



CAMP
CHIEF LITTLE TURTLE
The Spirit of Adventure

2024 LEADER'S GUIDE
CUB CAMP

Pirates



Anthony Wayne Area Council, BSA

260-432-9593

www.ccltbsa.org

www.awac.org

Leader Guide is
Subject to Change
Revision Date: 1/25/2024

A Message From Our Camping Committee...

Dear Scouts and Scouters,

As warmer months approach, we find ourselves eagerly anticipating the upcoming summer camp - an exciting time filled with camaraderie, learning, and adventure. The Camping Committee is thrilled to announce this year's program, designed to ignite your passion for exploration and personal growth. We encourage each of you to approach this experience with an open heart and a willingness to embrace new challenges. Let's use this year's summer camp as an opportunity to hone our skills, broaden our horizons, and create lasting memories together. We can't wait to see you all there, ready to embark on an incredible journey of discovery and fun together!

Yours in Scouting,
Camping Committee

For information about Chief Little Turtle, visit
<http://historycenterfw.blogspot.com/2013/06/mesekinnoquah-little-turtle.html>

Your 2024 Leadership Team

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**Camp Chief Little Turtle is proud to be Nationally Accredited by the
Boy Scouts of America.**

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Goals, Behaviors, and Outcomes: Through the use of the aims and methods of scouting campers will develop a passion to be ambassadors of the scouting program. Campers will embody the scout oath and law while having fun and doing their best while participating in a safe and quality program.

STAFF KUDOS

Our staff LOVES hearing from you! If you see any of them going above and beyond, please let us know! At the end of every week, we celebrate all of our kudos together. Email compliments to ccltkudos@gmail.com or use the QR code found in many areas around camp.



The Most Important Stuff

If you don't read anything else, at least read this!...

Leadership Policy

PROOF OF REGISTRATION OF ALL ADULTS IS REQUIRED BY THE TWO WEEK PRIOR MEETING. UNREGISTERED ADULTS WILL BE TURNED AWAY FROM CAMP ON CHECK-IN DAY, NO EXCEPTIONS. If staying beyond 72 hours, you must have health form C, in addition to A&B. Units are responsible for providing two-deep leadership at all times.

First Day Arrival/Orientation

For your convenience, we have pushed back arrival time. Your unit may arrive between 10am and noon on check-in day. Pack your own lunch, and plan to finish eating at your campsite before 1pm. Orientation tours will run from 1-4pm, with a leader's meeting in the Dining Hall from 4:30-5:30pm. Scouts will take swim tests if needed. Please send one leader to the camp office to check in all scout/adult medications during the orientation tour. All medications should be in their original containers, and scouts should only bring the amount needed to get through the week at camp. If scouts require epi-pens or inhalers, they should bring 2 (one to keep on themselves, and one to keep in the health lodge).

Two Week Prior Meeting

This year, the two-week out meeting will be held in person at the AWAC office (8315 W. Jefferson Blvd. Fort Wayne, IN 46804) on July 1 at 6:30pm. There are several items you should bring with you to this meeting:

- Health forms A, B1, & B2 for all scouts and adults attending camp.
- **Food allergy/dietary restriction Google forms completed for all applicable scouts/scouters in your unit.**
- All program fees paid should be paid prior to this meeting.
- Pre-Camp Swim Check forms with Lifeguard Certification.
- Requests for CPAP battery chargers.
- **Proof of adults' current YPT training & registration numbers, printed from Scoutbook or your local registrar.**

NOTE: If you cannot attend the recommended in-person two week prior meeting at the council office, you may mail all of the paperwork listed to our camp office at 2282 W 500 S Pleasant Lake, IN 46779 postmarked by 7 days before your scheduled meeting date, AND attend the meeting via Zoom on same date and time.

Showers

Units MUST have an adult present when their scouts are using the shower facility. One key per unit will be issued to an adult leader and should remain in adult possession during the duration of camp.

Food Allergies

It is *absolutely imperative* that all food allergies be communicated to our Kitchen Manager by the two-week prior meeting, so we have time to make the necessary accommodations. Please complete our Dietary Restrictions Google Form for every person with dietary restrictions /allergies in your unit.

<https://forms.gle/S6iC3jNVFBtUAEK3A>



Important Dates

June - December

- Choose campsite & pay deposit
- Designate Camp Coordinator

January

- Contact council to set up camp promotion at a unit meeting.
- Register your unit for camp on our online system.

February

- Secure two-deep leadership
- Attend Summer Camp Kickoff

March

- Ensure all overnight leaders are registered and YPT trained
- Collect all health forms for youth and adults and check for completion
- Dietary restrictions & food allergies form filled out online. See link on pg. 3.

April

- Early Bird deposits \$50/scout due April 12.

