Down on the Farm!
Dear Parents and Leaders,

W. D. Boyce Council is excited to announce the 2020 Multi-Week Adventure Camp. Multi-Week Adventure Camp is four consecutive weeks of day camp in the Peoria and Bloomington areas. This day camp is open to all boy and girls entering grades 1-5 in the fall of 2020. This year’s theme is “Down on the Farm!” Campers may sign up for one week, two weeks, three weeks or all four weeks of camp. Each week has theme based activities, events and special guests to keep your children engaged and learning all month long.

It is our honor and privilege to provide the best experience for you and your children. In an effort to help you prepare for your summer adventure, this guidebook has been compiled to convey the details about our programs, procedures and services that will be most important for the success of your Adventure Camp experience. Please take the time to read this guide and familiarize yourself with Multi-Week Adventure Camp, its policies and features.

Thank you,

W. D. Boyce Council

Multi-Week Adventure Camp Directors and Staff
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Multi-Week Adventure Camp is a day camp operating in the Peoria and Bloomington areas. Each week highlights a variety of theme based adventures and activities to keep the campers entertained all month long. Campers may attend one week, two weeks, three weeks or ALL four weeks of camp! Activities vary by location but may include archery, BB guns, Scout skills, fishing, swimming, team building games and more. Multi-Week Adventure Camp programs are facilitated by camp staff and volunteers to provide an exceptional experience for your children this summer. The goal of camp is to learn and grow in the outdoors! We can’t wait for you to join us!

Who Can Come to Camp

Multi-Week Adventure Camp is open to boys and girls who are entering grades 1-5 in the fall of 2020. W. D. Boyce Council’s Adventure Camps are primarily geared toward Cub Scouts, but we are not a closed organization camp. ANYONE can attend camp to learn the values and skills associated with the Boy Scouts of America. It is our pledge that every child who attends Adventure Camp will have a stronger character, fitness habits and appreciation for citizenship. If your child has a friend who would like to attend camp with them, then they can sign up too! It is recommended that every participant is a registered member of the Boy Scouts of America and we will encourage this during the registration process. Our goal is to make sure every camper has a great experience at Adventure Camp and will continue with the Cub Scout program through the school year.

What Weeks and Locations Can We Attend

You may sign up for as many weeks as you wish in any location that works best for you. To get the full Multi-Week Adventure Camp experience, sign up for all four weeks of camp. Some districts have camp in two locations to provide a diverse program experience and we encourage attendance at both locations. You may sign your child up for weeks in different districts if you wish. For example, you may attend two weeks at the Peoria Camp AND two weeks at the Bloomington Camp. If you have questions about registration please reach out to erin.smith@scouting.org.

A Note About Tigers (1st graders)

In compliance with BSA policy, Tigers (any youth entering 1st grade in Fall of 2020) must have an adult partner accompany them to help one-on-one throughout the day. The same adult does not have to attend all week, however the Camp Director will need to know in advance the names of the Adult Partner attending each day. It is free for adults to attend with their Tigers and it is lots of FUN!
Weekly Descriptions

Each week of camp will highlight a different farm-based theme that the campers will get to explore with community visitors, hands on demonstrations and educational resources all while participating in classic day camp favorites such as archery, bb guns, fishing, crafts and games.

**Week 1: June 1-5—“Animals on the Farm”**

**Week 2: June 8-12—“Technology and Agriculture on the Farm”**

**Week 3: June 15-19—“Harvest on the Farm”**

**Week 4: June 22-26—“Homestead Living”**
Daily Schedule

This schedule is subject to change.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30am—8:30am</td>
<td>Extended Care Morning Session (pg. 9)</td>
</tr>
<tr>
<td>8:30am</td>
<td>Regular Drop-off &amp; Check-in</td>
</tr>
<tr>
<td>9:00am</td>
<td>Morning Gathering/ Opening Flag Ceremony</td>
</tr>
<tr>
<td>9:30am</td>
<td>Activity Stations</td>
</tr>
<tr>
<td>12:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>1:00pm</td>
<td>Activity Stations</td>
</tr>
<tr>
<td>4:00pm</td>
<td>Afternoon Gathering/ Closing Flag Ceremony</td>
</tr>
<tr>
<td>4:15pm</td>
<td>Regular Pick-Up &amp; Check-out</td>
</tr>
<tr>
<td>4:30pm-5:30pm</td>
<td>Extended Care Afternoon Session</td>
</tr>
<tr>
<td>5:30</td>
<td>Extended Care Last Pick-up (pg. 9)</td>
</tr>
</tbody>
</table>

