A photograph of a stone sign for Camp Sequassen, Boy Scouts of America, set in a wooded area. The sign features the Boy Scouts logo and text including 'CAMP SEQUASSEN', 'SINCE 1911', and 'CONNECTICUT'. The sign is surrounded by a wooden planter box with red flowers. The background shows a dense forest of tall trees.

APPENDIX OF CAMP FORMS BOY SCOUT RESIDENT CAMP

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CAMPERSHIP GUIDELINES

Information About Financial Aid for Summer Campers

The Council's commitment to all Scouts is: Every Scout deserves a week at summer camp, and no Scout will miss camp because of a lack of funds.

A campership is financial assistance awarded to a Cub Scout or Boy Scout to allow him to attend a summer camp program (residential camp or day camp). Camperships are need-based and are awarded to youth who are unable to afford the full summer camp fee. All campership requests will be processed with the highest degree of confidentiality possible.

To be eligible for a need-based campership, a youth must:

- Be a registered youth member of the Connecticut Yankee Council, Boy Scouts of America.
- Plan to attend a summer camp program operated by the Connecticut Yankee Council.
- Secure the approval of his parent or guardian and his unit leader.
- Complete the attached application.
- Be able to arrange for their personal needs while at camp and arrange for their own transportation.
- Furnish the medical, health and other information required of all campers at Scout summer camps.
- Be in need of assistance to pay the full summer camp fee.

A Campership Committee made up of at least three Council volunteers will review all campership applications. The committee is recruited and/or appointed by the Camping Committee Chairman. The committee may award applicants up to 50% of the camp fee based upon the lowest rate available. However, if the need is great, the committee may elect to provide a higher-level campership. A Scout is expected to help provide for his own camping experience; therefore, 100% camperships will not normally be approved. The youth himself should help pay his own way, contributing some portion of the camp fee along with other support that can be provided by his family, troop/pack, and chartering organization.

Camperships to weekend Scouting activities are generally not considered. If a Scout cannot pay his own way, the unit chartering organization or the event committee should provide the needed funds.

Campership requests must be submitted to the camp registrar by May 1. Forms are available at the Scout Service Center, the ctyankee.org website and/or from the unit leaders. **Campership requests must be filled out completely and signed by the parent/guardian and unit leader.**

The Connecticut Yankee Council will apply any awarded campership directly toward the balance of a Scout's summer camp fee. The Scout's parents and unit leader, and camp director will be informed of the account credit. Camperships will not be paid to individuals.

The Connecticut Yankee Council will make every effort to raise funds to aid families in sending their children to camp. If you know of any potential donors to the campership fund, please contact the Development Executive for your Service Area at (203) 876-6868.

For further information, please contact the Council Director of Camping, Michael Morrell at (203) 876-6868, Ext. 0613.



CONNECTICUT YANKEE COUNCIL, BSA CAMPSHIP APPLICATION



MUST BE SUBMITTED NO LATER THAN MAY 1

Please attach this form to your registration form and include a non-refundable \$50 deposit.

The information you provide on this form will be kept strictly confidential. However, names of recipients may be publicized to promote the aims of the Boy Scouts of America. A separate application is required for each applicant. Camperships may provide up to one half of the fee. Larger camperships must be fully justified below.

Name: _____ Unit: _____ District: _____

Address: _____ City/Town: _____ Zip: _____

Age: _____ Phone: _____ Rank: _____ E-mail: _____

Camp Attending: _____ Dates of Camp: _____

A. Amount of event fee (least expensive rate available) \$ _____

B. Amount of money Scout can earn – A Scout is thrifty \$ _____

C. Amount of money family can provide \$ _____

D. Amount of money chartering organization/unit can provide \$ _____

E. Assistance from any other source for this event \$ _____

F. Amount of money needed for campership $[A-(B+C+D+E)=]$ \$ _____

Number of family members in your household, including parents/guardians: _____

What is the family's combined NET (take home) annual income: _____

AFDC/Welfare/Food Stamps/Foster Care Number: _____

Statement concerning need (please explain thoroughly, you may attach additional pages or write on the back of this page):

As a parent or guardian of the above named individual, I certify that he/she needs the financial aid requested. I understand that any assistance awarded will be credited against the camp fee and cannot be transferred or used in any other way.

Forms must be signed by the unit leader, in the box below, prior to being forwarded to the Scout office.

Parent/Guardian's Signature: _____ Daytime phone #: _____ Date: _____

I have reviewed this application and verify this Scout is registered in my unit, in good standing and deserving of the assistance requested.

