

A CENTURY OF SCOUTING

1924 - 2024



# CAMP WORKCOEMAN SCOUTS BSA SUMMER PROGRAM GUIDE



2024

CENTENNIAL SUMMER

[campworkcoeman.org](http://campworkcoeman.org)

A CONNECTICUT RIVERS COUNCIL SCOUT CAMP

# Welcome to Camp Workcoeman



Dear Scouts, Parents, and Scouters,

Greetings from Camp Workcoeman as we celebrate our 100th anniversary! A century of Scouting memories on the shores of West Hill Pond is truly something to celebrate. A number of centennial events are planned including spring and fall camporees.

You'll notice that, in addition to the day events for Scouts BSA members and open and specialty programs for units and families that we've offered the past couple summers, Camp Workcoeman is once again offering several week-long overnight camping programs this summer. This is all backed by the same central leadership you've relied upon for years which ensures we're here and ready to provide consistent fun, learning, and challenging opportunities to grow and develop each individual and troop program. We're excited to be able to offer programs that can be custom designed to meet your needs in developing a summer Scouting program.

This summer, we're proud to once again offer a week-long National Youth Leadership Training (NYLT) course. The NYLT course gives the Council a second course to better meet its high demand, and is being developed in collaboration with those that have long run the course at J. N. Webster.

For individual Scouts, patrols, and troops, we have a variety of single and multiple day merit badge sessions spread over four weeks this summer. The schedule of offerings and specific details can be found within this guide.

Units can reserve campsites for any number of nights, any day of the week, and work with the Workcoeman staff to take advantage of facilities and programs. A sample of 'à la carte' program suggestions is provided, and arrangements can be made to meet the interests of your Scouts.

Families are invited to spend time at Camp Workcoeman in our designated Family Camping Site. Everyone can join in the fun of camp, go for a swim, enjoy a relaxing getaway, or take advantage of nearby attractions. Units and families are now able to order meals in the Dining Hall.

Despite all the changes over the last few years, know that we're working to ensure a quality program exists to meet your individual needs. Our programs are developed to either enhance your current week at camp with additional overnights or provide a shorter program if a week at camp is not available to you this summer. At Camp Workcoeman, we believe that Scouting and a summer camp program are transformational. We want to be a part of your story and help you be the best you can be.

There's something for everyone. We can't wait to see you back at Camp Workcoeman this summer!

*Lou Seiser*

Camp Director  
lseiser@campworkcoeman.org

*Jeff Seiser*

Director of Cub Scout Programs  
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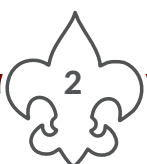


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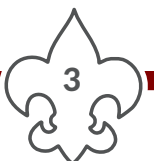
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# Summer 2024 @ WORK COEMAN

For Scouts BSA participants, the 2024 summer program at Camp Workcoeman is divided into four main parts: troop camping & programs, family camping, a daytime merit badge program, and week-long training courses. Scouts can participate either as an individual, a unit, or a family, and programs can be combined as desired. For example, a unit can choose to rent a campsite for several days where they rent the shooting ranges one day, have their Scouts participate in merit badges another day, and provide their own program the final day. These programs are not designed to replicate a traditional summer camp experience; rather, they are intended to supplement one through a variety of flexible programs.



## Troop Camping & Programs

- Choose Any Summer Night(s)
- Platform Tents and Cots Provided
- Cook Your Own Meals
- Choose to Rent Other Camp Facilities



## Family Camping

- Choose Any Summer Night(s)
- Deluxe Tents Available
- Campsite Cooking or Dining Hall Meals
- Fun for the Whole Family



## Merit Badge Program

- One/Two Session Daytime Merit Badges
- Clinics and Scuba Available
- Two Aquatics Weeks
- Two Outdoor Skills Weeks



## Training Opportunities

- National Youth Leadership Training (NYLT)
- Counselor-in-Training (CIT) Program

# Summer Calendar



July 2024

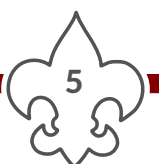
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1	2	3	4	5	6
Unit and Family Camping						
Outdoor Skills & More — Week 1						
Cooking Merit Badge — Session 1						
Fly Fishing Merit Badge						
7	8	9	10	11	12	13
Unit and Family Camping						
National Youth Leadership Training (NYLT)						
Aquatics & More — Week 1						
Scuba Certification Camp — Week 1						
14	15	16	17	18	19	20
Unit and Family Camping						
Cub Scout Day Camp — Week 1						Summer Centennial Ce
21	22	23	24	25	26	27
Unit and Family Camping						
Outdoor Skills & More — Week 2						
Cooking Merit Badge — Session 2						
Fly Fishing Merit Badge						
28	29	30	31	1	2	3
Unit and Family Camping						
Aquatics & More — Week 2						
Scuba Certification Camp — Week 2					Advanced Scuba Certification Camp	
Cooking Merit Badge — Session 3					Baloo's Cub & Family Camp	
Fly Fishing Merit Badge						
4	5	6	7	8	9	10
Unit and Family Camping						
Advanced Scuba Certification						
Cub Scout Day Camp — Week 2						
Baloo's Cub & Family Ca						

August 2024

## Year-Round Opportunities



Camp Workcoeman is a year-round Scouting destination with both individual and unit programs offered. Campsites and cabins are available for your unit to rent. Many of our à la carte programs are available outside the summer season, including shooting, climbing, COPE, and canoeing. Additionally, we offer weekend merit badge opportunities throughout the year. For full details and to register, visit <https://campworkcoeman.org/>. Be sure to follow our Facebook page to stay informed of all our latest offerings. If you have any questions or would like assistance in planning an event at camp, email Camp Director Lou Seiser at [lseiser@campworkcoeman.org](mailto:lseiser@campworkcoeman.org).





## Campsite Reservations

Units can reserve campsites for any number of nights throughout the summer—both midweek and weekend. Canvas tents, cots, mattresses, stocked latrines, and hot showers will be provided. The cost is \$25/night. Units can provide their own food (ice and/or refrigeration available upon request) or pay by the meal to eat in the Dining Hall. Please visit <https://campworkcoeman.org/2024/> to make your reservation.

While units are staying in camp, they can, if they so choose, reserve additional facilities or have their Scouts participate in our daytime merit badge offerings.

## Program Reservations and Info

Various camp facilities can be reserved by your troop for programs. You can take advantage of these experiences while staying at camp during an overnight camping trip or as a day event. A full list of activities, costs, and included items is available below. To reserve a facility, please email Jeff Seiser ([jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org)) at least two weeks in advance; payment will be collected at camp. Contact Jeff with any questions you may have and to inquire about the feasibility of any other activities not listed.

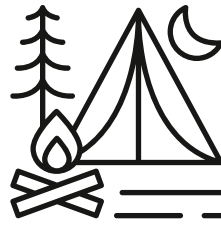
Program	Cost	Included Items
Archery	\$5/Shooter	Archery Range Rental (up to 3 hours), Instructor, Equipment
BB Shooting	\$5/Shooter	BB Range Rental (up to 3 hours), Instructor, Equipment, Ammunition
Boating	\$10/Boater	Boating Area Rental (up to 3 hours), Lifeguard, Boats and Equipment, Swim Tests
Climbing	\$35/Climber	Climbing Wall Rental (up to 6 hours), Instructors, Equipment
Discover Scuba	\$50/Diver	Introductory Scuba Program (3 hours), Instructors, Equipment
Mountain Biking	\$10/Bike	Bikes, Helmets (day long)
Pistol Shooting	\$15/Shooter	Range Rental, Pistol Program (3 hours), Instructors, Equipment, Ammunition
Rifle Shooting	\$15/Shooter	Rifle Range Rental (up to 3 hours), Instructors, Equipment, Ammunition
Shotgun Shooting	\$15/Shooter	Shotgun Range Rental (up to 3 hours), Instructors, Equipment, Ammunition, Clays
Swimming	\$5/Swimmer	Swimming Area Rental (up to 3 hours), Lifeguards, Swim Tests
Team Building Games and Low COPE	\$20/Participant	COPE Course Rental, Team Building Program (3 hours), Instructors

## Meals

In addition to preparing their own meals, Troops, Packs, and families staying overnight at camp may order and enjoy prepared meals in the Dining Hall. Meal requests must be made at least two weeks in advance.