Camp Addresses

Crossroads– Bloomington

Comlara Park– Weeks 1-4

13001 Recreation Area Dr,
Hudson, IL 61748

Heartland and Wotamalo– Peoria/Morton

Sommer Farm (formerly Sommer Park)– Weeks 1-3

6329 N Koerner Rd
Edwards, IL 61528

Kennel Lake—Week 4

22172 Kennel Lake Dr.
Morton, IL 61550
Arrival and Departure

Arrival times

8:30am-9:00am—Camper Drop-Off and Check-in

Bloomington—Comlara Park: Turn onto Recreation Area Dr. from Rt. 33. Stay to the left of the fork. Pass the visitor center. Take your first right near the pavilion. Check-in will be at the first pavilion to your left. Map on page 20.

Peoria—Sommer Farm: Turn off of Koerner Rd. into Sommer Farm. Follow the road until you see the house and garages. Take a sharp left (almost a U-turn) through the gates into the back area of the park. Follow the road all the way to the very last pavilion you can go to. You will pass another day camp along the way, do not stop at that building, but keep going until the very last pavilion. Check-in will be under the pavilion. Map on page 22.

Morton—Kennel Lake Sportsman’s Club: Turn off of Lakeland Rd. onto Kennel Lake Ln. Follow the road to the main building. Enter the door on the far left of the building. Check-in will be held in this room or outside depending on the weather. Map on page 23.

Checking-in

Upon arrival at camp, you will be greeted by a staff member or a sign welcoming you to camp, showing you the way to the parking lot and directing you to the check-in area. Back in to the parking spot if you are able to. After parking, proceed with your camper to the check-in area. During check-in, staff will go over any last minute program updates, Health Forms, let you know which group your camper will be in and complete any missing paperwork. Monday check-in usually takes at least 30 minutes. Please plan accordingly. After the first day of each week, check-in should take no longer than 15 min.

As check-in is being completed, the campers will separate into their groups and start activities with the staff.

Check-out Times

4:00pm-4:15pm—Parent Pick-Up

Checking Out

Arrive at camp and park in designate parking lot. Be sure to back your vehicle in for safety purposes. Proceed to registration area. Camp staff will only release campers to parents or guardians. If any other person might be picking up the camper, please list them on the Health Form and remind them to bring a valid ID. Let the Camp Director know of any day another person will be picking up your child.
What to bring to Check-in

Monday

☐ Printed or digital receipt of registration and payment confirmation
☐ Sack lunch (non-perishable items) and filled water bottle for camper
☐ Closed toed shoes and socks—no sandals
☐ Backpack for camper (sunscreen, non-aerosol bug spray, extra socks and hat)
☐ Swim suit, towel and sandals if going swimming that day
☐ Completed BSA Health and Medical Form Parts A&B and a copy of the campers insurance card—campers will not be able to stay at camp unless this is completed—a copy of this form is at the end of this guide.

Tuesday–Friday

☐ Sack lunch (non-perishable) and filled water bottle for camper
☐ Backpack for camper (sunscreen, non-aerosol bug spray, extra socks and hat)
☐ Closed toed shoes and socks—no sandals
☐ Swim suit, sandals and towel if going swimming that day

Late Arrivals and Early Departures

Any participant arriving late must check-in at the registration area to ensure the attendance is properly updated. A camp staff member will then escort the camper to their program area. Any child departing camp early must have a early release form on file with the Camp Director. Early release forms may only be signed by a parent or guardian. When the camper is ready to leave camp, they will be escorted to the registration area where they will be checked out. The adult picking up must be listed on the Health Form as a person allowed to pick-up AND present a valid ID before they will be allowed to check the child out of the camp.

Absenteeism

Please notify the Camp Director in the event of an absence. A staff member will call the homes of any campers not checked-in each day of camp.
Extended Care

Extended Care– Peoria/ Morton Camp

Extended care is offered at each location Monday-Friday starting at 7:30am with last pick up at 5:30pm. Extended care is not included in the price of camp. It is an additional $25/week. Follow the same drop-off and pick-up procedures as previously listed. There will be a $1 fee for every minute after 5:30pm for late pick-ups. For the Peoria Area and Morton Area Camps, extended care is on-site. Drop-off and pick-up is at the Adventure Camp Site location.