June

- Make final payment for registration to council office or online by June 1 (See pg. 23 for details.)
 - \$130/scout (if \$50 early bird applied; \$180 total)
 - \$195/scout (if early bird did not apply)
 - \$105/adult
 - \$105/den chief

July

- Attend two-week prior meeting at council office.
- **Bring the following items:**
 - Health forms for all scouts and adults attending camp. (Make sure that form A Is signed by the parent.)
 - Food allergy/dietary restriction forms filled out online.
 - Payment for remaining fees
 - Pre-Camp Swim Check forms with Lifeguard Certification
 - Requests for CPAP battery chargers.
 - **Proof of adults' current YPT training & registration numbers**
- Hold a "shake-down" meeting to ensure all scouts have necessary items packed for camp

**NOTE: If you cannot attend the recommended in-person two week prior meeting at the council office, you may mail all of the paperwork listed to our camp office at
2282 W 500 S Pleasant Lake, IN 46779
postmarked by 7 days before your scheduled meeting date, AND attend a meeting via Zoom prior to your arrival date.**

SESSION 1

JULY 17 - 20, 2024

Two-week prior meeting: Mon. July 1, 2024
6:30pm @ AWAC Office

SESSION 2

JULY 21 - 24, 2024

Two-week prior meeting: Mon. July 1, 2024
6:30pm @ AWAC Office

SESSION 3

JULY 24 - 27, 2024

Two-week prior meeting: Mon. July 1, 2024
6:30pm @ AWAC Office

Planning for Visitors at Camp

We encourage families to visit their scouts at camp any time. You can explore camp, and experience our closing campfire program with your scout! Please be sure to check-in at the camp office upon arrival at camp, and receive your visitor tag/wristband. You're welcome to eat with your unit that evening as well. Visitor meals are \$10 each, and can be purchased at least 24 hours in advance, at camp office by a camp coordinator/ Cubmaster/adult leader. Visitor meals CANNOT be purchased day of.

Check-In Day

- **FIRST** Check-In at the camp office building between 10am - 12pm
 - You will receive a parking pass, camp ID bracelets, and your welcome packet.
- One vehicle & trailer per unit will be allowed to proceed to the campsite at a time. After the first day, all vehicles need to be in the parking lot. No pop-up campers, travel trailers, RV's, personal golf carts, motorcycles, UTV's, or ATV's allowed at camp.
- Set up campsite and ***eat the packed lunch you brought with you by 1pm.***
- **At 1pm**, a Staff Guide will meet you at your campsite to begin your orientation tour.
Scouts should bring:
 - bathing suit & towel
 - water
 - One leader should bring all medications to the camp office to check them in with the health officer.
- **4:30pm Leader's Meeting in Dining Hall**
- 5:30pm Supper rotations begin
 - Wear Class A Uniforms
- 6:15pm Flags on the Parade Field
- 7:15pm Emergency Drill
- 7:45 - 9:30pm Opening Campfire
- 11pm Lights Out

Preparing for Check-Out

Units are welcome to check out whenever it is most convenient for them, before 11am on Check-Out day. Please alert our camp office early in the week, when you plan to leave by signing up for your Commissioner Checkout Inspection Time in the camp office. This will allow us to ensure that your checkout packet, is prepared for you when you check out. Please fill out the appropriate paperwork to let our kitchen staff know how many breakfasts to send to your campsite on Check-Out day.

Check Out To Do List: (to be completed throughout the week...)

- Complete Last Day Breakfast Form (even if your unit does not want breakfast, please turn in your form with zeros, so that we know you haven't forgotten to order your meal. Turn form in to the kitchen staff, or in the mailbox behind the Dining Hall ***by the end of your second day.***
- Sign up for your Commissioner Checkout Inspection time slot in the camp office ***by the end of your second day.***
- Check the Lost and Found (outside the Trading Post) often, especially on your last day of camp.
- When your unit is ready to leave camp, please bring the Commissioner Checkout Form, the med box, and the shower keys to the camp office to turn them all in.
- Once everything is turned in, we will provide you with your checkout packet.

COMMISSIONER CAMPSITE CHECK-OUT FORM

CAMPSITE:

UNIT:

COMMISSIONER:

TENTS:

- No ropes or hangers inside or outside of tent
- No trash in tents
- Tie all flaps and corners closed
- Tighten all support ropes
- All cots and mattresses present

DONE

CAMPSITE:

- Police campsite of all trash and bag for pickup
- Stack firewood neatly and clean out ring
- Fill all holes from gateway
- Return any moved picnic tables (2 per patrol site)

LATRINE & WASHSTAND

- All seats down
- Wash basin, toilets, and urinal clean
- Toilet paper stocked
- Sweep off wash pad and latrine floor

TOOLS AND LATRINE KIT:

- Shovel/Broom/Rake
- Toilet brush (stays in latrine)

CLEAN BULLETIN BOARD

NOTE ALL HOLES, RIPS, AND MOSQUITO NETTING TENTS

NOTES:

--

PLEASE REMEMBER

- STOP BY CAMP OFFICE TO CHECK-OUT
- DROP OFF THIS SHEET
- PICK UP YOUR CHECKOUT PACKET
- VISIT THE TRADING POST FOR
- SOUVENIRS
- BLUE HERON PATCHES AND PINS

DRIVE SAFELY! SEE YOU NEXT YEAR!

LAST DAY OF CAMP BREAKFAST ORDER FORM

FILLED OUT BY: _____ UNIT: _____

PICKED UP BY: _____ CAMPSITE: _____

Each person may get up to 1 cereal, 1 pop-tart, 1 yogurt, 1 fruit, & 2 milks.
Please fill out accordingly.

Options	Quantity
Cheerios	
Coco Puffs	
Fruit Loops	
Strawberry Pop-Tarts (2 per package)	
Chocolate Pop-Tarts (2 per package)	
Yogurt	
White Milk	
Chocolate Milk	
Fruit	

Please return to KITCHEN MANAGER no later than WEDNESDAY Leader Meeting at 9am. If no breakfast is needed, RETURN FORM to indicate so.
Thank you!

What's New?

Shooting Sports Block House



Staff Cabins



Aquatics Building



Hammock Campsites



Share Your Pictures With Us!

