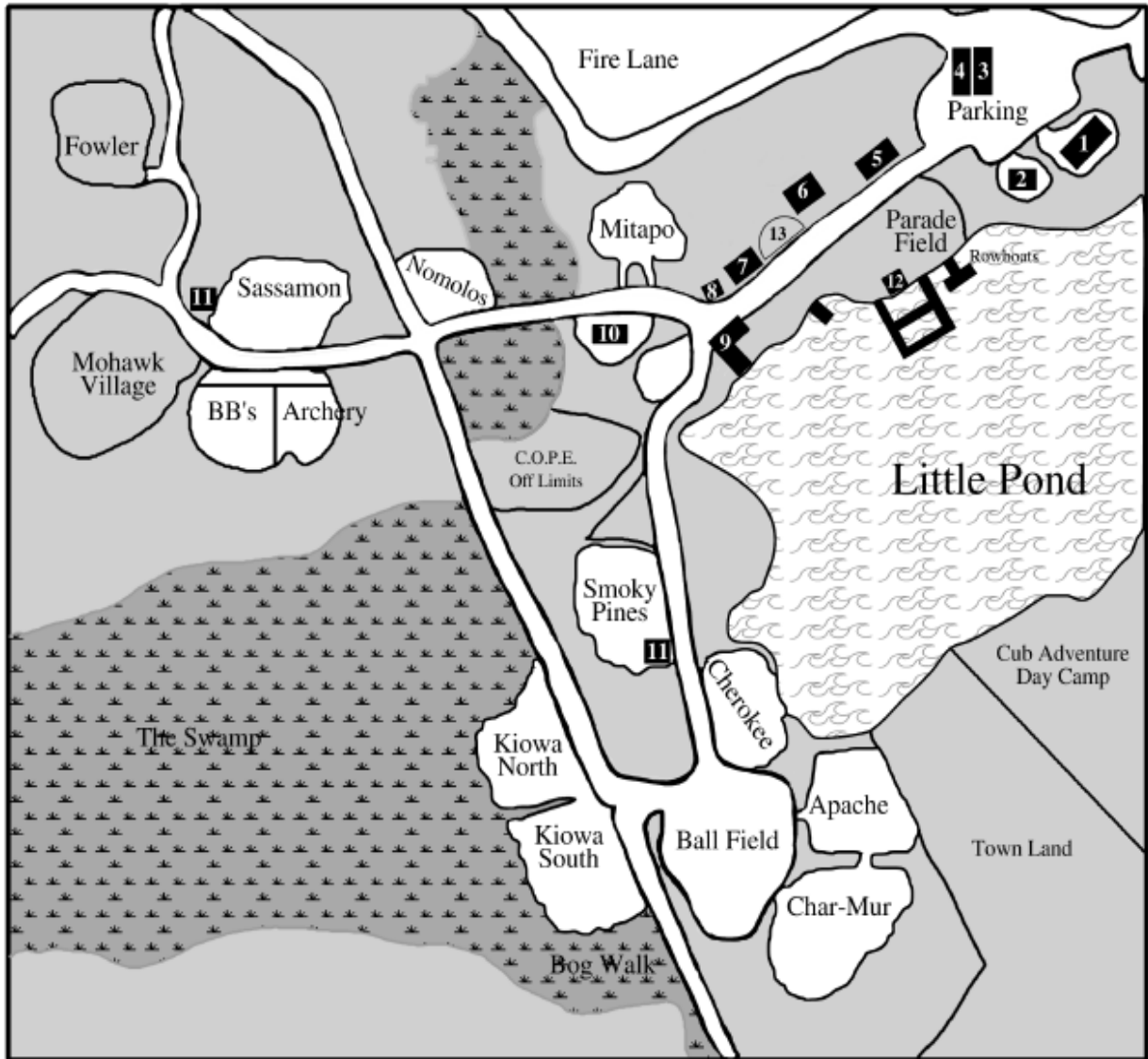
If you need assistance in the event of an emergency during the night please go to the Health Lodge.