Extended Care Transportation—Bloomington Camp

In the Bloomington area, extended care will operate as a transportation option. A bus to and from Comlara Park will pick-up and drop-off your children at Eastland Mall near Applebee’s. The bus will be supervised by camp staff members as well as any adult volunteers. Bus drop-off is at 7:30am and pick-up at 5:15pm at Eastland Mall. The bus will leave Eastland Mall promptly at 7:45am. There will be an additional fee of $1 for every minute after 5:30pm for late pick-ups. Extended care is not included in the price of camp. It is an additional $25/week. Map for Eastland Mall bus location is on page 21.

Extended Care check-in and check-out procedures

Check-in and check-out procedures will be the same as regular hours. The adult picking up must be listed on the health form as a person allowed to pick-up AND present a valid ID before they will be allowed to check the child out of camp.
Policies and Procedures

Adult Walkers

Each pack is required to send one adult “walker” for every five Cub Scouts to walk with the Scouts from station to station and help the Scouts at program areas each day. Walkers do not have to be the same person all week. It is the responsibility of the pack leadership to make sure their pack has the appropriate number of walkers secured for each day and communicate with the Camp Director. A walker does not have to be a registered member of the BSA, however they must be willing to actively help and portray the values of the Scout Oath and Scout Law. Walkers do not have to pay to attend camp. All walkers who volunteer for 5 or more days will receive a free Adventure Camp t-shirt and patch.

Camp Staff

To facilitate the best possible experience for your child, Multi-Week Adventure Camp has a mixture of trained camp staff, community and Scouting volunteers to run the program areas and fun events at camp! Leaders, parents and registered adult volunteers are encouraged to attend Adventure Camp to help at activities or help walk the Scouts to program areas. It is free to attend camp as an Adult Volunteer and it is lots of fun! Adults who volunteer for a week or more will be provided a camp t-shirt free of charge. Contact erin.smith@scouting.org if you are interested in volunteering.

Parents and Visitors

The Cub Scout Program is family oriented and we encourage participation from parents and guardians, especially at camp! Parents, guardians and registered adult volunteers are welcome to attend Adventure Camp at any time. Visitors must check in at the registration area with a valid ID and be clearly marked as a visitor. Adults will be asked to help in a supervisory capacity while at camp. All visitors must have a Health Form on file with the Camp Health Officer and be cleared by the Camp Director to be on camp property.

*Tigers (boys and girls going into 1st grade) must be accompanied by their adult partner throughout the day.
**Siblings**

Siblings who are younger or older than Cub Scout age or are not registered campers are not permitted to participate in camp activities. If an older sibling, who is at least 14 years of age and a registered Scouter, wishes to volunteer, they can do so by emailing erin.smith@scouting.org.

**Lunch and Snacks**

**Bloomington Camp:** All campers and volunteers should bring a sack lunch and a filled, reusable water bottle to camp each day. There will be limited refrigeration available, please pack non-perishable foods.

**Peoria/ Morton Camp:**

**Sommer Farm:** Weeks 1-3 of the Peoria Camp at Sommer Farm will have lunch provided by District 150 meal program free of charge to all campers and volunteers. You may choose to send a sack lunch instead if your child does not like the lunch that day or has allergies. The menu will be available in May. Campers should bring a filled, reusable water bottle to camp each day.

**Kennel Lake:** All campers and volunteers should bring a sack lunch and a filled, reusable water bottle to camp each day. There will be limited refrigeration available, please pack non-perishable foods. Week 4 in Morton will not have lunch provided (it is out of District 150’s meal program service area.)

**All Camps:** Occasionally, there will be snacks provided by the camp. Please make the Camp Director and/or Health Officer aware of specific dietary needs or allergies on the campers Health Form.
**Lost & Found**

If you lose something while at camp, check with the Camp Director to see if the item has been turned in. To make it easier to recover lost items, campers should clearly mark their items with their name and pack number. Lost and found will be kept at the camp for one week and then given to the local office. If you get home and discover a missing item, call the Scout Office near you to report the missing item. One month after the summer camping season, all items in the lost and found will either be donated or thrown away.