A picture is worth a thousand words! Many of us take a TON of pictures while we're at camp! We invite you to share those memories with us by emailing your pictures to cclt.photos@gmail.com. Then we can share them with the rest of the campers by adding them to our slideshow in the Dining Hall, or maybe even using them to promote camp in the future!

New Dining Hall Procedures

Unit meal times will rotate every other day, so that you will get to enjoy the benefits of eating early, and eating late. In addition, tables will be assigned by unit number to ensure that everyone has the opportunity to sit with their friends. Our staff will randomly choose a different table to sit with, every evening at supper, and we encourage you to ask them lots of questions! Finally, we ask that units sign up in the camp office to clean the dining hall after meal service at least once during your stay.

Camp Programs

Trail Awards - The Pokagon-Kekionga Trails Association maintains six marked trails that cover over 35 miles throughout the wilderness at the Anthony Wayne Scout Reservation. All trails begin at the CCLT Parking Lot and are well marked. Trail maps and guides are available through the camp office or the council website. Trail patches and medals are available for purchase through the Trading Post. For more Information go to <https://www.ccltbsa.org/pokagon-kekionga-trails>

Program Philosophy: The Anthony Wayne Scout Reservation provides a 1200 acre playground of fun and adventure for all scouts. Scouts have the opportunity to do things they may not have the opportunity to do elsewhere, which is why our program does not just focus on advancement, but fun with a purpose in the out-of-doors! Each year, the Camping Committee works with the Camp Leadership Team to develop a well-rounded experience that includes theme related, age-appropriate activities, shooting sports, aquatics, nature, and games. Although not a priority when planning program, scouts will also have an opportunity to earn some advancements. All units will receive a report at the end of the session that details any requirements that may have been completed during their stay.

PROGRAM CENTERS

UPDATED TO REFLECT NEW CUB SCOUT REQUIREMENTS!

Wolves - Air of the Wolf & Paws of Water

Bear - Bear Habitat & Salmon Run

Webelos - Webelo Walkabout & Aquanaut

AOLs - Modular Design & Swimming

FLEX: This is an unscheduled time for your den or pack to design your own program. There are plenty of program opportunities that will be available for you to choose from, including fishing, disc golf, volleyball, hiking, or just relaxing in your campsite! A list of suggested activities will be made available upon your arrival. Achievement Bags are available to be checked out from the Admin Building.

OPEN PROGRAM: Program areas will be open for your den or pack to choose from. Programs include (but are not limited to) BB guns, archery, swimming, boating, fishing, branding, field games, and more! Open programming is available on the second evening from 7:30 - 9pm. Units are also encouraged to conduct their own evening campfire program to promote unit camaraderie.

PACK COMPETITION - AVAST YE! WE BE SEARCHIN' FOR A HEARTY CREW TO HELP US DISCOVER THE LOST TREASURE OF CAPTAIN JACK RUMORED TO BE ON THE ISLAND OF TORTUGA! ONLY WITH YOUR HELP WILL WE BE ABLE TO HOIST THE COLORS AND SET SAIL TO FIND THE LOST TREASURE! ALL PACKS ARE ENCOURAGED TO CREATE THEIR OWN PIRATE SHIP TO SET SAIL AROUND THE ISLAND OF TORTUGA DURING PROGRAMMING. AWARDS WILL BE PRESENTED FOR THE BEST PIRATE SHIP AT CLOSING CAMPFIRE!

Trails

Pit Lake Trek (5mi)

Deer Hollow Trek (5mi)

Mastodon Trek (5mi)

Chief Little Turtle Trail (10mi)

Kay Houtz Legend Trail (10mi)

Me-She-Kin-No-Quah

Mountain Bike Trail (10mi)



Cub Resident Camp Schedule (Subject to Change)

TIME	DAY 1	DAY 2	DAY 3	DAY 4	
6:30 AM		Reveille			
7:15 AM		Camp Breakfast		Breakfast in Campsite	
8:30 AM		Assembly & Flag Raising			
8:45 AM		Leader Meeting			
9:00 AM		Session 1			Final Checkout 11am
10:00 AM	Unit Arrival & Campsite Setup. Lunch is NOT provided.	Session 2			
11:00 AM		Session 3			
12:00 PM	Lunch				
1:00 PM	Rest Time				
2:00 PM	Camp Orientation. Staff Guides will meet units in campsites.	Session 4			
3:00 PM		Session 5			
4:00 PM		Session 6			
4:30 PM		Leader Meeting			
5:15 PM	First Shift Dinner				
6:00 PM	Assembly & Flag Lowering				
6:15 PM	Second Shift Dinner				
7:15 PM	Opening Campfire	Open Program (7:15 - 9pm)	Closing Campfire		
7:30 PM					
9:00 PM					
10:00 PM	Taps (Lights Out)			1/11/23	

What's the Difference?

Cub Camp is AWESOME, isn't it?! We agree! We don't want the fun to end just because a scout has aged out of the program. Once a scout is a member of a ScoutsBSA unit, he or she can attend resident camp with their troop/crew, and spend six days and six nights immersed in the fun here at Camp Chief Little Turtle! That's DOUBLE the amount of time spent at camp, with friends, in the outdoors, away from electronics and screens! The adventures get bigger and better, too! We even have a First Year Camper Program designed just for scouts attending camp for the first time with a ScoutsBSA unit, where they will be split into patrols and learn many of the basics of the program such as basic first aid, fire building, reading a map and compass and more! And since our First Year Camper Program only lasts two days, they will be able to rest, enjoy camp, and even maybe sign up for a couple of merit badges all in their first week of camp! That's what we like to call an adventure!