Unit Leader: _____ Unit: _____ Date: _____

E-Mail: _____ Daytime Phone No. _____

Address: _____ City: _____ Zip: _____

Date Application received: _____ Amount of approved campership: \$ _____

REFUND REQUEST FORM

Camper Name(s):

Name of person requesting refund:

parent or unit leader

(circle one)

Telephone:

Unit/District:

Week #

Campsite:

Reason for Refund: (Must be completed)

REFUND POLICY – BOY SCOUT RESIDENT CAMP

Full refund less \$50.00 will be issued if cancellation occurs by June 15.

Camp fee minus \$150.00 will be issued if cancellation is on or after June 16 but prior to start of camp.

Refund requests must be submitted in writing to the Camp Registrar.

No refund requests will be accepted after August 31.

Amount Paid to Date:

\$

Less Non-Refundable Deposit/Fee

\$ (- 50.00) or (- 150.00)

Total Refund Due:

\$

Check Payable to:

Mail Refund to:

Name:

Address:

City:

State:

Zip:

Camp Director Approval:

Date

GL Account: 1-6748-073-21

Refund Request Received

Date

By

Refund Issued

Date

Amount

Check No#

CAMP SEQUASSEN 2018

Provisional Summer Camp

Reservation Form

Please register online via the Council website. Go to:
<http://www.ctyankee.org/camping/seqresidentcamp>
or use this form to register as a provisional camper,
i.e. attending camp without your unit or adult leadership.



Dear Scout,

You're invited to come to summer camp by yourself. If you accept the invitation, here is what you can expect: You will be placed in a troop with friendly, caring Scouts and adult leaders. You will attend the merit badge classes you choose from more than 30 available and have plenty of time left for having fun boating, swimming, snorkeling, climbing the tower, archery, shooting rifles, biking, among many other options available during open program. By the time you leave camp you're going to have a bunch of new best friends. On the last day of camp, be sure to stop by the dining hall to pick up your blue cards for the merit badges you earned.

Camp Sequassen, it's where good Scouts belong. See you there!

Name: _____ Age as of 1st day of camp: _____
Address: _____ City: _____ State/Zip: _____
Unit: _____ District: _____ Council: _____
Phone: _____ email: _____

Please register me as a Provisional Camper as indicated below:

Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____
*Week 5: _____ *Week 6: _____ *Week 7: _____ (*Eagle Week* Yes/No)

*Eagle Week applicants will be sent a welcome email with additional information.

- ☐ I would like Saturday brunch tickets _____ Adults @ \$8 each or _____ Children (6-12 yrs) @ \$6 each
(no charge for children under 5 years of age)

Provisional Camper fee is \$450 if paid in full by 4/15 or \$475 after 4/15. Eagle Week requires an additional \$40 for registration, LOBO Activities require an additional \$50. Full payment is due not later than three weeks prior to the start of the camp week. Upon receipt of your Provisional Camper Reservation Form, you will be sent a registration email with additional information. Please review the camp flyer available online at ctyankee.org/camping/seqresidentcamp.

Note: Application for the CIT program requires a separate application available at the website above.

Please send application and payment
(minimum of \$50 non-refundable deposit
required to guarantee spot) to:

Connecticut Yankee Council, BSA
P.O. Box 32
Milford, CT 06460-0032

Amount Enclosed: \$ _____ Check No. _____ (payable to Connecticut Yankee Council)

Credit Card Payment: (Visa, MC, AMEX) Card No. _____

Exp. Date: _____ cvv: _____ Signature: _____

Fax: 203-876-6884

Questions: 203-951-0237 or ccruson@bsamail.org

Acct #6701-073-21

Scout's Name	Age as of 1 st day of camp	Sibling?	Camp Fee	LOBO @ \$50	EAGLE @ \$40	SCUBA MB @ \$275 (reg by 5/31)	BSA Lifeguard @ \$150	Full Payment	Campership Application (Attached)	Photo @ \$10 each	Brunch Tickets (Adult \$8 / Child \$6)	Total Amount Enclosed

CAMP LEADER REGISTRATION

Leader's Name	Telephone	Camp Fee of \$110	Photo @ \$10 each	Additional Brunch (Adult \$8 or Child \$6)	Total Amount Enclosed

Remit Complete Form & Fees to:

Connecticut Yankee Council, BSA
Camping Department
P.O. Box 32
Milford, CT 06460-0032

Acct. # 6701-073-21

Camp Fees:

_____ Scouts @ \$ _____ = \$ _____
 _____ Scouts @ \$ _____ = \$ _____
 _____ 2nd Family Members @ \$ _____ = \$ _____
 _____ 2nd Family Members @ \$ _____ = \$ _____
 _____ Scouts – LOBO @ add'l \$50 each = \$ _____
 _____ Scouts – EAGLE @ add'l \$40 each = \$ _____
 _____ Scouts/adults –
 _____ SCUBA Merit Badge @ add'l \$275 ea. = \$ _____
 _____ Scouts/adults –
 _____ BSA Lifeguard @ add'l \$150 each = \$ _____
 _____ Adult Leaders @ \$110 each = \$ _____
 _____ Photo Orders @ \$10 each = \$ _____
 _____ Add'l Brunch Tickets/Adult @ \$8 each = \$ _____
 _____ Add'l Brunch Tickets/Child @ \$6 each = \$ _____