<table>
<thead>
<tr>
<th>Bloomington Scout Office</th>
<th>Peoria Scout Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>309-828-6983</td>
<td>309-673-6136</td>
</tr>
</tbody>
</table>

**Alcohol, Drug, & Tobacco Policy**

It is the policy of the Boy Scouts of America that the use of alcoholic beverages and controlled substances are not permitted at any Scouting activity.

Smoking is only allowed in designated areas away from campers and other adults. For the health of all participants, please respect the rights of others and refrain from smoking around the other people. This includes the use of electronic cigarettes, personal vaporizers and electronic nicotine delivery systems that simulate tobacco smoking. See Camp Director for designated areas.

**Pets in Camp**

In compliance with Boy Scouts of America policy, no pets are allowed in camp at any time during the summer camp season.

**Cellphone and WIFI Coverage**

There will be no WIFI at any of the camp locations. Campers should NOT bring cell phones or any electronic devices with them to camp. Camp staff are not responsible for any items lost, damaged or broken at camp. Camp staff will have access to a phone in the case of an emergency.
Health and Safety

Health Forms

All participants (youth and adults) must provide a copy of their Annual Health and Medical Form (Parts A&B) and a copy of their insurance information to participate in Adventure Camp. Parts A&B can be filled out by a parent or guardian. A blank health form can be found on pages 27-29.

Please keep in mind that the health form process is designed for each participant’s personal safety. Diligence in this process makes the difference between a great experience or a poor one. Any participants who do not have a completed health form and a copy of their insurance information will be restricted from all camp activities until a form is completed.

The health forms will be kept on site during the week your child is at camp. You may choose to make a few copies of your child’s health form to easily hand out at Cub Scout events. Health forms should be brought to check-in on the first day of camp.

You may turn your health form in prior to camp at either the Peoria or Bloomington Scout Service Centers if you would like to.

Medication

All medications (including over the counter medication) at camp MUST be listed on the individual’s health form and should be given to the Health Officer upon arrival at camp. ONLY medication listed on the health form is allowed at camp. Parents are encouraged to come to camp and dispense any medication to their own child during the day. If unable to do this, parents must sign the youth’s health form in the space allowing the Health Officer to dispense daily medication. No other person in camp can carry or dispense medication to campers.

The ONLY exception to this is campers or adults with severe allergies and other life-threatening conditions. In this case, participants may carry their medication on them. For example, campers with allergies that may require an Epi-Pen may carry it in their backpack. All instances of this MUST be noted on the health form and made aware to the Health Officer.
Youth Protection Policies

The Boy Scouts of America is committed to the highest standards for youth safety. Youth Protection requires sustained vigilance and we work every day to protect children through mandatory policies.

- The BSA require adults accompanying a Scouting unit who are present at the activity for 72 total hours or more must be registered as a leader, including the completion of a criminal background check and Youth Protection Training.
- One-on-one contact between adults and youth members is prohibited.
- Privacy of youth is respected. Adult leaders and youth must respect each other’s privacy, especially in situations such as changing clothes after swimming.
- The buddy system should be used at all times. The buddy system is a safety measure for all Scouting activities. Buddies are encouraged to select each other, with no more than two years age difference.
- Hazing and initiations are prohibited and may not be included as part of any Scouting activity.
- No bullying. Verbal, physical and cyber bullying are prohibited in Scouting.

All staff or volunteers who spend over 72 hours at Adventure Camp must be registered members of the Boy Scouts of America and have completed a background check and Youth Protection Training. All volunteers, no matter the capacity, should take Youth Protection Training prior to coming to camp.

Youth Protection Training is FREE.
To take Youth Protection Training go to www.my.Scouting.org and create a free account. You’ll receive an email notification with your account information, including a member ID/reference number. From the www.my.Scouting.org portal, click Home then My Dashboard from the menu list. The My Training page displays to take Youth Protection Training. Upon completion, you should forward a copy of your certificate to the Camp Director and print a copy for your records.

Scouts First Helpline (1-844-SCOUTS1)

The protection of youth is the primary obligation of every individual involved in the Boy Scouts of America— including leaders, parents, members, and professionals. The BSA has been and will continue to be vigilant in creating barriers that help prevent abuse and educating those involved in Scouting to recognize and report child abuse regardless of where it occurs. As part of its “Scouts First” approach to the protection and safety of youth, the BSA has established 844-SCOUTS1 (844-726-8871), a dedicated 24-hour helpline to receive reports of known or suspected abuse or behavior that might put a youth at risk. Anyone may call this number at any time.
Medical Incidents

There will be a designated Health Officer on site for all MINOR injuries and medical problems. For serious injuries and medical problems, the Health Officer and Camp Director will contact appropriate emergency services. An adult will accompany ANY individual being transported to the hospital. It is extremely important that all emergency information be up to date, clear and complete on the BSA Health Form. The local police, fire department and hospital have been notified of each camp’s operation and schedule. They are prepared to quickly respond in the event of an emergency and we need to ensure that any medical information we give them is accurate.