WORKERSHIP PROGRAM and APPLICATION

Since its founding, a primary aim of Scouting has been to teach self-reliance and promote a strong work ethic. Just as important, perhaps, is the goal that no Cub Scout, Scouts BSA Member, Venture Scout, Sea Scout or Explorer be prevented from participating in a Scouting activity because of lack of funds. The Workership program helps us achieve these objectives.

Each year partial Scout camp fees are awarded to those Scouts who wish to go to camp but are unable to pay. This money is given in return for some form of service to the school, church, the scout's chartered institution or community. **Workership funds are only available to Anthony Wayne Area Scouts** and can only be used to support attendance at camping programs of the Anthony Wayne Area Council.

To participate the Scout must:

1. Identify a "good turn" work project. This should be a project of the scout's own choosing. **Unit Service projects, such as Scouting for Food, do not qualify, nor do service projects completed as part of a Scout's advancement program count for Workership Projects.** Projects are recommended to be a minimum of 10 hours with significant effort on the scout's part, appropriate for his age.
2. Secure their Scout Leader's approval that the project is worthwhile.
3. With the unit leader, fill out the Workership application and submit to Council Camping Director, Anthony Wayne Area Council, 8315 W. Jefferson Blvd., Fort Wayne, In 46804. You may also email to Julie.Robison@Scouting.org. Please keep a copy for your records.

Submit the application no later than May 1, 2024 for BSA & June 1, 2024 for Cubs.

Approval of the project by the unit leader must be received before any work is begun.

4. Complete the project as agreed to the satisfaction of the unit leader.
5. The unit leader is responsible to see that the project is completed and will verify project completion prior to camp. **NOTE:** Completed projects must be submitted to the council office.

Workerships can be awarded for up to 50% of **early bird** camp fee. Workerships are awarded strictly on the "honor system". No proof of income is required, although the program is designed to help a low-income youth who could not otherwise afford to go to camp.

Properly approved and completed Workership projects will result in credit applied in the Scout's name toward the camp for which he completed the Workership.

Those who wish to contribute to the Workership Fund may do so by sending their contribution to: Council Camping Director, Anthony Wayne Area Council, 8315 W. Jefferson Blvd., Fort Wayne, In 46804. Please indicate that you would like your contribution to go to the Council Workership Fund.

WORKERSHIP PROPOSAL APPLICATION

Before any work is begun, leader and Scout's family should complete this form, including leader signatures.

Date of Application _____ Week attending camp _____
Unit # _____ District (Circle One): Lincolnway Pokagon Summit Wabash Valley
Scout's Name _____ Age _____ Rank _____
Address _____
City _____ State _____ Zip Code _____
County of Residence _____ (McComb Family Foundation Scholarship eligibility)
Parent Email _____ Parent Phone _____
Leader's Name _____ Phone _____
Email _____

PROJECT MUST BE LISTED.

What project do you plan to do? _____

Beginning date of project _____ ending date of project _____

Number of hours expected to complete project? _____

Does pack/troop participate in Friends of Scouting? _____

Did pack/troop sell popcorn? _____ . Is any popcorn income to be used for camp? _____

Reason for need (Please be specific) _____

I certify that our family needs assistance. A camping experience will not be possible without assistance from the Workership Fund.

Parent's Signature _____ Date _____

Unit Leader Signature _____ Date _____

Amount of Camp Fee (early) \$ _____

Unit or Institutional Assistance \$ _____

Amount Family will pay \$ _____

Workership Amount Requested \$ _____ **50% of early bird fee maximum**

After completing form submit to: Council Camping Director, Anthony Wayne Area Council, 8315 W. Jefferson Blvd., Fort Wayne, In 46804. You may also email to Julie.Robison@Scouting.org or fax to 260-436-1824.

COUNCIL USE ONLY:

Date Report Received _____ Amount Authorized \$ _____

Credit Issued By _____ Date _____

Recorded _____ Notification sent by mail _____ email _____

Has projected been completed? _____

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____
or staff position: _____

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 your 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 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 protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., 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 also 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/film/videotapes/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/film/videotapes/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 19915[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

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, if I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve. I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(if participant is under the age of 18)

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: _____

Name: _____

Phone: _____

Phone: _____



Prepared. For Life.®

Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit 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?

Yes	No	Condition	Explain
		Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
		Family history of heart disease or any sudden heart-related death of a family member before age 50.	
		Stroke/TIA	
		Asthma/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date: _____
		List any other medical conditions not covered above	



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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?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
		Medication				Plants	
		Food				Insect bites/stings	

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.

Medication	Dose	Frequency	Reason

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.

Yes	No	Had Disease	Immunization	Date(s)
			Tetanus	
			Pertussis	
			Diphtheria	
			Measles/mumps/rubella	
			Polio	
			Chicken Pox	
			Hepatitis A	
			Hepatitis B	
			Meningitis	
			Influenza	
			Other (i.e., Hib)	
			Exemption to immunizations (form required)	

Please list any additional information about your medical history:

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

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____

DCS - Camp Chief Little Turtle Medications Administration Record

Prescription or Over-the-Counter Medications & Medical Assisted Devices

MEDICINE: All medications must be in their ORIGINAL container. Medications not provided in their ORIGINAL container WILL NOT be accepted. Scouts on medications must have a completed medication record sheet signed by their parent upon arrival to camp. **PLEASE ONLY bring the amount needed for your stay at CCLT.** Those with epi-pens, inhalers, etc. should bring **TWO**, marked with the Scout's full name. An extra shall be kept in the Health Lodge as a precaution.

