

**Leader's Guide to**

**Cub & Webelos**

**Adventure Camp**

**2009**



**OLD BEN SCOUT RESERVATION**

5735 E County Road 175 N

Winslow, IN 47598

Phone: 812.354.3678

Buffalo Trace Council, BSA

PO Box 3245

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*Welcome to*

**Cub & Webelos Adventure Camp**  
at  
**Old Ben Scout Reservation**

***“Be an Outdoorsman – We’ll show you how”*** is the slogan for Adventure Camp!

When most people think of camp, they imagine crafts, swimming, archery, hiking, and nature. However, here at Old Ben, Adventure Camp is much more than just the programs that we offer, it also happens in the dining hall, on the trails, at the Trading Post, the campfire ring, and your Pack’s campsite.

The magic of Adventure Camp is in the possibilities that it provides each boy to do his best. Our camp is not just a group of buildings, lakes, trails, and program areas. These are just the physical facilities. The real camp is made up of the Scouts, leaders, parents, and volunteer staff. That is how we form a true Scout Camp...a camp that lives and breathes the Promise & Law of the Pack.

Please take some time to read through this Camp Leader’s Guide. Plan your Pack’s summer program promotion night and then be sure to have your Cubs and Webelos register soon for Adventure Camp.

We look forward to seeing you at Old Ben.

**NOTE: Please share this information with your leaders and parents. First come, first served until each session is filled.**



# ATTENDING ADVENTURE CAMP

## DATES:

Session 1: **June 12-14, 2009** Arrive between 5-7pm (CST) on Friday  
Session 2: **July 17-19, 2009** Depart by 9am (CST) on Sunday

## RESERVATIONS:

Packs **MUST** register for Adventure Camp as a Pack, using the enclosed roster. Individual registrations **will not** be accepted unless your pack is not attending.

All Scouts, adults/leaders, and siblings must complete the registration/health history form in order to attend camp. **\*\*THERE ARE NO EXCEPTIONS TO THIS RULE\*\***. Individuals **will not** receive this form. The registration/health history form is included in this guide. **PLEASE REPRODUCE FOR EACH ATTENDEE.** Attach completed forms to the roster and submit to the Eykamp Scout Center.

## CUB SCOUT FEE:

\$60.00 if paid in full or postmarked on or before May 15, 2009  
\$70.00 if paid or postmarked **after** May 15, 2009  
**No registrations accepted after May 29.**

## ADULT LEADER (and siblings) FEE:

\$40.00 if paid in full or postmarked on or before May 15, 2009  
\$50.00 if paid or postmarked **after** May 15, 2009  
**No registrations accepted after May 29.**

**Separate programs are not available for siblings**

**ALL FEES MUST BE PAID IN FULL BEFORE ATTENDING CAMP.**

## COUNCIL REFUND POLICY:

- Reservations canceled at least 30 days prior to the first day of an event will receive a 100% refund.
- Cancellations within the 30 days, but still prior to the first day, will receive a 50% refund.
- No refunds will be made for cancellations made the day of an event.

All cancellations must be made directly to the Eykamp Scout Center in writing or by calling (812) 423-5246 or toll-free (800) 264-5246 and then confirmed in writing.

## ADULT LEADERS:

***Two (2) registered adult leaders or one (1) registered adult leader and a parent of a participant are required. Further, we recommend a one to one ratio of adults to boys. Four boys to one adult is the minimum.***

***At least one (1) adult/leader must be over 21 years of age; the other adult leader must be at least 18 years of age.***

## YOUTH PROTECTION GUIDELINES:

While at camp, all suspected child abuse incidents must be reported to the Camp Director immediately. Anyone suspected of abuse will be directed to leave OBSR property immediately and if necessary law enforcement will be notified.

Consistent with youth protection guidelines, adults will not stay in tents with youth members, unless it is his/her own son. Separate showers for adults and youth are available.

# GENERAL INFORMATION

## **ARRIVAL & DEPARTURE:**

Plan to arrive Friday between 5:00pm - 7:00pm (***please do not arrive prior to 5:00 pm***) and check in at the Welcome Center in the parking lot. Your Pack is asked to check in as a unit and your campsite will be assigned upon arrival.

Plan to eat supper before arrival or bring supper with you to eat in your campsite Friday night.

Departure is on Sunday, no later than 9:00am.

## **FIRST AID:**

A Health Lodge is located at camp and staffed by certified medical personnel. Special arrangements for treatment of more serious cases have been made with physicians and hospitals nearby.

Pack leaders are responsible for transportation to hospitals and doctors. Medical and insurance forms for the injured person should be obtained from the Camp Nurse before leaving camp and are to be turned in upon return.