Inclement Weather:

Do NOT assume camp will be cancelled due to rain. Bring your rain gear and continue as scheduled. Each camp has an emergency procedure plan the staff will put into place in the event of an emergency or more severe weather. In the unlikely event that camp must be closed due to weather or other emergencies, parents will be notified by camp staff. Parents should check the Multi-Week Adventure Camp website or W. D. Boyce Council Facebook page to see if camp is delayed in cases of severe weather.

The only things that will delay the camp are lightning, tornados or other severe weather warnings. Adventure Camp staff will make the decision to delay the opening or cancel camp for that day as soon as possible in the morning. In the event of severe weather conditions that arise after camp has started, all campers and adults will be directed into designated buildings or areas until the severe weather condition has passed.

Severe Thunderstorm/Tornado Warnings:

Adventure Camp opening will be delayed if a Severe Thunder Storm/Tornado Warning (not a Watch) is in effect at the opening time at the campsite area. Camp will begin one hour after the warning has been lifted. Check the council’s website or Facebook to see if Adventure Camp is delayed in cases of severe weather.

Emergency Procedures

All Camp Staff have taken Hazardous Weather Training. Every area of camp will have a printed and posted emergency plan. In the unlikely event of a major emergency, follow posted procedures. Each camp has designated shelters in cases of severe weather.
Wildlife

Multi-Week Adventure Camps take place in wilderness settings where it is common to encounter various forms of wildlife such as deer, turkey, fox, raccoons, snakes, turtles and more. Bites from animals are extremely rare, but precautions should be taken. Observe wildlife from a distance so they are not scared and do not disturb wildlife just for a better look.

Please send non-aerosol insect repellent (pump, spray, or lotion) that can be reapplied throughout the day.

Everyone should perform an inspection (paying close attention to the head, hairline, legs and ankles) for ticks EVERY day after camp. Ticks can be present throughout the area.

Safety Tips

Safety is the first priority at camp, here are a few helpful tips for a fun and safe camping experience:

- No riding in the back of trucks or trailers
- Wear closed-toed and closed back shoes (No Crocs)
- Always use the buddy system: 2 or more campers go everywhere together
- No fires unless approved by Camp Director and Campground Ranger- Staff will oversee any fires
- Use insect repellents containing DEET or Permethrin
- Shake out clothing and shoes before wearing them
- Check for ticks and tick bites daily (tick bites treated within 12 hours rarely have any long-term effects)
- Notify Camp Health Officer of any allergies or medical conditions
Registration Fees and Deadlines: *Read Carefully*

Cub Scouts are considered registered for Multi-Week Adventure Camp upon checkout of the online registration and all fees have been received and paid in full.

**All Locations**

Regular Rate: $180/ week

Early Bird Rate: $160/week

*Use code “Earlybird” at check out to save $20 per week. Earlybird code ends on May 1.*

Four Week Special: $150/ week

*Use code “4weeks” at check out to receive a discounted rate of $150/ week when you register for all four weeks of Adventure Camp.*

**Jan. 1– May 1:** Day Camp Registration Open– Early Bird Fee Active

**May 15:** Last day to register for Multi-Week Adventure Camp. Registration closes at 11:59pm.

*Note: Registration is not considered complete until payment is received in full.*

<— Scan the QR Code with the picture function on your cell phone to be taken to the website to register.