Please see the order form (in the Appendix) for pricing and full details.





Family camping will be available in the Tee Pee campsite, which features standard and deluxe tents as well as an upgraded latrine and access to the camp shower house. This opportunity is ideal for families with a Scout attending multiple concurrent day programs or those that just want to spend a few days outdoors. Several options are available: (1) bring your own tent for \$15/night, (2) standard 7'x9' canvas tents with cots for \$25/night, and (3) deluxe 12'x16' canvas tents with bedding for \$50/night.

Families are invited to spend time at Camp Workcoeman in our designated Family Camping Site. Everyone can join in the fun of camp, go for a swim, enjoy a relaxing getaway, or take advantage of nearby attractions. Families have the choice of bringing and cooking their own food in the campsite or ordering meals in the Dining Hall (please see order form in the Appendix).

To reserve your campsite, visit <https://campworkcoeman.org/2024/> and select the Tee Pee campsite once redirected to the Council reservation website.

## Time

Any Night(s) All Summer

## Cost

\$15 / Bring Your Own Tent  
\$25 / Standard Canvas Tent  
\$50 / Deluxe Canvas Tent

## Register

[campworkcoeman.org/2024](https://campworkcoeman.org/2024)

## Cub Scout Opportunities

Camp Workcoeman has several additional activities available for families of children in Cub Scouts. Be sure to check out <https://campworkcoeman.org/2024/> for more information and to register.

### Cub Scout Day Camp

Camp Workcoeman will once again host a week long Cub Scout Day Camp! It is a five day program perfect for Tiger, Wolf, and Bear Scouts. Day camp has all the fun of a summer camp experience without the overnight element. Scouts will have a blast swimming, learning new skills, becoming a top shot on the BB and archery ranges, learning new games on the Sports Field, and having fun in the Crafts Lodge. Day Camp runs Monday through Friday 8:30 AM – 4:30 PM; there are two weeks to choose from: July 15–19 and August 5–9, 2024.

### Baloo's Family Camp

One special weekend (August 2–4, 2024) of program filled Cub Scout family camp will be offered! Baloo's Family Camp at Camp Workcoeman is a great opportunity for Cub Scouts to enjoy a summer camp experience without the worries of being away from family. Located along the shore of beautiful West Hill Pond in New Hartford, Baloo's Family Camp is open to all Cub Scouts and their families as the program centers around fun for all! You will take advantage of our various program areas with activities including BB/archery shooting, swimming, crafts, and more!



# Merit Badge Program



The merit badge program consists of one- and two-day merit badge offerings split between Aquatics Weeks and Outdoor Skills Weeks. A five-day Scuba certification course is also available. Classes are offered Monday through Friday with several bonus skills clinics also available.

## Cost

\$50 / One Day Sessions  
\$75 / Two Day Sessions  
\$100 / Cooking Merit Badge

## Time

8:30 AM – 4:30 PM  
Mon./Tues., Wed.,  
and Thurs./Fri.

## Register

Visit  
[campworkcoeman.org/2024](http://campworkcoeman.org/2024)  
to sign up



July 8–12, 2024  
&  
Jul. 29–Aug. 2, 2024

## Merit Badges Offered

Canoeing  
Fishing  
Kayaking  
Lifesaving  
Oceanography  
Rowing  
Small-Boat Sailing  
Swimming

SCUBA BSA  
Climbing  
First Aid  
Fish & Wildlife Mgmt.  
Geology  
Reptile & Amphibian Study  
Soil & Water Conservation  
Sports

July 1–5, 2024  
&  
July 22–26, 2024

## Merit Badges Offered

Animal Science	Orienteering
Basketry	Pioneering
Camping	Weather
Environmental Science	Wilderness Survival
Forestry	Wood Carving
Indian Lore	Archery
Leatherwork	Pistol Shooting Program
Mammal Study	Rifle Shooting
Metalwork	Shotgun Shooting
Nature	



## Additional Offerings

Fly-Fishing Merit Badge  
Scuba Diving Merit Badge & Certification

National Youth Leadership Training (NYLT)  
Cooking Merit Badge

CAMPWORKCOEMAN.ORG





# Additional Information



## Check-in Procedures

Check-in will take place daily at 8:30 AM at the Chapel Pavilion located at the edge of the main parking lot. All participants need a completed health form on file at camp. If possible, please mail forms to camp (Attn: Health Officer, Camp Workcoeman, 169 Camp Workcoeman Rd., New Hartford, CT 06057) two weeks prior to attending; otherwise, bring forms to check-in. Part C (physical) is required for all Scouts attending summer programs. For one and two day programs the physical must be in the last three years; for three or more day programs, the physical must be within the last year. Only one copy of the health form needs to be submitted for the summer. Please do not come to camp if you are experiencing COVID-19 symptoms. Additional information and forms are found later in this guide.

## Lunch Information

Lunch will be provided to all participants in our day programs. Requests for dietary accommodations must be made at least two weeks in advance. Please contact camp with any questions or concerns. (In addition to the lunches provided with our day programs, units and families staying at camp can order breakfast, lunch, and/or dinner to be enjoyed in the Dining Hall; please see the order form in the Appendix for full details and instructions.)

## Camperships

We believe all Scouts should have the opportunity to attend summer camp, no matter their financial situation. Camperships are available from both the CT Rivers Council (deadline: April 1) and the CW Alumni Association to help cover the cost of attendance for families in need of financial assistance. For more information and to apply, visit <https://campworkcoeman.org/camperships/>.

# Schedule Information



## One-Day Programs

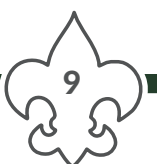
Certain merit badges and programs are offered as full day, one-day programs. These offerings take place on Wednesdays and run from 8:30 AM until 4:30 PM with lunch included.

## Two-Day Programs

Most merit badges are offered as two-day programs that either run Monday and Tuesday or Thursday and Friday. More intensive badges run the full day both days while others consist of either two morning sessions or two afternoon sessions. Scouts should pair their choice of a morning and an afternoon half-day badge to craft a full two-day program. Generally, taking just one half-day badge is not allowed.

## Learning Philosophy

As with in school, Scouts learn and retain information better if they are exposed to it on multiple occasions. We feel that splitting badges into two days is important towards achieving Scouting's aims of molding Scouts into knowledgeable, well-rounded individuals. This division gives them time to digest the information before it is reinforced the next day, leading to improved understanding and retention.





## Counselor-in-Training (CIT) Program

The CIT program offers an exciting opportunity for those who would like to learn about the camp operation from the staff viewpoint. The CIT Program is a one (1) week commitment designed to instill the knowledge and values that are expected of all Camp Workcoeman staff members. Participants will work in all areas of camp and gain first-hand experiences to understand what it really takes to operate the high-quality programs of Camp Workcoeman. The cost for the program in 2024 is \$200. Participants must be at least 14 years old. For more information and to register, please visit <https://campworkcoeman.org/get-involved/staff/>.

## Pistol Shooting Program

Camp Workcoeman is one of a select few camps that participates in the Boy Scouts of America's Summer Camp Pistol Shooting Program. The program is open to all Scouts who are at least 13 and have completed the eighth grade. Scouts will receive a safety briefing and instruction followed by the opportunity to earn various pistol marksmanship qualifications. Due to the low instructor to shooter ratio, space is extremely limited. The program runs Wednesdays, July 3 and 24, 2024 and costs \$50. An additional signed participation waiver is required.