## **INSURANCE:**

Buffalo Trace Council provides secondary accident and sickness insurance to **registered** Scouts and leaders.

## **VEHICLES IN CAMP:**

All program areas are within walking distance of each campsite. The access roads leading to campsites are for camp vehicles only. Ample parking is provided in the camp parking lot where all vehicles, including campers and camper trailers, must be parked.

## **CAMPSITES:**

Campers are expected to keep their campsite neat and orderly leaving your campsite cleaner than you found it!

## **VALUABLES:**

Spending money and other valuables should be collected by the leader for safekeeping and held until needed. Packs are responsible for handling their own finances. Buffalo Trace Council is not responsible for lost or stolen items.

## **DINING HALL:**

Saturday breakfast, lunch, supper, and a light Sunday breakfast will be served in the Hassee Dining Center.

## **TRADING POST:**

Camp souvenirs, snacks, and sundries may be purchased at the Trading Post.

## **LEAVING CAMP:**

In case of an emergency, it is important to be able to promptly locate everyone who is supposed to be in camp. For this reason, no one, whether Scout, leader, or staff, should leave camp without first checking out and back in at the Camp Office.

# CAMP SAFETY

The principles of the Promise and Law of the Pack are our guiding principles at Old Ben. The following are for the health, safety, and protection of all:

1. Each pack must have **at least** two (2) registered adult leaders or one (1) registered adult leader and a parent of a camper with each group. Further, we recommend a one to one ratio of adults to boys. Four boys to one adult is the minimum.
2. All personal BB guns and ammunition, archery equipment, and sheath knives are to be left at home. All necessary equipment will be provided at the shooting sports area.
3. Buffalo Trace Council will not permit alcoholic beverages, drugs, or persons under the influence of the same to remain at camp.

Remember, leaders are setting an example for youth to follow. Please announce to all parents coming to camp as part-time leaders that all alcoholic beverages, drugs, and inappropriate behavior are banned from camp property.

4. All medications must be labeled with the appropriate name and Pack # (including aspirin, cough syrup, etc.) before coming to camp. Medications requiring refrigeration can be kept in the Health Lodge.
5. No flames in tents! Stoves, lanterns, mosquito coils, and other such items may not be used in tents.
6. Fires are to be built only in the designated fire pit and under proper adult supervision. *Never leave a fire unattended.* Make sure to put it "dead out" with water. Each Pack must fill out the fireguard chart given to them at check in, display on their campsite bulletin board, and abide by its rules.

**Compressed or liquid gas stoves or lanterns are to be used only under adult supervision. Propane cylinders and cans of liquid fuel must be stored under lock and key.** Keep these in your vehicles - under **NO** circumstances are they to be stored in the campsite. Liquid fuels cannot be used on open fires or to start a fire. Empty cylinders and cans must be taken home for disposal. Fireworks are prohibited.

7. Smoking or use of tobacco by anyone under 18 years of age will not be permitted. All others are to refrain from using tobacco in tents and on trails. All cigarettes should be field stripped and the paper and filters placed in trash containers. **NO SMOKING policy is in effect in all camp buildings, and we strongly encourage you to refrain from smoking in the presence of youth.**
8. Shoes are to be worn at all times to prevent cuts and bruises.
9. Anyone leaving camp must sign out at the Camp Office and sign back in upon return. All visitors must register upon arrival at the Camp Office.
10. All leaders' and visitors' vehicles will be parked in the camp parking lot during camp. **Only camp vehicles are permitted beyond the parking lot. NO EXCEPTIONS.**
11. Designated quiet hours are observed from 10:00 p.m. to 6 a.m.
12. Damage to facilities, equipment, and the natural surroundings are unacceptable. Packs will be billed for any damages and may result in expulsion from camp.
13. Release of Camper from Camp:
  - A. Campers may be released to registered adult members of their unit.
  - B. Campers may be released to those listed on their "Release of Camper Form."
  - C. Campers may be released to an adult not authorized on their "Release of Camper Form" upon verbal confirmation and/or written authorization of authorized person as specified on camp records. Picture identification may be required.