All medications will be kept in the Medication Lockbox at the unit's campsite and will be the responsibility of each unit's leader. Only those medications that require refrigeration or other temperature controlled storage will be kept in the Health Office.

Please complete and return this form w/ your health form to your unit leader.

Name: _____ Unit #: _____ Age: _____

Dietary or Medical Concerns: _____

Parent Signature(if needed) _____ Date _____

Over-the-Counter Medication: I authorize the medical staff of Camp Chief Little Turtle to administer the following over-the-counter medications. *Please circle your choices.*

- ▶ Anti-histamines ▶ Acetaminophen ▶ Ibuprofen ▶ Cough Drops ▶ Anti-itch cream
 ▶ Pepto-Bismol tablets ▶ NONE ▶ OTHER: _____

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

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Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled

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8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____ Days to be

given: _____ Method: ▶ Oral ▶ Injected ▶ rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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12:30 pm							
6:30 pm							
9:00 pm							

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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____ Days to be

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	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

Prescription Medication: Medication: _____ # in bottle _____ Dose: _____

Days to be given: _____ Method: ▶ Oral ▶ Injected ▶ Rectal ▶ Topical ▶ Inhaled

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:00 am							
12:30 pm							
6:30 pm							
9:00 pm							

*The above grids to be completed by unit leader or staff only!

Medical Assisted Device:

All Scouts/Scouters needing electricity for medical assisted devices need to notify Council Office with your units final payment. **Availability is limited.** No electricity is available in the campsites.

Please list the type of equipment you will be bringing: _____

Will electricity be needed for the device(s)? YES NO Will you be bringing a personal battery for powering your equipment? YES NO

Battery charging is available in the Administration Office for these needs.

CCLT Pre-Camp Swim Test

Complete the Unit Swim Classification Test. This test must be led by an approved by the Council unit leader, and conducted by a recognized/certified Instructor. Record the results of the Swim Classification test on the form provided. Details on the requirements for the Swim Classification test are found on the back of this sheet. Any Scout not listed on the Unit Swim Classification Test Form will be labeled a non-swimmer until he or she completes a swim classification test at camp. Upon arrival in camp, we will confirm your unit roster, and your unit will be able to proceed with the remaining orientation. Those that have completed the swim test will not need to complete a swim check at camp.

SPECIAL NOTE: When swim test are conducted away from camp, or at the point of activity, the Camp Aquatics Director shall at all times reserve the authority to review or retest all participants to ensure that standards have been maintained.

The following steps must be followed to complete the unit swim classification test prior to camp.

1. The swim classification test must be conducted by one of the following individuals: Aquatics Instructor (BSA Camp School trained), Aquatic Supervisor (BSA Camp School trained), BSA Lifeguard, certified lifeguard, swimming instructor, or swim coach. When the unit goes to summer camp, each individual will be issued a buddy tag under direction of the Camp Aquatics Director.
2. **Attach a copy of the certificate card of certifying instructor, to the unit swim classification record.**
3. Complete the classification test after January 1, of the summer camp year. (Any illness or injury to a Scout or Scouter between the swim test and camp needs to be addressed at camp.)
4. Bring unit swim classification record to the two-week prior meeting.

Swim Classification Procedures

The swim classification of individuals participating in a Boy Scout of America activity is a key element in both Safe Swim Defense and Safety Afloat. The swim classification tests should be renewed annually, and no more than 6 months prior to summer camp.

All persons participating in BSA aquatics are classified according to swimming ability. The classification tests and test procedures have been developed and structured to demonstrate a skill level consistent with the circumstances in which the individual will be in the water. The Swimmer's Test demonstrates the minimum level of swimming ability for recreational and instructional activity In a confined body of water with a maximum 12-foot depth, and with shallow water footing, or a pool or pier edge always within 25 feet of the swimmer. The various components of each test evaluate the several skills essential to the minimum level of swimming ability. Each step of the test is important, and should be followed as outlined below:

Swimmer's Test - Jump feet first into water over the head in depth, level off, and begin swimming. Swim 75 yards in a strong manner, using one or more of the following strokes: side stroke, breast stroke, trudgen, or crawl; then swim 25 yards using an easy resting back stroke. The 100 yards must be swum continuously, and include at least one sharp turn. After completing the swim, rest by floating.

Beginner's Test - Jump feet first into water over the head in depth, level off, swim 25 feet on the surface, stop, turn sharply, resume swimming as before, and return to starting place.

Reference Guide

Camp Office: The camp office hours are between 8am and 9pm, but are subject to change. Camp office opens June 3, 2024 and closes July 27, 2024. Outside of these dates, please contact the council office.

Camp Phone/**Emergency # 260-475-5099** Camp Fax # 260-475-1709

Mail Service: Mail can be sent and received. Stamps and writing materials are available at the Trading Post. Mail arriving after campers have left will be marked "Return to Sender".

Scout's Name _____ . Unit # _____

Anthony Wayne Scout Reservation

2282 W 500 S

Pleasant Lake, IN 46779-9643

Lost and Found: Most lost and found items will be kept outside of the Trading Post, while valuable items will be kept at the camp office. AWAC is not responsible for any unit or personal items that may be lost, stolen, or damaged. Items are disposed of one week after each camp session.