## Scuba Diving Merit Badge and Certification Course

Outside instructors will offer a four-day full SDI open water certification course. The cost of the full certification course is \$450; families and units attending the course can, optionally, stay at camp.

Scouts will also work on Scuba Diving merit badge and have the opportunity to work on additional scuba programs. The course runs July 8-11 and July 29- August 1, 2024.

## Advanced Scuba Diving Certification Course

Outside instructors will offer a three-day advanced Scuba certification course which will focus on the Underwater Navigation and Night-time and Limited Visibility Diving Programs. The cost of the advanced certification course is \$300; families and units attending the course can, optionally, stay at camp.

Participants must have an entry level open water certification to participate in this advanced course. The course runs August 2-4, 2024.

## Cooking Merit Badge

In this three-day course, Scouts will participate in the Cooking merit badge, with particular emphasis on the "Patrol cooking" and "trail cooking" parts. Scouts will complete the "home cooking" elements at home and provide photos and menus afterwards. This program includes a meeting conducted remotely 7 PM the Monday beforehand to plan menus. The \$100 cost includes all food and materials.

## Fly-Fishing Merit Badge

In this one-day course, Scouts will participate in the Fly-Fishing merit badge, where a small class size will ensure the high student-to-instructor ratio needed to learn this art. The \$50 cost includes all materials.

# National Youth Leadership Training (NYLT)

National Youth Leadership Training (NYLT) is the BSA's premier youth leadership development program at the Council level. It's an exciting 7-day program—held July 7–13, 2024—designed for youth to learn leadership skills that will help them succeed in Scouting and in life. The cost of the program is \$400.

## Wait List Registration

Registering for NYLT is on a “wait list” approach to avoid participants registering and paying without Scoutmaster recommendation. Here's how wait list registration works:

- Click on the green “Waitlist” box on the registration page, then “Register Waitlist” from the next screen
- Enter the information for the participant(s) you're signing up for the course
- Within a week, we'll reach out to the participant's Scoutmaster to confirm their recommendation
- You'll receive an e-mail notice to go back in and complete registration and payment

Registration is complete when participants are fully paid and have submitted Code of Conduct and complete Health Form.

## Who Should Attend

NYLT is designed for Scouts who have held leadership roles in their unit and are expected to advance to more senior leadership positions. Participants must be mature enough to spend a week away from their home unit and family.

## NYLT Eligibility Requirements

*Participants must:*

- Meet age/rank requirements
- Scouts BSA: Ages 13–17 and First Class or higher rank
- Venturers & Sea Scouts: Ages 14–20, or 13+ and finished 8<sup>th</sup> grade
- Complete Introduction to Leadership Skills for Troops, Crews, or Ships\*
- Be registered in a Scouting unit
- Have unit leader recommendation
- Have basic camping and outdoor cooking experience
- Commit to attending the entire course (no leaving early or during the week)
- **Attend the precamp meeting at camp on Wednesday, June 5 at 7 PM**



\*Introduction to Leadership Skills for Troops (ILST), Crews (ILSC), and Ships (ILSS) should be offered through the Scout's home unit. Ask your unit leader how you can participate in this course.

## What NYLT Is (and Isn't)

NYLT is an inspiring, fast-paced mix of learning leadership and team-building skills and putting those skills into practice. Concepts are on par with Wood Badge and corporate programs, in an exciting, fun outdoor Scouting environment geared toward teens. The course is designed to mimic a month in the life of a Troop, Crew, or Ship, from planning to going on a major event or campout. NYLT is not like summer camp and doesn't include most summer camp activities, rank advancement, or earning merit badges. It is essential that NYLT participants be physically, emotionally, and mentally prepared to handle the demands of this advanced training. In order to get the most benefit from this unique experience, participants must exhibit emotional maturity, a positive attitude, proficiency in basic camping and outdoor cooking, and have an ambition to serve in leadership roles.

For specific Questions about the course or the NYLT program overall, contact Course Director Jeff Seiser, [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org).

# Outdoor Skills & More Weeks Schedule



July 1–5 & 22–26, 2024

	Monday	Tuesday	Wednesday	Thursday	Friday
AM			BASKETRY		
PM				ANIMAL SCIENCE	
AM	ARCHERY		LEATHERWORK		
PM					
AM	CAMPING*		METALWORK		
PM					
AM			PISTOL SHOOTING PROGRAM	ENVIRONMENTAL SCIENCE	
PM					
AM				FORESTRY	
PM					
AM				INDIAN LORE	
PM					
AM					
PM	MAMMAL STUDY				
AM				NATURE	
PM					
AM				ORIENTEERING	
PM					
AM	PIONEERING				
PM					
AM				RIFLE SHOOTING	
PM					
AM	SHOTGUN SHOOTING				
PM					
AM	WEATHER				
PM					
AM				WILDERNESS SURVIVAL*	
PM					
AM					
PM	WOOD CARVING				

\* Denotes overnight

**Scuba Diving Merit Badge & Certification:** July 8–11 & 29–Aug. 1, 2024

**Advanced Scuba Certification:** August 2–4, 2024

**Cooking Merit Badge:** July 1–3 & 22–24 & 29–31, 2024

**Fly-Fishing Merit Badge:** July 2 & 23 & 30, 2024

**National Youth Leadership Training (NYLT):** July 7–13, 2024



# Aquatics & More Weeks Schedule



July 8–12 & 29–August 2, 2024

	Monday	Tuesday	Wednesday	Thursday	Friday
AM			GEOLOGY	CANOEING	
PM					
AM			SWIMMING	CLIMBING	
PM					
AM	FIRST AID		ROWING		
PM					
AM	FISH & WILDLIFE MANAGEMENT		SCUBA BSA		
PM					
AM				FISHING	
PM					
AM	KAYAKING				
PM					
AM				LIFESAVING	
PM					
AM	OCEANOGRAPHY				
PM					
AM				REPTILE & AMPHIBIAN STUDY	
PM					
AM	SMALL-BOAT SAILING				
PM					
AM				SOIL & WATER CONSERVATION	
PM					
AM					
PM	SPORTS				

## Get Involved



We're always on the lookout for folks to join our team here at Camp Workcoeman. Whether as a staff member, a CIT, or a volunteer, we need your help! Besides our summer programs, we need volunteers to help with year-round weekend programs as well as with maintenance related tasks. The *Citizens of Shawtown* are Camp Workcoeman's support group; they meet for monthly workdays to help keep Workcoeman in tip-top shape. In addition, they organize our annual *Beaver Day* to kick off the summer followed by their *Steak Dinner* fundraiser. For more information and to get involved, visit [campworkcoeman.org](http://campworkcoeman.org) and check out the *Get Involved* tab.



# Merit Badge Details



Below, merit badges offered are listed in alphabetical order along with additional details. You'll find the dates each badge is offered, whether it's one day or two days (full day, AM, or PM), what the prerequisites are, and which Scouts it's recommended for. *Eagle required merit badges are denoted with an (E).*



## Animal Science

Two-Day (PM) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: None

Recommended for: Second year Scouts and older



## Archery

Two-Day (AM) Program

Dates: July 1-2, 22-23

Prerequisite Requirements: None

Recommended for: All Scouts



## Basketry

One-Day (Full Day) Program

Dates: July 3, 24

Prerequisite Requirements: None

Recommended for: All Scouts



## Camping (E) \*

Two-Day (AM) Program

Dates: July 1-2, 22-23

Prerequisite Requirements: 4b, 5e, 7b, 8d, 9a, 9b  
(see prerequisite sign-off form in appendix)

Recommended for: Scouts with significant camping experience

\* Special Note: Includes an overnight



## Canoeing

Two-Day (AM) Program

Dates: July 11-12, August 1-2

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: Second year Scouts and older



## Climbing

Two-Day (Full Day) Program

Dates: July 11-12, August 1-2

Prerequisite Requirements: None

Recommended for: Third year Scouts and older

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## Cooking (E) \*

Three-Day (Full Day) Program

Dates: July 1-3, 22-24, 29-31

Prerequisite Requirements: 4 (see prereq. sign-off form in appendix)

Recommended for: Older Scouts (must be 13+)

\* **Special Note:** Mandatory precamp virtual meeting, 7 PM Monday beforehand to plan menus.