*Choose Multi-Week Adventure Camp, then choose Register Now!*

*OR go to www.wdboyce.org/summercamps*

Registration can be done at a pack level or an individual level. You can choose to register up to 50 Scouts at one time. If you do not have access to a computer, please call Erin Smith at 309-673-6136 ext. 140 to register over the phone.
Payments

Payment will be accepted online by debit or credit card, electronic check or pay by mail. If paying online with a credit or debit card a 3% service fee will be added to the payment. To avoid the service fee at check-out select “Pay by Mail” option and pay with cash or check at your local Scout Service Center. Mail or bring in a printed receipt and check (made to W. D. Boyce Council) to either Scout Service Center:

<table>
<thead>
<tr>
<th>W. D. Boyce Council</th>
<th>W. D. Boyce Council</th>
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<tbody>
<tr>
<td>Attn: Adventure Camp</td>
<td>Attn: Adventure Camp</td>
</tr>
<tr>
<td>614 NE Madison</td>
<td>203 E. Locust St .Suite C</td>
</tr>
<tr>
<td>Peoria, IL 61603</td>
<td>Bloomington, IL 61701</td>
</tr>
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</table>

Financial Assistance

Registered youth members who cannot pay the total cost of attending summer camp may apply for financial assistance. The fund assists deserving Scouts to attend local council events with a percentage of the cost based on need, it is not intended to provide the total fee.

To apply for financial assistance please fill out the Financial Assistance Form at the end of this packet. Applications are also available at www.wdboyce.org on the resource page. All completed applications must be submitted to the Peoria Scout Service Center by March 27, 2020. The information requested is confidential and necessary to help determine the percentage of need for each applicant. Please print legibly. Applicants must be currently registered members of the W. D. Boyce Council of the Boy Scouts of America. Applications for unregistered persons or without signatures will be returned to the Unit Committee Chair.

Refunds

The W. D. Boyce Council Refund Policy is intended to cover emergencies beyond your control while protecting the council’s pre-paid program expenses based on registration numbers.

The transfer of fees, without penalty, to another camper attending the same program may be requested.

If an emergency beyond your control occurs, write or call the Peoria Council Service Center immediately—309-673-6136. All emergencies will be considered on an individual basis and given the highest consideration when appropriate documentation is provided.

Refund requests will be reviewed by the Volunteer Outdoor Program Committee after the Summer Camp Season. All such requests are subject to a 15% service charge. All program fees collected on-site are non-refundable. Refund request forms received less than 7 days prior to the start of your session at camp will not be considered.
Pack Coordinators

Packs should assign a Pack Coordinator to help with Adventure Camp promotion, registration, paperwork and questions. *Contact erin.smith@scouting.org if you are a Pack Coordinator and would like more information on how you can help your pack.*

Contact

Bloomington Camp Director
Tiffany Oganovich
t.oganovich@comcast.net
(309) 826-8247

Peoria/Morton Camp Director
Jenny Wetterauer
jennywetterauerpack208@gmail.com
(309) 472-8903

Cub Scout Program Executive
Erin Smith
Erin.smith@scouting.org
(309) 673-6136 ext. 140

W. D. Boyce Council Office– Peoria
309-673-6136

W. D. Boyce Council Office– Bloomington
309-828-6983
Bloomington Extended Care Bus Pick-up and Drop-off Location—Eastland Mall

Location boxed in red (next to Applebee’s.)
Application for Financial Assistance
For full consideration, submit by March 27, 2020.
Both sides of form must be filled out completely or it will not be considered!

Financial assistance is available for Cub Scouts, Boy Scouts, Ventures, and Explorers who wish to attend W. D. Boyce Council summer programs. The Council Program Committee will make every effort to honor requests, however, funds are limited.
Financial Assistance Guidelines:
1. The youth must be a registered member of the Boy Scouts of America and reside in the jurisdiction of the W. D. Boyce Council.
2. There must be a demonstrated need for assistance. Reasons why this camp fee can not be afforded must be stated.
3. The youth’s family and/or unit must be prepared to pay at least 50% of the fee.
4. This form must be submitted by March 29, 2019 for full consideration. Incomplete forms (both sides) will not be considered.
5. All information is kept strictly confidential.
6. Assistance can be granted only once in a twelve month period to a scout.
7. All that apply for Financial Assistance will be locked in to the Early Bird Prices whether or not the receive Financial Assistance.