Suggested Packing List

- Completed BSA Health Form (parts A & C only)*** (with immunization record)
- Mosquito netting
- Four 3 foot dowels for attaching netting to bed
- Mosquito repellent
- Complete Cub Scout uniform (for Scouts)
- Extra shirts, shorts, socks, pants, underwear
- Handkerchiefs
- Swimming trunks
- Rain gear
- Sweat suit / pajamas
- Sweater or jacket
- Extra shoes
- Moccasins or slippers
- Sleeping bag or blankets, pillow
- Mattress cover
- Towels and washcloths
- Toiletries (toothbrush, toothpaste, soap, etc.)
- Cub Scout handbook
- Pen, pencil and paper
- A few trash bags
- Flashlight w/ extra batteries
- Sunscreen lotion
- Watch
- Money for trading post
- Water bottles



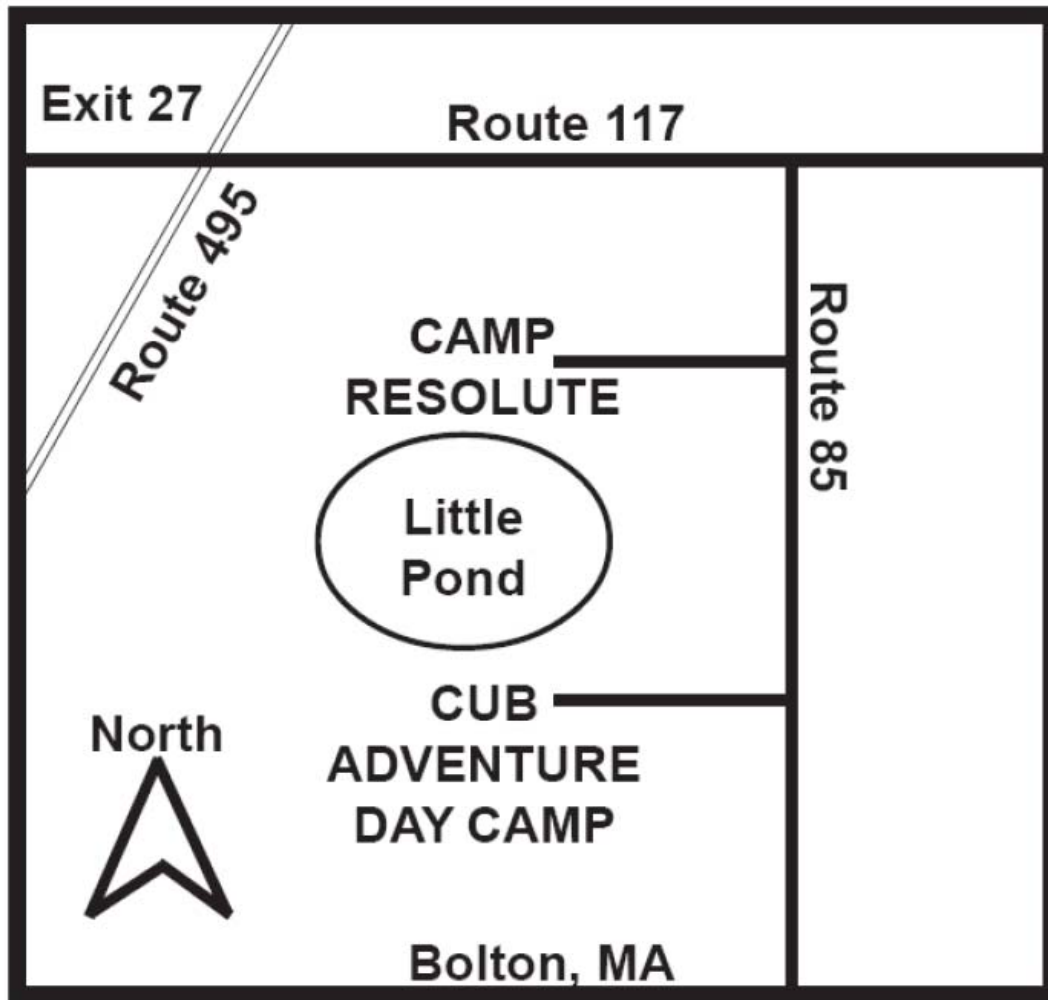
***Required**



Camp Resolute Key

- | | |
|--|---|
| 1. Ranger's Residence | 8. Bathrooms and Shower House |
| 2. Camp Director's Quarters | 9. Dining Hall |
| 3. Maintenance Shed and Ranger Office | 10. Ecology |
| 4. Storage Shed | 11. Shower House |
| 5. Administration Building | 12. Waterfront (swimming) |
| 6. Health Lodge | 13. Amphitheater (Campfire is held here!) |
| 7. Trading Post and Quarter Master Store | |

Directions to E. Paul Robsham Scout Reservation



From Route 495 take Exit 27 to Route 117 East heading towards Stow. Take the first right which will be Route 85 South. Follow Route 85 2/10's of a mile and turn right at the entrance sign to Camp Resolute.