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## Environmental Science (E)

Two-Day (Full Day) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: None

Recommended for: Older Scouts

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## First Aid (E)

Two-Day (Full Day) Program

Dates: July 8-9, 29-30

Prerequisite Requirements: 5a, 5b, 16  
(see prerequisite sign-off form in appendix)

Recommended for: Scouts having earned First Class rank

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## Fish and Wildlife Management

Two-Day (PM) Program

Dates: July 8-9, 29-30

Prerequisite Requirements: None

Recommended for: All Scouts



## Fishing

Two-Day (PM) Program

Dates: July 11-12, August 1-2

Prerequisite Requirements: None

Recommended for: Third year Scouts and older

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## Fly-Fishing

One-Day (Full Day) Program

Dates: July 2, 23, 30

Prerequisite Requirements: None

Recommended for: Third year Scouts and older

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## Forestry

Two-Day (PM) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: None

Recommended for: Second year Scouts and older

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## Geology

One-Day (Full Day) Program

Dates: July 10, 31

Prerequisite Requirements: None

Recommended for: Second year Scouts and older

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## Indian Lore

Two-Day (AM) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: None

Recommended for: Second year Scouts and older





## Kayaking

Two-Day (AM) Program

Dates: July 8-9, 29-30

Prerequisite Requirements: Successfully complete BSA *Swimmer Test*

Recommended for: Second year Scouts and older

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## Leatherwork

One-Day (Full Day) Program

Dates: July 3, 24

Prerequisite Requirements: None

Recommended for: All Scouts

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## Lifesaving (E)

Two-Day (Full Day) Program

Dates: July 11-12, August 1-2

Prerequisite Requirements: 2a  
(see prerequisite sign-off form in appendix)

Recommended for: Scouts with strong swimming ability

---



## Mammal Study

Two-Day (PM) Program

Dates: July 1-2, 22-23

Prerequisite Requirements: None

Recommended for: All Scouts

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## Metalwork

One-Day (Full Day) Program

Dates: July 3, 24

Prerequisite Requirements: None

Recommended for: Third year Scouts and older



## Nature

Two-Day (AM) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: None

Recommended for: All Scouts

---



## National Youth Leadership Training (NYLT) \*

Seven-Day (Overnight) Program

Dates: July 7-13

Prerequisite Requirements: First Class rank or higher, Scoutmaster recommendation

Recommended for: Scouts in leadership positions

\* **Special Note:** Mandatory precamp meeting 7 PM on June 5 at camp

---



## Oceanography

Two-Day (AM) Program

Dates: July 8-9, 29-30

Prerequisite Requirements: 8a, 8b, or 8c  
(500 word report or 5 min. speech; brought to camp or done after)

Recommended for: All Scouts

---



## Orienteering

Two-Day (Full Day) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: None

Recommended for: Third year Scouts and older

---



## Pioneering

Two-Day (Full Day) Program

Dates: July 1-2, 22-23

Prerequisite Requirements: None

Recommended for: Scouts having earned First Class rank

---



## Pistol Shooting Program \*

One-Day (Full Day) Program

Dates: July 3, 24

Prerequisite Requirements: None

Recommended for: Scouts must be at least 13 and have completed the eighth grade

\* **Special Note:** Requires additional permission waiver

---



## Reptile and Amphibian Study

Two-Day (AM) Program

Dates: July 11-12, August 1-2

Prerequisite Requirements: 8  
(maintain/observe reptile/amphibian; brought to camp or done after)

Recommended for: Second year Scouts and older

---



## Rifle Shooting

Two-Day (PM) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: None

Recommended for: Second year Scouts and older

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## Rowing

One-Day (Full Day) Program

Dates: July 10, 31

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: Second year Scouts and older

---



## Scuba BSA

One-Day (Full Day) Program

Dates: July 10, 31

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: All Scouts

---



## Scuba Diving and SDI Certification

Four-Day (Full Day) Program

Dates: July 8–11; 29–August 1

Prerequisite Requirements: 2  
(see prerequisite sign-off form in appendix)

Recommended for: Scouts 13 and older

---



## Scuba: Advanced Certification

Three-Day (Full Day) Program

Dates: August 2–4

Prerequisite Requirements: Open Water Scuba Certification

Recommended for: Scouts 13 and older

---



## Shotgun Shooting

Two-Day (PM) Program

Dates: July 1–2, 22–23

Prerequisite Requirements: None

Recommended for: Third year Scouts and older

---



## Small-Boat Sailing

Two-Day (Full Day) Program

Dates: July 8–9, 29–30

Prerequisite Requirements: Successfully complete *BSA Swimmer Test*

Recommended for: Older Scouts comfortable in the water

---



## Soil and Water Conservation

Two-Day (PM) Program

Dates: July 11–12, August 1–2

Prerequisite Requirements: None

Recommended for: All Scouts



## Sports

Two-Day (PM) Program

Dates: July 8-9, 29-30

Prerequisite Requirements: 4, 5  
(see prerequisite sign-off form in appendix)

Recommended for: All Scouts

---



## Swimming (E)

One-Day (Full Day) Program

Dates: July 10, 31

Prerequisite Requirements: Previous swimming ability  
Scouts develop swimming techniques and individualized instruction will be provided, but no prior swimming ability will likely result in only partial merit badge completion.

Recommended for: All Scouts

---



## Weather

Two-Day (AM) Program

Dates: July 1-2, 22-23

Prerequisite Requirements: 9  
(see prerequisite sign-off form in appendix)

Recommended for: Second year Scouts and older

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## Wilderness Survival \*

Two-Day (AM) Program

Dates: July 4-5, 25-26

Prerequisite Requirements: 5  
(bring survival kit to camp)

Recommended for: Third year Scouts and older

\* Special Note: Includes an overnight

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## Wood Carving

Two-Day (PM) Program

Dates: July 1-2, 22-23

Prerequisite Requirements: Totin' Chip Card

Recommended for: Second year Scouts and older



## Who needs a completed medical form?

All participants need parts A, B, C, and D of the BSA Annual Health & Medical Record form completed and submitted along with any applicable Medication Administration and Food Allergy Treatment Plan forms. The only exception is that Scouts who cumulatively attend *two days or fewer* over the course of the summer can substitute a school physical within the last three years for Part C. *Remember to make copies of all forms before submitting.* Only one copy is needed for the summer. Please mail forms to camp (Attn: Health Officer, Camp Workcoeman, 169 Camp Workcoeman Rd., New Hartford, CT 06057) two weeks in advance or bring to check-in.

## Check the following before submitting medical forms:

### Part A:

- This form is permission for the camper to participate in camp activities and also stipulates who may or may not remove the camper from camp.

### Part B1:

- *Note:* This information must be completed even if you are using a state (school) physical form.
- Telephone Number: Camper's home phone number; mobile phone is a parent's mobile number
- Unit Leader: Scoutmaster or Cubmaster
- Council: CRC/066
- Unit: Troop, Pack, or Crew number
- Your health insurance company and member ID are critical if the camper or staffer must go to the urgent care center or emergency room. (We no longer need a copy of your health insurance card.)
- Health History

### Part B2:

- *Allergies:* Does the camper have allergic reactions to food, medications, plants, and/or insects that could require medical treatment? If the answer is yes to any of the allergens, an Emergency Treatment Plan for Allergic Reactions form from the examining Physician/PA/APRN must be attached to the physical form.
- Immunization history with dates or a copy of immunization history from doctor's office. If using a copy of the immunization history, it must be a legible copy signed and dated by the physician. Your health care provider may write "Up-To-Date" and sign in the box.