Scout Information
Please print legibly

Youth’s Full Name______________________________________Grade in the fall____________________
Street Address_________________________________________City_________________________Zip______________
Home Phone Number____________________________Currently registered____Yes____No  Unit #____________________
Parent/Guardian Name____________________________________Email ________________________________
Parent/Guardian Phone Number (work)_____________________(home)______________________________
Size of family: Youth______Adults____ Is parent/guardian employed? _____Yes _____No _____Full time _____Part time_____ If spouse, is spouse employed? _____Yes _____No _____Full time _____Part time_____
Specific reasons for assistance, not simply that the fee can not be afforded. Attach more paper if needed, must be completed for full consideration.
__________________________________________________________________________________________
__________________________________________________________________________________________

________________________________________
Parent/Guardian Signature

Assistance requested for:  _____Cub Scout Family Camp  _____Cub Scout Resident Camp  _____ISR Boy Scout Camp
(choose one program only)  _____Cub Scout Day Camp  _____NYLT

Assistance Needed - Must be completed.

Cost of Summer Program $________
Amount the family will pay $________
Amount the youth will pay $________
Amount the unit will pay $________
Total available funds $________
Amount of assistance requested $________
(Not to exceed 50% of program fee)

Date Received__________________Date Reviewed___________________
OFFICE USE ONLY
Amount received with application $__________________________
Amount approved $________________________________________
Council approval by________________________________________
Notice of Approval sent to unit leader_________________________
(date)
Unit Leader must complete this side of form

Based on your knowledge of the family, do you think assistance should be granted?

_________Yes _________No  If yes, explain:

___________________________________________________________________________________________________________
_________________________________________________________________________________________________________
__________________________________________________________________________________________________________
__________________________________________________________________________________________________________

Has the youth been active with the unit? (participation in unit meetings and activities),
Please explain:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_______________________________________________________________________________________________________

Has the youth demonstrated initiative to earn money to help pay for any of his/her activities?
If yes, explain:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_______________________________________________________________________________________________________

Our unit participates in the following activities (mark all that apply):

_________Council Popcorn Sale

_________Family Friends of Scouting Presentation

Unit Leader’s Approval______________________________________________________________

(signature)

Unit Leader’s Name______________________________________________________________

(please print)

Street Address______________________________________________________________

City________________________Zip_________________

Phone number:  (W)________________________________E mail:________________________

(H)_________________________________
Part A: Informed Consent, Release Agreement, and Authorization

Full name: ________________________________
Date of birth: ______________________________

Informed Consent, Release Agreement, and Authorization

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

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In case 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, anesthetics, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physicians or health-care providers involved in providing medical care to the participant. Protected Health Information (PHI) is under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.102, 164.501, etc., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

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

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

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

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. California Penal Code Section 30600(a). My signature below on this form indicates my permission.

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

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

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

List participant restrictions, if any: None

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:
You must designate at least one adult. Please include a phone number:

Name: ________________________________ Name: ________________________________
Phone: ________________________________ Phone: ________________________________

Adults NOT Authorized to Take Youth to and From Events:

Name: ________________________________
Phone: ________________________________

Prepared. For Life.
Part B1: General Information/Health History

Full name: ____________________________

Date of birth: ________________________

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

Address: _______________________________________________________________________

City: ____________________________ State: ___________ ZIP code: ____________ Phone: __________

Unit leader: __________________________ Unit leader’s mobile #: __________________________

Council Name/No.: __________________________________________________________________ Policy No.: __________________________________________________________________

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

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

In case of emergency, notify the person below:

Name: ___________________________________ Relationship: ____________________________

Address: ____________________________ Home phone: ____________________________ Other phone: __________________________

Alternate contact name: ____________________________ Alternate’s phone: __________________________

Health History

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Last HbA1c percentage and date:</th>
<th>Insulin pump: Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
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<tr>
<td>Hypertension</td>
<td></td>
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<tr>
<td>Coronary heart disease/heart attack/angina/heart murmurs/arrhythmia/artery disease, Any heart surgery or procedure, Explain all “yes” answers,</td>
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<tr>
<td>Family history of heart disease or any sudden heart-related death of a family member before age 50,</td>
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<td>Stroke/TIA</td>
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<td>Asthma/reactive airway disease</td>
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<td>Lung/inflammatory disease</td>
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<tr>
<td>COPD</td>
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<tr>
<td>Ear/eyes/nose/nasal problems</td>
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<tr>
<td>Muscular/skeletal condition/muscle or bone issues</td>
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<tr>
<td>Head injury/concussion/TBI</td>
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<td>Allergy problems</td>
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<tr>
<td>Psychiatric/psychological or emotional difficulties</td>
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<td>Neurological/behavioral disorders</td>
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<td>Blood disorders/stroke cell disease</td>
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<td>Fainting spells and dizziness</td>
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<tr>
<td>Kidney disease</td>
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<td>Seizures or epilepsy</td>
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<tr>
<td>Abdominal/stomach/digestive problems</td>
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<td>Thyroid disease</td>
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<td>Skin issues</td>
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<tr>
<td>Obstructive sleep apnea/sleep disorders</td>
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<tr>
<td>CPAP: Yes</td>
<td>No</td>
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<td>List all surgeries and hospitalizations</td>
<td></td>
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<tr>
<td>List any other medical conditions not covered above</td>
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</table>

