

2009 RESIDENT CAMP ADVANCEMENT FORM

District _____ Pack _____ Den _____ No. of Boys _____ Session 8/2-8/6 _____ Session 8/9-8/13

MORNING ACTIVITY PINS

This year to make scheduling easier we are offering sets of Activity Pins as follows:

1. ___ Aquanaut, Outdoorsman, Geologist
2. ___ Scientist, Aquanaut, Outdoorsman
3. ___ Naturalist, Scientist, Aquanaut
4. ___ Readyman, Naturalist, Scientist
5. ___ Showman, Readyman, Naturalist
6. ___ Geologist, Showman, Readyman
7. ___ Outdoorsman, Geologist, Showman

AFTERNOON PROGRAM PERIOD ACTIVITIES

We learned last year that everyone wanted **swimming and boating every afternoon**. In addition the following program period activities are offered:

Action Archery
Archery
BBs
Boat Craft
Break Time
Campsite Cooking
Climbing Wall
Knots
Loot Pouch Making
Neckerchief slide
Pirate Games
Seamanship
Treasure Hunt

Choose six program activities that the den would like to participate in. If you choose to repeat an activity, list it more than once, but only up to three times. Include one alternate activity in case one of your nine choices is not available.

1. _____
2. _____
3. _____
4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Alternate _____

**Due to class size restrictions your schedule is subject to change.
Programs will be scheduled in the order that forms are received.**

**THIS FORM MUST BE RETURNED TO THE CAMP DIRECTOR BY
JULY 1, 2009**

HONOR DEN AWARD

Pack _____ Campsite _____ Session _____

To receive the Honor Den Award, the den must meet six of the following requirements:

- 75% of the den attendance registered by June 16, 2009 deadline
- Two-deep leadership, provided completely by the den, is present in camp at all times. One Webelos leader is at least 21 years of age must be present during the entire session.
- The den participates in Camp-wide events while at camp.
- The den participates in six (6) different afternoon activities during camp.
- A representative from the den participates in all Leader's meetings during Webelos Resident camp.
- The den should have a clean campsite and show an increased effort to keep the site clean. Maintain at least a 90% average on campsite inspections.

Scores: Mon _____ Tues. _____ Wed _____ Average _____%

- The den must plan one campsite activity. The activity must foster group participation and a good sense of Scouting friendships. For example, a campsite campfire or craft project. Activity _____
- The den plans to be part of the Wednesday night campfire program.

In order to receive this award, this form must be turned in while at camp.

DAILY CAMPSITE EVALUATION

Pack _____

Campsite _____

Session _____

Category	Points	Mon	Tues	Wed
Campsite clean of litter	10			
Toilet and shower area clean	10			
Fire buckets available near the fire pit	10			
Fire chart posted and signed daily	10			
Tent area clean of litter	10			
Use of trash cans with bags	10			
Equipment and food properly stored	10			
Pack or Den flag or identification displayed; US flag displayed	10			
Fire pit clear of trash, fires completely out	10			
Leave No Trace Pledge signed and posted	10			
Totals	100			

Campsite inspections will be done by the Camp Commissioner in the morning hours after breakfast while Scouts are in their Activity sessions. Each den is asked to do their best in keeping the campsite and facilities clean and safe while at camp. If there is more than one Pack in a campsite, please work together to make your campsite clean and safe.

Helpful Hints for Campsite Inspections

- Work together with the other Pack in the campsite.
- Each day an adult must sign the Fire Guard chart after the den has checked the campsite.
- Keep track of each day's inspections so you can improve the next day.
- If you need trash bags, ask the Camp Commissioner for more.
- Each bathhouse has cleaning products on one of the sides (male or female).
- Use your Pack flag to identify your Pack site.
- Clean the campsite daily.
- Fire buckets (2) are required only by the fire pit.
- Read the Leave No Trace Pledge to your boys, sign it, and post it.

The Campsite Evaluation is part of the Honor Den Award that will be given to each den that has maintained a 90 points average for the week.

Camp Commissioner

PACK/DEN ROSTER

(To be turned in at Camp Office during check-in)

Pack _____ Campsite _____ Session _____

	Name of Adult	DOB	Address	Phone
1				
2				
3				
4				
5				
	Name of Scout	DOB	Address	Phone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Camp Medical Form – Click on the following link to download the camp medical form

<http://www.scouting.org/filestore/pdf/34412.pdf>

Camp Supplement Form – Some Scouts use the Class III medical form or forms that are used by athletic organizations. The Camp Supplement form is required if one of these medical forms are used instead of the standard Camp Medical form.

<http://www.bsa-brmc.org/pdfs/camp/campsupplement08.pdf>

Special Needs Request

The Blue Ridge Mountains Council will do everything in its power to accommodate participants with special needs. Please complete this form and submit it with your camp payments. Thank you for your assistance.