- Tetanus must be within 10 years.

- *Medications:* This form is used by the BSA nationally, but Connecticut has special requirements for the administration of medications in camps, schools, etc. In Part D, there is a listing of medications that can be administered at camp without a physician's order. It is very limited. For all other medications, both prescribed and over the counter, an Authorization for Administration of Medication form must be completed, signed, and dated by the physician and parent. A separate form is required for each medication. *Note:* All medications must be physically checked by the nurse at check-in.

### Part C – Physical Examination:

- *Signed and dated* by doctor within 1 year of first day of camp. (In the event that the physical exam falls within the 30 days prior to your week at camp, you may submit the previous year's physical.)
- Copy of school physical is acceptable if it is *signed and dated* within 1 year of first day of camp and parts A, B, and D are completed.

### Part D – Connecticut Rivers Addendum:

- Completed, *signed*, and *dated* by parent, guardian, or self.

### Medication Notes:

- If a camper is only prescribed emergency allergy medication (i.e., Epi-Pen or Rescue Inhaler), then only the Emergency Treatment Plan for Allergic Reactions form is required. The Authorization for Administration of Medications form is not required.

# Frequently Asked Questions (FAQ)



**Q: How do I sign up?**

A: Visit <https://campworkcoeman.org/2024/> for links to the Council registration website where you can complete your registrations. Email Camp Director Lou Seiser at [Lseiser@campworkcoeman.org](mailto:Lseiser@campworkcoeman.org) if you have any questions or need assistance.

**Q: Why à la carte?**

A: This program offers the flexibility of providing an experience to everyone—based on their needs, interests, time, and financial situation. It's for Scouts who may not 'be ready' for an entire week of camp. It's for units whose adults cannot take an entire week off from work. It's for older Scouts who are working or attending a high adventure base and cannot attend a week of traditional camp. It's a program that supplements a traditional camp experience.

**Q: What do you mean by à la carte?**

A: We mean that our program offerings are inherently flexible. You sign up for just the programs you want and each program has its own individual cost. This means, for example, that your troop can run their own program one day; rent the climbing wall, swimming area, or shooting ranges another day; and have your Scouts participate in our merit badge programs a third day. A listing of individual programs offered and prices can be found on page 6 of this guide. Feel free to reach out to Camp Director Lou Seiser ([Lseiser@campworkcoeman.org](mailto:Lseiser@campworkcoeman.org)) and we'll gladly help tailor a program to fit your troop's unique needs.

**Q: Can my troop stay at camp?**

A: Absolutely! Campsites—complete with canvas tents, cots, and a fully stocked latrine—are available for rent all summer long. Campsites and cabins are available for rent on weekends throughout the fall, winter, and spring. Visit <https://campworkcoeman.org/short-term-camping/> for more information and to make a reservation.

**Q: Is lunch included?**

A: Yes, lunch is included with all day programs. Units staying at camp can purchase prepared breakfasts and dinners with advance notice; please email Camp Director Lou Seiser at [Lseiser@campworkcoeman.org](mailto:Lseiser@campworkcoeman.org) for details.

**Q: How old does my son or daughter need to be?**

A: Programs detailed in this guide are for Scouts BSA members (10–17 years old). The *Merit Badge Details* section of this guide provides age recommendations for each individual program. Camp Workcoeman also offers separate opportunities for younger children in the Cub Scouts program.

**Q: How can I help?**

A: Staff, CIT, and volunteer positions are all available. Any and all help is always greatly appreciated. Visit <https://campworkcoeman.org/get-involved/staff/> for more information on staff and CIT opportunities, and please get in touch to let us know how you're able to help. Thanks!

**Q: How much does it cost? Is financial assistance available?**

A: One-day programs are \$50 and two-day programs are \$75. Full details on pricing of other activities are available elsewhere in this guide. Camperships are available for families in need of financial assistance; visit <https://campworkcoeman.org/camperships/> for full details.



Camp Workcoeman has a number of activities planned for 2024 to celebrate its centennial. Throughout our centennial, there will be a variety of ways we will mark the passion, the friendships, and the experiences that have made and continue to make Camp Workcoeman a truly special place. We will also use this opportunity to look ahead to the next century of Scouting at Workcoeman and to how we will continue to evolve while maintaining the same mission to good Scouting that makes Workcoeman the place it is.

This year-long celebration will include merchandise, patch sets, historical tributes, and a series of special events featuring something for everyone associated with our camp—Scouts, units, adults, and alumni. As you plan your calendar for 2024, please keep in mind these events and make it a point to visit Camp Workcoeman both to celebrate our amazing past and to look ahead to our bright future.

## Spring Centennial Camporee: Navigating the Past

May 17–19, 2024

An exciting program for Scouts BSA units that will combine navigation and heritage of the camp itself, all concluding with a Saturday evening campfire to open the 100th anniversary summer.

## Summer Centennial Celebration: Alumni Reunion

July 20, 2024

Calling all those who spent time at camp in the past to visit the property, connect with old friends, participate in activities, look back at photos and memorabilia, and enjoy a BBQ dinner.

## Fall Centennial Camporee: Pioneering the Future

October 11–13, 2024

An exciting program for Scouts BSA units that will combine pioneering with other outdoor skills and a look into the future of Scouting at Workcoeman. This event will conclude with a Saturday evening campfire to close the 100th anniversary summer.



<https://campworkcoeman.org/100>





- Medical Form
- Authorization for the Administration of Medication Form
- Emergency Treatment Plan for Allergic Reactions Form
- Meal Order Form
- Pistol Program Participation Form
- Camping Merit Badge Prerequisite Form
- Cooking Merit Badge Prerequisite Form
- First Aid Merit Badge Prerequisite Form
- Lifesaving Merit Badge Prerequisite Form
- Scuba Diving Merit Badge Prerequisite Form
- Sports Merit Badge Prerequisite Form
- Weather Merit Badge Prerequisite Form

Computer Fillable Medical Forms Available Online:  
<https://campworkcoeman.org/medform/>  
(Located at Bottom of Page)



# Camp Workcoeman

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

<input type="checkbox"/> Pack <input type="checkbox"/> Troop <input type="checkbox"/> Crew # _____ <b>Council:</b> <input type="checkbox"/> CRC <input type="checkbox"/> TRC <input type="checkbox"/> Other: _____ <input type="checkbox"/> Camp Staff
--

### 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: \_\_\_\_\_



## Part B1: General Information/Health History

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

Pack    Troop    Crew # \_\_\_\_\_  
**Council:**    CRC    TRC    Other: \_\_\_\_\_  
 Camp Staff

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Unit leader: \_\_\_\_\_ **Parent's Mobile #:** \_\_\_\_\_  
 Council Name/No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_  
 Health/Accident Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**! If you do not have medical insurance, enter "none" above. Copies of insurance cards are no longer required.**

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



## Part B2: General Information/Health History

Full name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_

<input type="checkbox"/> Pack	<input type="checkbox"/> Troop	<input type="checkbox"/> Crew # _____
Council: <input type="checkbox"/> CRC <input type="checkbox"/> TRC <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Camp Staff		

### 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

**If yes (above or below), an Emergency Treatment Plan for Allergic Reactions form is required.**

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

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	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.