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually by all BSA unit members. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



BOY SCOUTS OF AMERICA

Commonwealth of Massachusetts Immunization Requirements

105 CMR 430.152

Written documentation of immunization or alternative proof of immunity shall be required for all campers, adults, and staff as follows:

For Campers and Staff under 18 Years Old

- 1) **Measles, Mumps and Rubella (MMR) Vaccine:** A minimum of one dose of MMR vaccine(s) must be administered at or after 12 months of age. A second dose of live measles containing vaccine given at least four weeks after the first, is required for all campers and staff, who will be entering grades K-12 or college in the school year immediately following the camp session (or in case of an ungraded classroom or the camper/staff does not attend school/college, campers or staff five years of age or older). Laboratory evidence of immunity is acceptable.
- 2) **Polio Vaccine:** A minimum of three doses of either inactivated polio vaccine (IPV) or oral polio vaccine (OPV) are required. If a mixed (IPV/OPV) schedule was used, four doses are required;
- 3) **Diphtheria and Tetanus Toxoids and Pertussis Vaccine:** A minimum of four doses of DTaP/DTP/DT or at least three doses of Td is required. Where a camper or staff person is seven or more years of age and requires additional immunizations to satisfy 105 CMR 430.152(A)(3), Td is to be substituted for DTaP, DTP or DT vaccine. Effective January 1, 2004, a booster dose of Td is required for all campers and staff who will be entering grades seven through ten (or in the case of an ungraded classroom or the camper or staff does not attend school, campers or staff 12 through 15 years of age) if it has been more than five years since the last dose of DTaP/DTP/DT. For all campers and staff who will be entering grades 11 and 12 (or in the case of an ungraded classroom or the camper or staff does not attend school, campers or staff 16 through 17 years of age) a booster of Td is required if it has been more than ten years since the last dose of DTaP/DTP/DT/Td.
- 4) **Hepatitis B:** For all children born on or after January 1, 1992, three doses of Hepatitis B vaccine are required. Laboratory evidence of immunity is acceptable.

For Staff and Adults 18 Years of Age or Older

- 1) **Measles Vaccine:** Unless born before 1957, two doses of live measles-containing vaccine administered at/or after 12 months of age (at least four weeks apart) are required. Laboratory evidence of immunity is acceptable.
- 2) **Mumps Vaccine:** Unless born before 1957, at least one dose of mumps vaccine administered at/or after 12 months of age is required. Laboratory evidence of immunity is acceptable.
- 3) **Rubella Vaccine:** Unless born before 1957, at least one dose of rubella vaccine administered at/or after 12 months of age is required. Laboratory evidence of immunity is acceptable.
- 4) **Diphtheria and Tetanus Toxoids:** At least three doses of DTaP/DTP/DT/Td are required. A booster dose of tetanus/diphtheria, adult type toxoid (Td) is required if more than ten years have elapsed since the last dose of DTaP/DTP/DT/Td vaccine.

Physical Examinations or Immunizations Exempted (105 CMR 430.153)

- 1) **Religious Exceptions:** If a camper or staff member has religious objections to physical examinations or immunizations, the camper or staff member shall submit a written statement, signed by a parent or legal guardian for those under 18 years of age, to the effect that the individual is in good health and stating the reason for such objections.
- 2) **Immunizations Contraindicated:** Any immunization specified in 105 CMR 430.152 shall not be required if the health history required by 105 CMR 430.151 includes a certification by a physician that he or she has examined the individual and that, in the physician's opinion, the physical condition of the individual is such that his or her health would be endangered by such immunization.

Emergency contact No.:

Allergies:

DOB:

Last name:

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____
 Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus Immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<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 _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	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"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Exemption to Immunizations claimed.
 (For more information about immunizations, as well as the immunization exemption form, see Scouting Safety on Scouting.org.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Part C

Informed Consent and Hold Harmless/Release Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself and/or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

- Without restrictions.
- With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



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Part C Last name: _____ DOB: _____