Visitor Policy: We encourage families to visit their campers at camp and explore our facility! All visitors must sign in and receive a visitor tag/ bracelet at the camp office. If you need meals during your visit, you can purchase those for \$10/meal ahead of time through your camp coordinator/scoutmaster/adult leader. Visitor meals **MUST** be purchased in advance so that our kitchen has time to prepare.

Personal Bikes: Personal bikes may be used on our trails at camp. Units are responsible for transporting them to and from camp. CCLT is not responsible for personal bikes used for program. Helmets and shoes must be worn at all times.

Fireworks/Firearms: Personal firearms, fireworks, ammunition, and bow hunting equipment are strictly prohibited. Sheath knives used as camp tools may be used by adults 18 years and older, **NOT** by youth.

Campfire Policy:

Fire Rings: All fires must be burned in a fire ring. No materials are to be burned outside of the fire ring. Fire rings and firewood will be provided by the Anthony Wayne Scout Reservation.

Fuel: Only wood provided by the Scout Reservation (with the exception of kiln dried lumber) is to be burned at camp. Liquid fuels (white gas, lantern fuel, lighter fluid, etc.) must be stored in a ventilated, locking box a minimum of 20 feet from all buildings, tents, and open flames.

Area and Safety Considerations: Units must complete and follow the Fireguard Plan. Plan will be provided upon arrival. It is recommended that an area of 10 feet around the fire ring area be checked for and cleared of flammable debris.

Personal Gear: A suggested list of personal gear can be found on page 24. Everything you need can easily be packed in a backpack or duffel bag. The less you bring, the easier it is to transport to your campsite. Scouts should bring at least two pairs of shoes, including one pair of hiking boots/shoes. All personal gear should be marked with the Scout's name and unit number.

Camp Housing: CCLT provides tented and non-tented sites. Tented sites have BSA wall tents, designed for two scouts or adults. Tents stand on a wood platform and include cots, mattresses, and mosquito netting. Each site has latrine facilities, a wash stand, and a flagpole. Camp management reserves the right to re-assign campsites and units. All units should plan on sharing the site with other units as there are multiple unit sites in each campsite.

Camp Showers: Located near Shawnee campsite. Units **MUST** have an adult present when their scouts are using the facility. Adults and scouts are responsible for keeping the shower house and restrooms in good order. One key per unit will be issued to an adult leader. If more keys are needed, please see the camp office.

Cell Phone Policy: Cell phone usage is at the discretion of the leaders.

BSA Rules and Policies: CCLT complies with and enforces all BSA rules, policies, and procedures. A complete list of National BSA policies can be found in the Guide to Safe Scouting, or at www.scouting.org.

Reference Guide

Vehicles In Camp: One vehicle per unit at a time ON CHECK-IN DAY ONLY. Each unit is allowed one trailer in the campsite. DO NOT transport anyone outside the passenger cab of your vehicle at any time. Everyone riding in a vehicle MUST have and wear a seat belt at all times.

Emergency Plans: Detailed plans have been developed to handle emergencies that may arise at camp. Details about these plans will be made available to leaders upon arrival at camp. Unit leaders are encouraged to leave their cell phone number at the camp office in case we need to contact someone from the unit.

Drugs/Alcohol/Smoking: Alcohol and illicit drugs are strictly prohibited. Violators will be removed from camp by the Steuben County Sheriff's Department. All medications MUST be kept in the lockable med box provided by CCLT. Adults are not permitted by BSA Policy to smoke or vape in front of Scouts at any time. Please consult the camp administration for designated smoking areas.

USDA Discrimination Statement: *In accordance with Federal Law and US Department of Agriculture policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.*

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

It is the policy of the Indiana Department of Education not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability, in its programs, activities, or employment policies as required by the Indiana Civil Rights Law (I.C. 22-9-1), Title VI and VII (Civil Rights Act of 1964), the Equal Pay of 1973, Title IX (Educational Amendments), Section 504 (Rehabilitation Act of 1973), and the Americans with Disabilities Act (42 USCS & 12101, et seq.).

Inquiries regarding compliance by the Indiana Department of Education with Title IX and other civil rights laws may be directed to the Title IX Coordinator, Indiana Department of Education, Room 229, State House, Indianapolis, IN 46204-2798, or by telephone to (317) 232-6610 or the Director of the Office for Civil Rights, US Department of Education, 111 North Canal Street, Suite 1053, Chicago, IL 60606-7204 (312) 886-8434 Jennifer McCormick, Indiana Superintendent of Public Instruction.

Medication Lock Box Procedures

- Upon arrival at camp, all medications will be reviewed by the Health Officer during check-in of unit physicals. Medication not requiring refrigeration or temperature controlled storage will be placed in a medication box (camp provided), a lockable storage container to be kept at the unit's campsite.
- Each unit will have a Unit Leader who will be assigned a key to the medication box.
- Medication boxes must be store in a locked location, such as a unit trailer or leader vehicle.
- Each day the Unit Leader will complete the Medication Distribution Log. This log will be reviewed by the Health Officer periodically throughout the week.
- At check-out, all medications must be returned to the scout(s) from both the campsite medication box and the Health Officer. All medication boxes and Medication Administration Records must be returned to the Health Officer.

ALL medications MUST be in their ORIGINAL container. Medication not provided in their original container will NOT be accepted. Please only bring the amount of medication needed to get through the week. Scouts on medications must have a completed medication record sheet signed by their parent upon arrival. Those with Epi-pens, inhalers, etc. should bring TWO marked with the scout's full name. An extra shall be kept in the medication box as a precaution. Medications needing refrigerations will be kept in the Health Office.