**An Authorization for the Administration of Medication form is required for EACH medication.**

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)
<input type="checkbox"/>	<input type="checkbox"/>		Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>		Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>		Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>		Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>		Polio	
<input type="checkbox"/>	<input type="checkbox"/>		Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>		Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>		Influenza	
<input type="checkbox"/>	<input type="checkbox"/>		Other (i.e., HIB)	
<input type="checkbox"/>	<input type="checkbox"/>		Exemption to immunizations <b>(form required)</b>	

**I certify all immunizations are up to date. (Physician's Signature/Stamp)**

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

Reviewed by: \_\_\_\_\_

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

Further approval required:  Yes  No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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



# Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

<input type="checkbox"/> Pack	<input type="checkbox"/> Troop	<input type="checkbox"/> Crew # _____
Council: <input type="checkbox"/> CRC <input type="checkbox"/> TRC <input type="checkbox"/> Other: _____		
<input type="checkbox"/> Camp Staff		



You are being asked to certify that this individual has no contraindication for participation in a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient. You can also visit [www.scouting.org/health-and-safety/ahmr](http://www.scouting.org/health-and-safety/ahmr) to view this information online.

Please fill in the following information:

	Yes	No	Explain
Medical restrictions to participate	<input type="checkbox"/>	<input type="checkbox"/>	

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication		<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	Food		<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings	

Height (inches)	Weight (lbs.)	BMI	Blood Pressure	Pulse
			/	

	Normal	Abnormal	Explain Abnormalities
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	
Ears/nose/throat	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
Genitalia/hernia	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Skin issues	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

## Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled heart disease, lung disease, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If planning to scuba dive, does not have diabetes, asthma, or seizures.

Examiner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner's printed name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Office phone: \_\_\_\_\_

### Height/Weight Restrictions

If you exceed the maximum weight for height as explained in the following chart and your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessible roadway, you may not be allowed to participate.

Maximum weight for height:

Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight	Height (inches)	Max. Weight
60	166	65	195	70	226	75	260
61	172	66	201	71	233	76	267
62	178	67	207	72	239	77	274
63	183	68	214	73	246	78	281
64	189	69	220	74	252	79 and over	295



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## Part D: Connecticut Rivers Council Addendum

Full Name: _____	Dates Attending: _____
Campsite: _____	Unit: _____
<input type="checkbox"/> Scout <input type="checkbox"/> Scouter <input type="checkbox"/> Staff	

This addendum to the Annual BSA Health and Medical Records is for youths and adults who are participating in a CRC camp program. This is required to meet Connecticut Department of Public Health requirements. Please read and sign the form at the bottom of the page.

**If you disagree with any statements here, please cross out that section and initial it. Explain your wishes in the comment section, attaching an additional sheet if necessary.**

- This medical form is correct so far as I know, and the person named in Part A has permission to **participate in all camp activities** except as noted on the form by me or by the doctor in Part C.
- I hereby request that the camp's Health Officer administer the **prescription and/or over-the-counter medication(s)** ordered by my child's doctor/dentist. I understand that I must supply the camp with the prescribed medication in the original container as dispensed and properly labeled by a doctor or a pharmacist and will provide no more than is appropriate for my child's camp stay. I understand that this medication will be destroyed if not picked up within one week after my child leaves camp.
- I also give permission for my child to **participate in trips** sponsored by the camp and approved by the adult/unit leader in charge. Examples of these trips are whitewater merit badge, orienteering merit badges, or trips for rock climbing or mountain biking.
- I give my permission for the Camp Health Officer to administer over-the-counter medications as directed for conditions as directed by the Camp Physician. Over-the-counter medications may include **WOUNDS:** Hydrogen Peroxide, Neosporin, Bacitracin **POISON IVY:** Tecnu, Benadryl cream **CANKER SORES:** Benzocaine cream **PAIN:** Tylenol, Ibuprofen **DYSMENORRHEA:** Ibuprofen **ABDOMINAL DISCOMFORT:** Tums, Maalox **HEADACHE:** Tylenol, Ibuprofen **HYPOGLYCEMIA:** Glucose Gel, Glucagon **ALLERGIC REACTION:** Benadryl or generic, Epipen **ATHLETE'S FOOT:** Tinactin **INSECT STING/BITE:** Benadryl Cream, Hydrocortisone cream, Caladryl or Calagel, Epipen **TICK BITES:** Alcohol or Hydrogen Peroxide **1<sup>st</sup> DEGREE BURNS:** Burn Jel, Aloe Spray **EMERGENCIES:** Oxygen. Generics may be substituted.

**This section must be signed to indicate acceptance of conditions above.**

Signature: \_\_\_\_\_

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

(Adults over 18 sign here. Parent/Guardian signs for camper.)

Name (print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Comments:

# AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL, CHILD CARE, AND YOUTH CAMP PERSONNEL

This form is for both prescribed and over-the-counter medications.

If camper is only taking emergency medications (epinephrine or rescue inhaler) only the allergy treatment form is required.

In Connecticut schools, licensed Child Day Care Centers and Group Day Care Homes, licensed Family Day Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

## Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address of Child/Student: \_\_\_\_\_ Town/State: \_\_\_\_\_

Medication Name/Generic Name of Drug: \_\_\_\_\_ Controlled Drug? YES \_\_\_ NO \_\_\_

Condition for which drug is being administered: \_\_\_\_\_

Specific Instructions for Medication Administration: \_\_\_\_\_

Dosage: \_\_\_\_\_ Method/Route: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

Medication shall be administered: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Relevant Side Effects of Medication: \_\_\_\_\_ None Expected: \_\_\_\_\_

Explain any allergies, reaction to/negative interaction with food or drugs: \_\_\_\_\_

Plan of Management for Side Effects: \_\_\_\_\_

Prescriber's Name/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Prescriber's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Authorization: I request that medication be administered to my child as described and directed above. I hereby request that the above ordered medication be administered by youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse/camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the camp with no more than a supply of medication to cover all doses while in attendance plus one dose. I have administered at least one dose of the medication with the exception of emergency medications to my child without adverse effects.**

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**SELF ADMINISTRATION OF MEDICATION:** With the exception of Emergency Medicines such as Epi-Pens and Rescue Inhalers, *no medications*, prescribed or over the counter, may be self-administered by *any person under 18 years of age*.

## ..... FOR OFFICE USE ONLY .....

Printed Name of Individual Receiving Written Authorization and Medication: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: This form follows Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)**

# EMERGENCY TREATMENT PLAN FOR ALLERGIC REACTIONS AND ACUTE RESPIRATORY DISTRESS AND THE PERMISSION TO ADMINISTER MEDICATIONS BY CAMP PERSONNEL

Food Allergy     Asthma     Bee/Wasp Stings     Other

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Specific Allergy: \_\_\_\_\_

If the patient thinks he/she has been exposed to the above named allergen:

Observe patient for symptoms of anaphylaxis X 2 hours

Administer Epinephrine before symptoms occur, IM:  EPIPEN Adult     EPIPEN JR

Administer Epinephrine if symptoms occur, IM:  EPIPEN Adult     EPIPEN JR

Administer Benadryl per appropriate age/weight dose

Call 911, transport to ER

If the patient is experiencing respiratory distress (shortness of breath, wheezing, coughing):

Administer  PUFFS of \_\_\_\_\_ INHALER, REPEAT \_\_\_\_\_

Call 911, transport to ER

Side effects, if any, to be observed: \_\_\_\_\_

## **CAMPER IS TO CARRY & MAY SELF-ADMINISTER EPIPEN / INHALER WHILE AT CAMP:**

Yes     No

Physician's Stamp:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

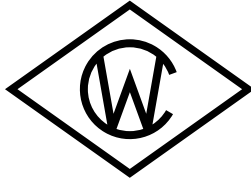
- I REQUEST THAT MEDICATION BE ADMINISTERED TO MY CHILD AS DIRECTED AND DESCRIBED ABOVE BY CAMP PERSONNEL AND GIVE PERMISSION FOR THE EXCHANGE OF INFORMATION BETWEEN THE PRESCRIBER AND CAMP NURSE AS NECESSARY TO ENSURE THE SAFE ADMINISTRATION OF THIS MEDICATION. I UNDERSTAND I MUST SUPPLY THE CAMP WITH THE NECESSARY MEDICATION.
- IF APPROVED BY THE PHYSICIAN ABOVE, I REQUEST AND GIVE MY PERMISSION FOR MY CHILD TO CARRY AND SELF ADMINISTER THE MEDICATION.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_ Town/State: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_





## 2024 Camp Workcoeman Meal Order Form

Upon request, Camp Workcoeman can prepare meals for your unit or family while they are in camp. Meals will be served in the Dining Hall. Breakfast is \$6, lunch is \$8, and dinner is \$10. Meal requests must be made at least *two weeks* in advance, and payment will be collected at camp. Scouts signed up for full-day programs already have lunch included.