Prepared. For Life.
Part B2: General Information/Health History

Full name: ________________________________
Date of birth: ___________________________

High-adventure base participants:
Expedition crew No.: ____________________
or staff position: ________________________

Allergies/Medications

Do you use an Epinephrine Autoinjector? Exp. date (if yes) ☐ YES ☐ NO

Do you use an Asthma Rescue Inhaler? Exp. date (if yes) ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Medication</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Food</td>
<td>☐</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Plants</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Insect bites/stings</td>
<td>☐</td>
</tr>
</tbody>
</table>

List all medications currently used, including any over-the-counter medications.

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Reason</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions:
Administration of the above medications is approved for youth by:

Parent/guardian signature: ___________________________ / ___________________________
MD/DO, NP, or PA signature if your state requires signature:

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization

The following immunizations are recommended. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Had Disease</th>
<th>Immunation</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>Tetanus</td>
<td></td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Pertussis</td>
<td></td>
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<td>☐</td>
<td>☐</td>
<td>Diptheria</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Measles/腮/麻疹</td>
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<td>☐</td>
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<td>Polio</td>
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<td>☐</td>
<td>☐</td>
<td>Chicken Pox</td>
<td></td>
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<td>☐</td>
<td>☐</td>
<td>Hepatitis A</td>
<td></td>
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<td>☐</td>
<td>☐</td>
<td>Hepatitis B</td>
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<td>☐</td>
<td>☐</td>
<td>Meningitis</td>
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<td>☐</td>
<td>☐</td>
<td>Influenza</td>
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<td>☐</td>
<td>☐</td>
<td>Other (e.g., HIB)</td>
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<tr>
<td>☐</td>
<td>☐</td>
<td>Exemption to immunizations (form required)</td>
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</tbody>
</table>

Please list any additional information about your medical history:

<table>
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<tr>
<th>Date</th>
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</table>

DO NOT WRITE IN THIS BOX.
Review for camp or special activity.

Reviewed by: ___________________________
Date: ___________________________
Further approval required: ☐ Yes ☐ No
Reason: ___________________________
Approved by: ___________________________
Date: ___________________________
Camper Early Release Form

Instructions

Campers desiring to leave camp prior to the end of the camp day must have a release signed by their parents. Campers will normally be permitted to leave only when accompanied by their parents. If another person is picking up the camper, they must be listed on the campers health form as a person authorized to pick-up campers. Any person picking up a camper must have a valid ID. The form below must be used in handling all such departures. In an emergency, it may not be possible for a parent or guardian to sign the release. In that situation sufficient information must be recorded attesting to the telephone call or means of communication by which word arrived asking for the release of the camper. This information should document the person from whom the call was received, verify telephone confirmation of the parent asking for release of the camper and give detailed reasons for the requested release.

Camper Requested to be Released: ________________________________________________

Home Address: ________________________________________________________________

Home Council: ____________________ Unit: ___________ Campsite: __________________

Reason for request to Leave: ____________________________________________________

Date of Release: ___________ Time: ___________ Method of Travel: ______________________

Adult Accompanied By: ____________________________________________________________

Date of Return: ___________ Time: ___________

In signing this request for release the BSA, the W. D. Boyce Council and the camper’s parents or guardians mutually acknowledge that there will be no refund of the camp fee: and that the BSA or its representatives shall not be held liable for any loss to the camper’s person or property

The requests made by (parent or guardians’ signature except noted for emergency departure request)

Parent or Guardian Signature: ____________________________________________________

Address: ______________________________________________________________________

Telephone: ______________________ Request made (Date & Time): ______________________

Camp Director Approval: _________________________________________________________

ON-SITE RELEASE

Before leaving the camp, campers must check out with the Camp Director.

Signed by Camp Director: ___________________________ Date: ________________

Signed by Parent/Guardian/ Authorized Adult: ______________________________________

Date: _______________