Special Accommodations:

- **Electrical Needs:** All scouts and scouters needing electricity for medical assisted devices need to notify the council by your two-week out meeting. Camp can provide battery charging in the camp office during the day with your provided battery. No electricity is available at the campsite.
- **Dietary Needs:** All scouts and scouters having special dietary needs and allergies should complete and submit the Dietary Restrictions Form in the health form. The kitchen staff will take these needs under advisement, and contact you with any necessary questions. Email dietary needs and questions to the Kitchen Manager at cclt.kitchen@gmail.com.
- **Accessible Transportation:** If you require assistance, you must contact the Council Office prior to camp. **No personal ATV's, UTV's, or golf carts are permitted.**

Reference Guide

Camp Security: ALL campers, leaders, and visitors must check-in AND out of camp at the Administration Building. It is strongly recommended that scouts do not leave camp. All authorized participants are identifiable by a provided wristband. Visitors will be identified with a "visitor tag", and staff will wear appropriate identifying markings. Unauthorized persons are to be reported to the camp office immediately.

Early Release Policy: Any person needing to leave camp outside of the regular check-in/out time, must do so at the camp office. Any person under the age of 18 must have written consent from their parent/legal guardian on file in the camp office if they need to leave with another adult. This form is available in Part A of page 1 of the annual health form.

Medical Form: The Annual Health Form (Form #680-001, 2019 printing) requires an annual physical by youth and adults regardless of age, and signature of a licensed healthcare practitioner. These forms need to be turned in at the two-week prior meeting for every person attending camp. Please keep a copy for your files. Everyone attending CCLT overnight (scouts and adults) must turn in a health history before participating in any camp activities.

The Annual Health and Medical Record is valid for 12 months, and Parts A, B, and C must be completed for all persons attending camp for a length of 72 consecutive hours or longer. Parts A and B must be completed for all persons staying overnight at camp for less than 72 consecutive hours. UNDER NO CIRCUMSTANCE WILL A MEDICAL FORM BE ACCEPTED BY THE CAMP PERSONNEL WITHOUT THE SIGNATURE OF A LICENSED PRACTITIONER (MD, DO, Nurse Practitioner, or Physicians Assistant) for persons staying at camp for more than 72 consecutive hours.

MEDICAL EXAMS WILL NOT BE PROVIDED AT CAMP.

First Aid: The camp provides a Health Officer on-call 24 hours a day. All injuries requiring additional treatment will be sent to Cameron Memorial Hospital. According to BSA policy, the camp must insure that injuries receive full medical attention in a timely manner. The camp will notify parents if additional treatment is required. ALL injuries (no matter how small) must be reported to the camp Health Officer.

Illness: When a scout or scouter's health is in question prior to their arrival at camp, it is better for them to delay their trip to camp. If any camper becomes ill during camp, it must be reported to the Health Officer. If a scout becomes too ill to participate in the program, or is potentially contagious, their parents will be contacted regarding transportation home. The Camp Health Officer and Camp Director may ask ill scouts and scouters to leave camp in order to prevent the spread of illness.

Incident Reports and Medical Bills

The Boy Scouts of America medical insurance does not automatically cover medical bills.

1. The Unit Leader must complete an Incident Report Form with the camp medical staff.
2. All medical bills must be submitted to the person's family insurance.
3. Any portion not covered by the family insurance may be submitted to the BSA insurance by providing all medical bills and insurance statements to the Anthony Wayne Area Council. The Boy Scouts of America medical insurance is a secondary insurance coverage. It is primary coverage for those members without medical insurance.

Camp Fee Schedule: The following payment schedule will be used for Scout Resident Summer Camp. Scouts and adults must register and make payments through their unit Summer Camp Coordinator. Units are responsible for making all payments to the council.

Scout Camper \$180 if paid by May 31. \$195 if paid after May 31. Adult \$105. Den Chief \$105

Patrol Sites \$100 deposit per site (due with reservation). Each tented site includes 5 wall tents on a wood platform with two cots and mattresses. Deposit is credited to your final balance.

Early Bird deposits of \$50/scout due by April 12, 2024, AND remaining fee of \$130/scout paid by May 31, 2024. Include names of scouts attending.

Program Fees: Camp fees cover the cost of attending camp. Your scouts will want to have some extra spending money for Trading Post souvenirs.

Workership: Workerships are awarded to scouts needing financial assistance (AWAC scouts only). Applications are due no later than May 1 for Scouts BSA and June 1 for Cubs. Applications will be reviewed by the Council Camping Committee. Units and families will be notified prior to payment deadlines.

What to Pack

Youth - Please bring no more than you will need for two nights at camp. Mark all Items with name and unit number. Pack in a duffel bag or backpack - light is right!