Name: _____
Email: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Unit Type (Circle One): Troop Pack Family Unit Number: _____

### Meal choices can be found on reverse.

Date: _____	Breakfast: Meal Choice: _____	# _____ x \$6 = \$ _____
	Lunch: Meal Choice: _____	# _____ x \$8 = \$ _____
	Dinner: Meal Choice: _____	# _____ x \$10 = \$ _____
<hr/>		
Date: _____	Breakfast: Meal Choice: _____	# _____ x \$6 = \$ _____
	Lunch: Meal Choice: _____	# _____ x \$8 = \$ _____
	Dinner: Meal Choice: _____	# _____ x \$10 = \$ _____
<hr/>		
Date: _____	Breakfast: Meal Choice: _____	# _____ x \$6 = \$ _____
	Lunch: Meal Choice: _____	# _____ x \$8 = \$ _____
	Dinner: Meal Choice: _____	# _____ x \$10 = \$ _____
<hr/>		
		Total = \$ _____

Attach additional pages as needed.

Email completed forms to Lou Seiser ([lseiser@campworkcoeman.org](mailto:lseiser@campworkcoeman.org)) at least two weeks before your stay at camp. Please include any dietary restrictions in the email.

# 2024 Camp Workcoeman Meal Choices

## Breakfast

Meal Choice	Description
A	Pancakes, Bacon, Cereal, Beverage
B	Breakfast Sandwiches, Hash Browns, Cereal, Beverage
C	French Toast, Sausage, Cereal, Beverage
D	Scrambled Eggs, Tater Tots, Cereal, Beverage

## Lunch

Meal Choice	Description
A	Cheese Burgers, Potato Chips, Dessert, Beverage
B	Chicken Nuggets, French Fries, Dessert, Beverage
C	Turkey and Cheese Sandwiches, Pretzels, Dessert, Beverage
D	Pizza, Caesar Salad, Dessert, Beverage

## Dinner

Meal Choice	Description
A	Chicken Quesadillas, Rice, Mixed Vegetables, Dessert, Beverage
B	Pasta, Meatballs, Green Beans, Garlic Bread, Dessert, Beverage
C	Roasted Pork, Mashed Potatoes, Corn, Dessert, Beverage
D	Chicken Alfredo, Broccoli, Dessert, Beverage

# Camp Workcoeman Scouting Pistol Safety and Marksmanship Program

## Participation and Hold-Harmless Agreement

**Camp Workcoeman** (Connecticut Rivers Council) is conducting a Scouting Pistol Safety and Marksmanship program. Scouts will be instructed how to handle, maintain, and shoot a pistol safely and be provided instruction to increase their marksmanship skills. Scouts will have classroom instruction and range instruction in which they will fire a pistol under the supervision of a trained Range Safety Officer and NRA certified pistol instructor. Scouts will be required to wear eye protection and ear protection at all times while on the range. Scouts are expected to abide by all safety rules and the instructions of the Range Safety Officer(s) and pistol instructor(s).

I, the undersigned, give my child, \_\_\_\_\_, permission to participate in this program. I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by the rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

**For safety, my child and I agree that he/she will do the following or he/she will be removed from the program.** I understand that any additional cost associated with participation in this program will not be refunded if my child is removed due to behavioral problems.

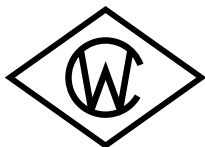
1. Complete the Pistol Safety and Marksmanship class taught at Camp Workcoeman.
2. Wear all safety gear at all times while on the range.
3. Follow all safety rules provided in the training class.
4. Follow the instructions of the Range Safety Officer(s) and pistol instructor(s).
5. Do not handle any pistols until instructed to do so by the pistol instructor(s).
6. Follow the instructions of the Range Safety Officer(s) at all times.
7. Is 14 years of age, or 13 and has completed the eighth grade, as of the start of the class and will be in full compliance with all local, state, and federal guidelines, including age restrictions and original equipment manufacturer standards.

Participant signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_



## Camp Workcoeman Camping Merit Badge Prerequisite Requirement Sign-Off Form

Scout Name: \_\_\_\_\_ Troop: \_\_\_\_\_

To Troop Leadership:

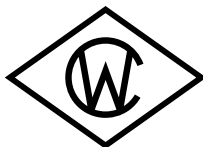
The above Scout is attending a *Camping* merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a two-day program.

Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for *Camping* merit badge.

- \_\_\_\_\_ **4b)** Help a Scout patrol or a Webelos Scout unit in your area prepare for an actual campout, including creating the duty roster, menu planning, equipment needs, general planning, and setting up camp.
- \_\_\_\_\_ **5e)** Present yourself to your Scoutmaster with your pack for inspection. Be correctly clothed and equipped for an overnight campout.
- \_\_\_\_\_ **7b)** Prepare for an overnight campout with your patrol by doing the following: Pack your own gear and your share of the patrol equipment and food for proper carrying. Show that your pack is right for quickly getting what is needed first, and that it has been assembled properly for comfort, weight, balance, size, and neatness.
- \_\_\_\_\_ **8d)** While camping in the outdoors, cook at least one breakfast, one lunch, and one dinner for your patrol from the meals you have planned for requirement 8c. At least one of those meals must be a trail meal requiring the use of a lightweight stove.
- \_\_\_\_\_ **9a)** Camp a total of at least 20 nights at designated Scouting activities or events. One long-term camping experience of up to six consecutive nights may be applied towards this requirement. Sleep each night under the sky or in a tent you have pitched. If the camp provides a tent that has already been pitched, you need not pitch your own tent.
- 9b)** On any of these camping experiences, you must do TWO of the following, only with proper preparation and under qualified supervision:
- \_\_\_\_\_ **1)** Hike up a mountain, gaining at least 1,000 vertical feet.
  - \_\_\_\_\_ **2)** Backpack, snowshoe, or cross-country ski for at least 4 miles.
  - \_\_\_\_\_ **3)** Take a bike trip of at least 15 miles or at least four hours.
  - \_\_\_\_\_ **4)** Take a nonmotorized trip on the water of at least four hours or 5 miles.
  - \_\_\_\_\_ **5)** Plan and carry out an overnight snow camping experience.
  - \_\_\_\_\_ **6)** Rappel down a rappel route of 30 feet or more.

Troop Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prerequisite Requirement Forms can be emailed to [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org) or mailed to Jeffrey Seiser, 169 Camp Workcoeman Rd, New Hartford, CT 06057



## Camp Workcoeman Cooking Merit Badge Prerequisite Requirement Sign-Off Form

Scout Name: \_\_\_\_\_ Troop: \_\_\_\_\_

To Parent or Troop Leadership:

The above Scout is attending a *Cooking* merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a three-day program.

Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for *Cooking* merit badge.