Unit # _____ City/State _____ Session _____

1. Does anyone in your unit have a physical handicap that limits mobility?

2. Does anyone in your unit have special equipment needs? (Access to electricity, etc.)

3. Do any of your unit members have special dietary concerns? Please be specific and suggest possible alternatives.

4. Please list any other special needs below.

Camp Security Policy for the Blue Ridge Mountains Reservation

Our camps are extremely concerned about the welfare and safety of your son or daughter. As such, early release requests, for any reason, will only be allowed if the following steps are completed. This information is taken from the National Council's Health and Safety Guide, Security Section, copyright 1983.

1. Verification must be made to assure that the person requesting release is acting as the legal parent or guardian or under the direction of the legal parent or guardian. Verification may be done by the following:
 - a. Approval of the Den Leader
 - b. Presentation of proper identification matched with the name listed as the legal parent or guardian on the Scout's medical form.
 - c. Contact via telephone with the legal parent or guardian. The telephone number used may be supplied by the Den Leader or obtained from the medical form.
 - d. Previous arrangements made with the Den Leader and Camp Director by the legal parent or guardian.
2. It is understood that any person who requests the early release of a Scout will abide by the policy set forth above and completes the early release form prior to the release of the Scout.
3. It is understood that a Scout will never be released to another youth under 18 years of age without verified permission from the legal parent or guardian.

Early Release Form

Name of the Scout to be released: _____ Council _____

Reason for release _____ Pack # _____

Release to who? _____

Verification completed by the den leader _____

Signature of Camp Representative _____

Legal Parent or Guardian's Signature _____ Date _____

Representative of legal parent or guardian _____ Date _____

Blue Ridge Mountains Council

Boy Scouts of America

CAMPERSHIP REQUESTS

Instructions for Camperships

Notice: Applications will not be accepted after May 1, 2009 in order to qualify.

To Be Completed by the UNIT LEADER:

1. Unit leader or Committee Chairman will give the parent or guardian a signed campership form recommending the Scout. Please fill out Part II on the front of this form. Please be sure to explain why you feel this Scout should receive a campership.

The campership is mailed by the family to the Blue Ridge Mountains Council.

To Be Completed by the PARENT OR GUARDIAN:

1. Please fill out Part I of the front of this form. Be sure to explain why you feel this Scout should receive a campership. Attach an additional page if needed.
2. Mail the campership request directly to the Blue Ridge Mountains Council by May 1, 2009. *Please mark the envelope Personal & Confidential.*

Mail to: Dan Johnson, Scout Executive
Blue Ridge Mountains Council, BSA
P.O. Box 7606
Roanoke, VA 24019

Notification will be made by mail on May 23. The number of camperships is limited. 50% campership is the general campership amount.

All personal information is strictly confidential and will not be shared with anyone.



APPLICATION FOR CAMBERSHIP

- | | | |
|---|--|---|
| <input type="checkbox"/> Cub Scout Adventure Camp | <input type="checkbox"/> Cub Day Camp | <input type="checkbox"/> Camp Powhatan |
| <input type="checkbox"/> Camp Ottari | <input type="checkbox"/> New River Adventure | <input type="checkbox"/> Claytor Lake Aquatics Base |
| <input type="checkbox"/> High Knoll Trail | <input type="checkbox"/> Mountain Man Camp | <input type="checkbox"/> Foxfire |
| <input type="checkbox"/> Fish Camp | <input type="checkbox"/> Voyageur Trek | <input type="checkbox"/> Webelos Resident Camp |

Note: Campership funds are available on a limited basis (1/2 of fee for Summer Camp and Cub Camps).

The funds are available to applicants who under normal conditions would not be able to attend the activity unless given financial assistance.

Part I

Unit #: _____ District: _____

Please **PRINT** all below information (EXCEPT SIGNATURE) so we can send you confirmation if Scout is approved for campership.

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Position: _____

Amount of Campership Requested: _____ (See note above regarding amount maximum)

State reason for need of campership: _____

Father's Employer: _____ Mother's Employer _____

Total Household Income _____ Number of Children at Home: _____

Signature: _____

(Applicant or person making request)

Part II

Did this unit sell popcorn last year? Yes: ___ No: ___

Did this Scout sell popcorn last year? Yes: ___ No: ___

Did this unit conduct a Family FOS Campaign? Yes: ___ No: ___

Pack Troop Crew (circle one) Unit Number: _____

Unit Leader (Print): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Charter Organization: _____

Unit Leader Email: _____

Recommendation: _____

Signature of Unit Leader: _____

Approved by: _____ Amount: _____

In order for campership to be awarded, it MUST be received in the office no later than May 1, 2009

DUTY ROSTER – PLEASE POST IN CAMP

	<u>Deputy Sheriff</u> (Campsite Cubmaster)	<u>Fire Guard</u> (Adult Cowhand)	<u>Latrine Duty</u> (2 Scouts)	<u>Litter Patrol</u> (2 Scouts)
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				