Personal Equipment

Sleeping Bag
Pillow
Pajamas
Duffel Bag or Backpack
Water Bottle/Drinking Cup

Clothes

Official Scout Uniform (Class A)
T-Shirts (3-4)
Shorts (2-3 pairs)
Long Pants (1-2 pairs)
Jacket/Sweatshirt
Swim Suit (scouting appropriate)
Underclothes (6 sets)
Extra Socks (suggested 2/day)
Shoes (2 pairs - boots and athletic shoes)

Carry With You At Orientation

Swim Suit & Towel (wear suit under clothes)
Rain Gear
Water Bottle/Drinking Cup
Pencil & Notebook
All medications and forms

Personal Care Items

Bath Towel & Wash Cloth
Shower Shoes optional
Toothbrush & Toothpaste
Soap
Comb or Brush
Toiletries
Deodorant

Highly Recommended

Flashlights & Batteries
Mosquito Repellent/Netting
Sunscreen (SPF 15+)
Watch
Scout Handbook
Clothes Bag for Dirty Clothes
Camp Chair
Day Pack containing 10 Essentials (with moleskin in first aid kit)
Money for souvenirs and snacks at the Trading Post

Optional Equipment

Camera/Phone (needed for photography merit badge)
Sunglasses
Stamps & Envelopes
Religious Materials
Whittling Chip
Wallet & Money with ID

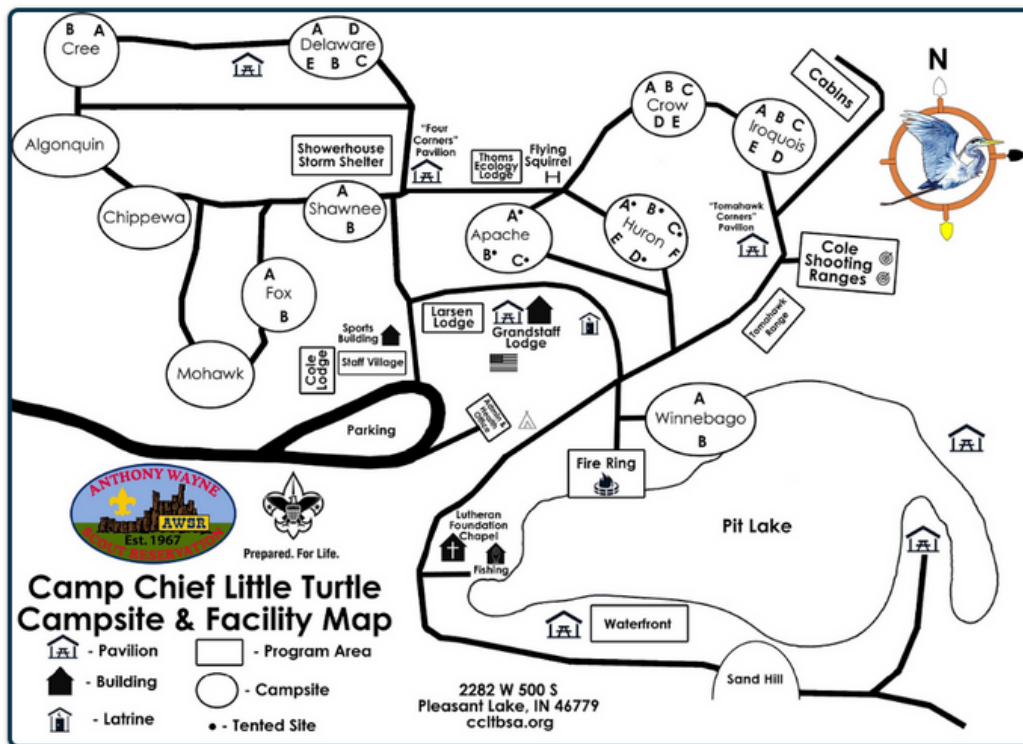
Unit Equipment

Troop Flag
American Flag
Extra Tarps
Props for Favorite Skits & Stunts
Camp Leader Guide
Emergency Numbers for all Parents
Clipboard
Alarm Clock (battery powered)
Biodegradable soap
Clothes line & pins (50-100ft)
Lantern for latrine light
Hammer
Cooking Equipment (if desired)

DO NOT BRING

Generators
Sheath Knives
Alcohol
Drugs
Fireworks





CAMPSITE DESCRIPTIONS

There are twelve campsites throughout Camp Chief Little Turtle. Each site consists of several patrol sites (some tented and others are non-tented), a pit latrine, wash stand, fire ring, picnic table, and an ample supply of firewood. Each tented patrol site includes 5 wooden platforms, canvas tents, cots, and mattresses. Mosquito nets for all campers are available to check-out through the Camp Quartermaster.

Campsite	Area Type	# of Patrol Sites	Tented/Non-Tented
Algonquin	Long Wooded	1	Non-Tented
Apache	Wooded	3 (A, B, C)	All Sites Tented
Chippewa	Small Wooded	1	Non-Tented
Cree	Wooded	2 (A, B)	Non-Tented
Crow	Large Open Field	5 (A, B, C, D, E)	Non-Tented
Delaware	Wooded	5 (A, B, C, D, E)	Non-Tented
Fox	Large Wooded	2 (A, B)	Non-Tented
Huron	Part Wood/Part Field	6 (A, B, C, D, E, F)	A,B,C & D are Tented; E & F are Non-Tented
Iroquois	Large Open Field	5 (A, B, C, D, E)	Non-Tented
Mohawk	Large Wooded	1	Non-Tented
Shawnee	Large Wooded	2 (A, B)	Non-Tented
Winnebago	Wooded over Lake	2 (A, B)	Non-Tented

Trading Post & Quartermaster Hours

Day 1: 1:00 - 5:00pm
6:15 - 7:00pm
& After Campfire - 9pm

Day 2: 8:00 - 9:15am
12:30 - 2:00pm
6:30 - 8:00pm

Day 3: 8:00 - 9:15am
12:30 - 2:00pm
6:30 - 8:00pm
& After Campfire - 9pm

Day 4: 8:00 - 10:00am



Meal Times

Please arrive at the Dining Hall with your whole unit 5 minutes prior to your scheduled meal time to wash hands and lineup. A staff member will direct you into the Meal Line once your entire unit is accounted for.