2009 Cub & Webelos Adventure Camp						
<b>Friday</b>						
5:00 PM	Arrival & Check-in					
7:30 PM	Leader's Meeting					
10:00PM	Taps--Quiet Time					
<b>Saturday</b>						
7:50 AM	Flag Ceremony					
8:00 AM	Breakfast					
	<b>Earth</b>	<b>Wind</b>	<b>Fire</b>	<b>Water</b>	<b>Sky</b>	<b>Light</b>
	<b>Lake Side Program</b>			<b>Land Side Program</b>		
<b>9:00 AM</b>	Swimming	Boating	Fishing	Archery	BBs	Ourdoorsman
10:00AM	Fishing	Swimming	Boating	Outdoorsman	Archery	BBs
11:00AM	Boating	Fishing	Swimming	BBs	Outdoorsman	Archery
12:30PM	Lunch					
1:00 PM	Quiet Time					
	<b>Land Side Program</b>			<b>Lake Side Program</b>		
<b>1:30 PM</b>	Archery	BBs	Outdoorsman	Swimming	Boating	Fishing
2:30 PM	Outdoorsman	Archery	BBs	Fishing	Swimming	Boating
3:30 PM	BBs	Outdoorsman	Archery	Boating	Fishing	Swimming
4:45 PM	Free Time					
5:50 PM	Flag Ceremony					
6:00 PM	Supper					
8:00 PM	Camp Fire					
10:00PM	Taps--Quiet Time					
<b>Sunday</b>						
7:50 AM	Flag Ceremony (optional)					
8:00 AM	Simple Breakfast (optional)					
9:00 AM	Final Departure					





**KEY**

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| 1. Staff Site                     | 18. Hassee Dining Hall & Trading Post |
| 2. Pohoka                         | 19. Campmaster Lodge                  |
| 3. Cherokee                       | 20. Camp Office                       |
| 4. Oubache                        | 21. Cabin 2                           |
| 5. Shawnee                        | 22. Cabin 1                           |
| 6. Herron's Nest                  | 23. Waterfront                        |
| 7. Kickapoo                       | 24. Staff Shower House                |
| 8. Bald Eagle                     | 25. Main Shower House                 |
| 9. Cree                           | 26. Quartermaster Building            |
| 10. Piankeshaw                    | 27. Archery Range                     |
| 11. Maintenance                   | 28. Rifle Range                       |
| 12. Ranger's Residence            | 29. Shotgun Range                     |
| 13. Environmental Learning Center | 30. Gilwell Field                     |
| 14. Becker Point                  | 31. C.O.P.E. Course                   |
| 15. Welcome Center                | 32. Climbing Tower                    |
| 16. Morris Chapel                 | 33. Outdoor Skills Area               |
| 17. Campfire Circle               | 34. Wilderness Site                   |



# GEARING UP FOR CAMP

## CAMP EQUIPMENT PROVIDED IN YOUR CAMPSITE

Picnic table	Shovel	Rake
Broom	Trash Bags	Fire Barrel
*Wash Bucket	**Toilet Paper	Hose

\*check out from the Quartermaster

\*\*pick up at the Hassee Center

## WHAT YOUR PACK SHOULD BRING

Here is a recommended list of equipment your Pack might want to bring:

- U.S. Flag
- Pack Flag
- Lantern
- Den Flags
- First Aid Kit
- Valuables Box
- Clothesline Rope

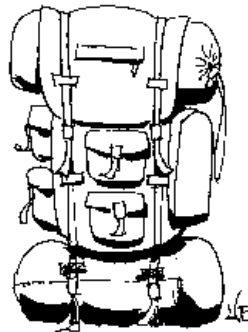


## WHAT A SCOUT SHOULD BRING

This is a list of items that a Scout should bring with him to camp:

### Clothes

- Scout Uniform
- Activity Uniform
- Scout Socks
- Socks
- T-Shirts
- Light Jacket
- Scout Hat
- Jeans and/or Long Pants
- Poncho/Rain Gear
- Scout Belt
- Swim Trunks
- Underwear
- Tennis Shoes
- Sturdy Shoes



### Must Haves

- Prescription Medications

### Personal Hygiene

- Shampoo & Soap
- Comb/Brush
- Tooth Brush & Toothpaste
- Towels

### Equipment

- Tent
- Water Bottle or Canteen
- Day Pack
- Flashlight & Batteries
- Insect Repellent
- Sunglasses
- Sunscreen
- Camera & Film
- Fishing Pole & Tackle