- \_\_\_\_\_ 4) Cooking at home. Using the MyPlate food guide or the current USDA nutrition model, plan menus for three full days of meals (three breakfasts, three lunches, and three dinners) plus one dessert. Your menus should include enough to feed yourself and at least one adult, keeping in mind any special needs (such as food allergies) and how you keep your foods safe and free from cross-contamination. List the equipment and utensils needed to prepare and serve these meals. *[Bring menus and list of equipment/utensils to camp.]*

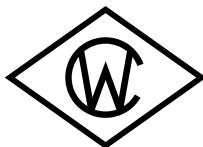
Then do the following:

- a) Find recipes for each meal. Create a shopping list for your meals showing the amount of food needed to prepare for the number of people you will serve. Determine the cost for each meal. *[Bring shopping list and cost breakdown of each meal to camp.]*
- b) Share and discuss your meal plan and shopping list with your counselor.
- \_\_\_\_\_ c) Using at least five of the 10 cooking methods from requirement 3, prepare and serve yourself and at least one adult (parent, family member, guardian, or other responsible adult) one breakfast, one lunch, one dinner, and one dessert from the meals you planned.\*
- \_\_\_\_\_ d) Time your cooking to have each meal ready to serve at the proper time. Have an adult verify the preparation of the meal to your counselor.
- e) After each meal, ask a person you served to evaluate the meal on presentation and taste, then evaluate your own meal. Discuss what you learned with your counselor, including any adjustments that could have improved or enhanced your meals. Tell how planning and preparation help ensure a successful meal. *[Bring written summary of these evaluations to camp.]*

\* The meals for requirement 4 may be prepared on different days, and they need not be prepared consecutively. The requirement calls for Scouts to plan, prepare, and serve one breakfast, one lunch, and one dinner to at least one adult; those served need not be the same for all meals.

Parent or Troop Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prerequisite Requirement Forms can be emailed to [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org) or mailed to Jeffrey Seiser, 169 Camp Workcoeman Rd, New Hartford, CT 06057



## Camp Workcoeman First Aid Merit Badge Prerequisite Requirement Sign-Off Form

Scout Name: \_\_\_\_\_ Troop: \_\_\_\_\_

To Troop Leadership:

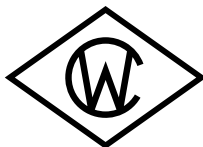
The above Scout is attending a *First Aid* merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a two-day program.

Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for *First Aid* merit badge.

- \_\_\_\_\_ **5a)** Prepare a first-aid kit for your home. Display and discuss its contents with your counselor. [Bring home first-aid kit to camp.]
  
- \_\_\_\_\_ **5b)** With an adult leader, inspect your troop's first-aid kit. Evaluate it for completeness. Report your findings to your counselor and Scout leader.
  
- \_\_\_\_\_ **16)** Teach another Scout a first-aid skill selected by your counselor. [Choose a skill in requirement 1, first-aid rank requirements.]

Troop Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prerequisite Requirement Forms can be emailed to [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org) or mailed to Jeffrey Seiser, 169 Camp Workcoeman Rd, New Hartford, CT 06057



## Camp Workcoeman

### Lifesaving Merit Badge Prerequisite Requirement Sign-Off Form

Scout Name: _____	Troop: _____
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To Troop Leadership:

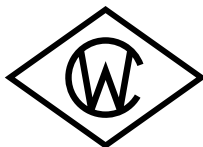
The above Scout is attending a *Lifesaving* merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a two-day program.

Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for *Lifesaving* merit badge.

\_\_\_\_\_ **2a)** Earn the Swimming merit badge.

Troop Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prerequisite Requirement Forms can be emailed to [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org) or mailed to Jeffrey Seiser, 169 Camp Workcoeman Rd, New Hartford, CT 06057



## Camp Workcoeman

### Scuba Diving Merit Badge Prerequisite Requirement Sign-Off Form

Scout Name: \_\_\_\_\_ Troop: \_\_\_\_\_

To Troop Leadership:

The above Scout is attending a *Scuba Diving* merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a four-day program.

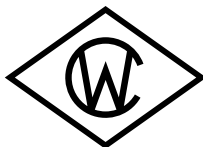
Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for *Scuba Diving* merit badge.

\_\_\_\_\_ 2) Before completing requirements 3 through 6, earn the Swimming merit badge.

Troop Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prerequisite Requirement Forms can be emailed to [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org) or mailed to Jeffrey Seiser, 169 Camp Workcoeman Rd, New Hartford, CT 06057





## Camp Workcoeman Sports Merit Badge Prerequisite Requirement Sign-Off Form

Scout Name: \_\_\_\_\_ Troop: \_\_\_\_\_

To Troop Leadership:

The above Scout is attending a *Sports* merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a two-day program.

Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for *Sports* merit badge.

- 4) With guidance from your counselor [or coach], establish a personal training program suited to the activities you choose for requirement 5. Then do the following:

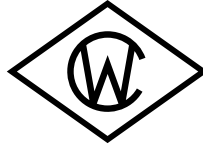
\_\_\_\_\_ a) Create a chart and use it to track your training, practice, and development in these sports for one season (or four months).

\_\_\_\_\_ c) At the end of the season, share your completed chart with your counselor and discuss how your participation in the sports you chose has affected you mentally and physically.

- \_\_\_\_\_ 5) Take part for one season (or four months) as a competitive individual or as a member of an organized team in TWO of the following sports: baseball, basketball, bowling, cross-country, diving, field hockey, flag football, flagteam, golf, gymnastics, ice hockey, lacrosse, soccer, softball, spirit/cheerleading, swimming, tackle football, table tennis, tennis, track & field, volleyball, water polo, and wrestling and/or badminton. Your counselor may approve in advance other recognized sports. (The BSA has prohibited as official Scouting activities intramural, interscholastic, or club-sport competitions or activities. However, they can be acceptable for your individual participation in an organized school, league, or club activity if approved by your counselor. [Contact Jeff Seiser, [jseiser@campworkceman.org](mailto:jseiser@campworkceman.org), with questions.]

Troop Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prerequisite Requirement Forms can be emailed to [jseiser@campworkceman.org](mailto:jseiser@campworkceman.org) or mailed to Jeffrey Seiser, 169 Camp Workcoeman Rd, New Hartford, CT 06057



## Camp Workcoeman Weather Merit Badge Prerequisite Requirement Sign-Off Form

Scout Name: \_\_\_\_\_ Troop: \_\_\_\_\_

To Troop Leadership:

The above Scout is attending a *Weather* merit badge program at Camp Workcoeman. In order to fulfill badge requirements, there are items which cannot be completed during a two-day program.

Please review and initial those requirements which have been completed by the Scout prior to participation at this event. This verification will be used to identify requirements completed for *Weather* merit badge.

**9) Do ONE of the following:**

- \_\_\_\_\_ a) Make one of the following instruments: wind vane, anemometer, rain gauge, hygrometer. Keep a daily weather log for one week using information from this instrument as well as from other sources such as local radio and television stations, NOAA Weather Radio All Hazards, and Internet sources (with your parent or guardian's permission). Record the following information at the same time every day: wind direction and speed, temperature, precipitation, and types of clouds. Be sure to make a note of any morning dew or frost. In the log, also list the weather forecasts from radio or television at the same time each day and show how the weather really turned out. [Instructions on making a weather instrument can be found in the merit badge pamphlet.]
- \_\_\_\_\_ b) Visit a National Weather Service office or talk with a local radio or television weathercaster, private meteorologist, local agricultural extension service officer, or university meteorology instructor. Find out what type of weather is most dangerous or damaging to your community. Determine how severe weather and flood warnings reach the homes in your community.

Troop Leader: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prerequisite Requirement Forms can be emailed to [jseiser@campworkcoeman.org](mailto:jseiser@campworkcoeman.org) or mailed to Jeffrey Seiser, 169 Camp Workcoeman Rd, New Hartford, CT 06057