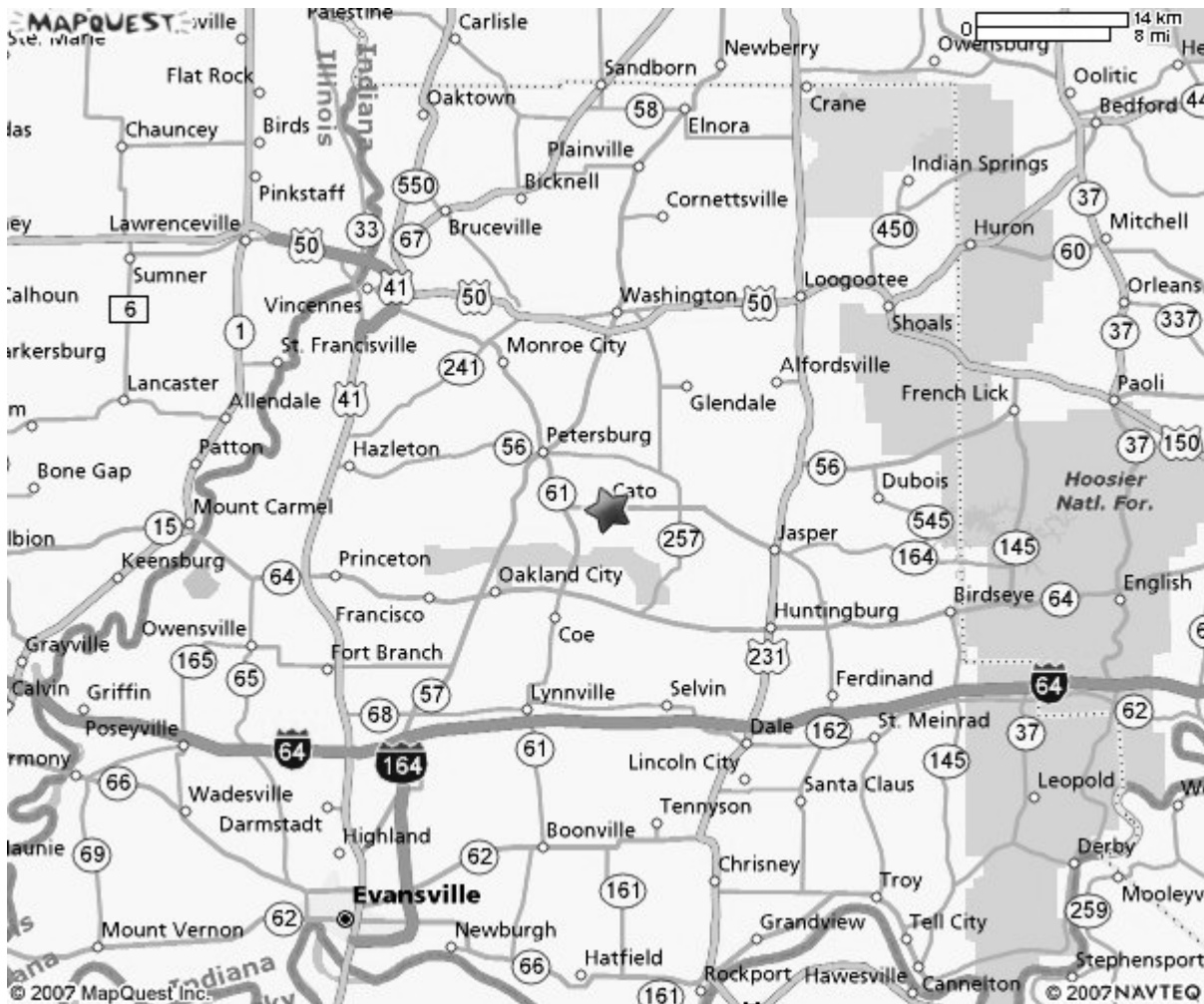
### Bedding

- Pillow
- Sleeping Bag or Blankets & Sheet
- Air / Foam Mattress or cot

**Note:** Items such as video games, CD/DVD/MP3 players, radios, expensive electronics or watches, etc. should be left at home.

**Reproduce this page & map on reverse side  
for your parents.**

# Old Ben Scout Reservation



From Evansville, take Hwy 57N to SR 64E, go through Oakland City to SR 61N. Turn left on 61N at light. Go through Arthur, Winslow, and Campbelltown. At the light by Pike Central High School, turn right onto SR 56E. Go 3.8 miles and turn left at the Midwest Gas Transmission Compression Station sign onto 550E, go 1 mile to CR 175N. Turn right onto CR 157N and proceed into camp.

# Camper Medication Form

Camper: \_\_\_\_\_ Unit #: \_\_\_\_\_

Campsite: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

**1. Medication Required:** (To be filled in by parent/guardian)

Name of medication: \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Possible common reaction to medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) of administration: \_\_\_\_\_

Comments regarding medication: \_\_\_\_\_

This form has been designed to meet the requirements for the Boy Scouts of America. It offers benefits to the Scout in assuring that the proper medication is given at the proper time, to the leader in knowing exactly what the parent/guardian is requesting the leader to do, and to provide a record that the request was carried out.

**NOTE: All prescribed medication must be kept in the original container bearing the physician's name, directions for use, and the patient's name.**

**2. Prescribing Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**3. Permission by Parent/Guardian to Administer Medication:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Indicate "none" in any space above if left blank.

I hereby request that my child be administered his/her prescribed medication at camp by the approved Camp Health Officer or the leader(s) listed above. I understand that the medication at camp will be administered exactly as per the directions as prescribed by the above physician.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**4. Record of Administered Medication:**

- a. If given by Camp Health Officer, it will be posted in the medical log.
- b. If given by leader, a record must be kept on reverse side of this form.

**5. All medications must be kept in a locked box in the campsite. All medication needing refrigeration will be kept in the Health Office and administered by the Camp Health Officer.**

**6. This record must be turned into the Camp Health Officer to become a part of the camp's records at the close of camp.**

**Reproduce this page & reverse side  
for your parents.**



PLEASE REPRODUCE FOR EACH PERSON.

# 2009 Adventure Camp

## Registration & Health History Form for Youth & Adults

Complete and submit one form for each Scout and each adult.

Pack # \_\_\_\_\_ Give this registration form & fees to your den leader.

\_\_\_\_\_ Session 1: June 12-14, 2009 \_\_\_\_\_ Session 2: July 17-19, 2009

**First come, first served until session filled up**

### PERSONAL HEALTH AND MEDICAL HISTORY

To be filled out for each youth or adult participant (Please print in ink)

#### IDENTIFICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, medicines, insects, plants, etc.  Yes  No Explain \_\_\_\_\_

#### GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

Explain \_\_\_\_\_

List any medications to be taken at camp \_\_\_\_\_  
(Must be in original medicine container. Only send needed quantities)

List any physical or behavioral conditions that may affect or limit full participation \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc. \_\_\_\_\_

#### IMMUNIZATIONS:

	Yes	No		Yes	No		Yes	No		Yes	No
Tetanus toxoid	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	Rubella	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>	<input type="checkbox"/>			

I give permission for full participation in BSA programs, subject to limitations noted herein. I also grant permission to Buffalo Trace Council to use any pictures taken for promotional purposes.

**In case of emergency**, I understand every effort will be made to contact me (if an adult: my spouse or next of kin). In the event I cannot be reached, I hereby 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 (or for me, if an adult).

Date \_\_\_\_\_ Signature of parent/guardian or adult participant \_\_\_\_\_

### CAMPER (YOUTH) RELEASE AUTHORIZATION

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp staff of Buffalo Trace Council, Boy Scouts of America. In addition, to those mentioned above, parents or guardian signing this form, only those individuals listed below are authorized to remove the aforementioned individual from camp. Please notify leaders if potential custody problems exist.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_



# 2009 Old Ben T-Shirts

What is a great camp memento?

WHAT IS A GREAT WAY TO SHOW  
SCOUT SPIRIT?

What is a great way to keep  
your Pack looking good?

**EASY, A 2009 OLD BEN T-SHIRT!!!**

Old Ben Scout Reservation is excited to offer the opportunity to pre-order Camp T-shirts. These beefy shirts are 100% cotton and by pre-ordering, you ensure you will get the sizes and quantities you need. Only a very limited number of T-shirts will be available at the Camp Trading Post.

To guarantee at T-shirt all orders and fees are due by **Friday, May 1, 2009**, at the Eykamp Scout Center. T-shirts will be waiting for you at Old Ben when you check-in.

Contact Person \_\_\_\_\_ Unit No \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

<b>SIZES</b>	<b>QUANTITY / PRICE</b>	<b>COST</b>
Youth Small	_____ X \$10.00	\$ _____
Youth Medium	_____ X \$10.00	\$ _____
Youth Large	_____ X \$10.00	\$ _____
Small	_____ X \$10.00	\$ _____
Medium	_____ X \$10.00	\$ _____
Large	_____ X \$10.00	\$ _____
XL	_____ X \$10.00	\$ _____
2XL	_____ X \$10.00	\$ _____
3XL	_____ X \$10.00	\$ _____
	<b>TOTAL COST</b>	<b>\$ _____</b>



# 2009 Adventure Camp Roster

Pack # \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Campsite \_\_\_\_\_

LEADERS/ADULTS (please print)	Fees Paid	Health Form (attached)	T-Shirt Size (if ordered)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

SCOUTS (please print)	Fees Paid	Health Form (attached)	T-Shirt Size (if ordered)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Total Fees Paid

List additional names on reverse side

Submit roster, individual registration/health forms and **ONE** check to:

#6034

**BUFFALO TRACE COUNCIL, PO BOX 3245, EVANSVILLE, IN 47731**