Total Amount Enclosed: \$ _____

CONNECTICUT YANKEE COUNCIL

BOY SCOUTS OF AMERICA

**2018
CAMP SEQUASSEN**

APPLICATION FOR COUNSELOR IN TRAINING (CIT)

Fifteen-year-old Scouts are eligible for the CIT program. CITs attend two weeks for the regular price of one week at camp.

The camp fee is \$450 if paid in full by 4/15/18 or \$475 after 4/15/18.

Please print legibly and return this form, with fee, to:

Camp Sequassen Camp Director, Connecticut Yankee Council, P. O. Box 32, Milford, CT 06460-0032

Last Name: _____ First Name: _____ M.I. _____

Permanent Address: _____
Number Street City ST Zip

Temporary Address: _____
Number Street City ST Zip

Telephone: _____ e-mail: _____

Age as of 1st day of camp: _____ T-shirt size: _____

Circle the highest grade completed as of June 30, 2018:

High School: 8th 9th 10th 11th 12th School Name _____

Awards, Societies, Scholarships, and Scholastic Honors: _____

Years registered in Scouting: _____ Unit # _____ Rank _____ O. A. Member Y N

District: _____ Council: _____

Name of Camps attended: _____ Location: _____ Years: _____

All CITs attend the first week of camp, June 24 - June 30. Their second week will be scheduled for one of the remaining six weeks according to the CIT's availability and needs of the camp.

CITs are expected to be mature and motivated and willingly conduct themselves according to the Scout Oath and Law. Failing to meet these standards will result in dismissal from camp without refund.

A complete Scout uniform is required.

Acct #6701-073-21 after 1/1/18

P:\Camping\Summer Camps\Resident Camp - Boy Scout\2018 BSRC\Appendix of Camp Forms BSRC 2018.doc



SUMMER JOBS

2018 CAMP SEQUASSEN APPLICATION FOR CAMP STAFF



Please print legibly and return this form to:

ccruson@bsamail.org or Camp Sequassen Camp Director, Connecticut Yankee Council, P. O. Box 32, Milford, CT 06460-0032.

Illegible forms will not be considered.

Last Name: _____ First Name: _____ M.I. _____

Permanent Address: _____
Number Street City ST Zip

Temporary Address: _____
Number Street City ST Zip

Telephone: (H) _____ (C) _____ E-mail: _____

Date of Birth: _____ T-shirt Size: _____

Position(s) Desired: _____

Date(s) of availability: From: _____ to: _____

List any periods you will not be able to work: _____

If you have ever been convicted of a felony or misdemeanor, please explain. _____

Educational Background

Circle the highest level education completed in each category as of June 15, 2018:

High School: 1 2 3 4 Year Graduated _____ School Name _____

College: 1 2 3 4 Year Graduated _____ School Name _____

Major: _____ Minor: _____

Awards, Societies, Scholarships, and Scholastic Honors: _____

List Current Certifications (First Aid, CPR, Lifeguard, NCS, etc.) _____

SCOUTING EXPERIENCE

Years registered in Scouting: _____ Rank _____ Unit # _____ District: _____

Council: _____ O. A. Member: Y N If Yes, Ordeal, Brotherhood, or Vigil Member

Name of Camps attended: _____ Location: _____ Years: _____

Previous Camp Staff Experience: _____

SPECIAL SKILLS

Please indicate your area of interest and expertise by entering a 1, 2 or 3 in as many as six skill areas.

1. Can teach it
2. Can do it
3. Can assist in teaching

_____ Camping	_____ Sports/Games	_____ Sailing	_____ Backpacking
_____ Astronomy	_____ CPR Instruction	_____ Cooking	_____ Ecology
_____ Lifesaving (certified)	_____ Pioneering	_____ Forestry	_____ Swimming
_____ Orienteering	_____ Nature	_____ Water Sports	_____ COPE
_____ Mammals	_____ Basketry	_____ Campcraft	_____ Animals
_____ Leatherwork	_____ Hiking	_____ Birds	_____ Indian Lore
_____ Rappelling	_____ Woodcarving	_____ Sports	_____ Programming
_____ Insects	_____ Arts & Crafts	_____ First Aid	_____ Archery
_____ Campfire Program	_____ Story Telling	_____ Engineering	_____ Volleyball
_____ Wilderness Survival	_____ Mountain Biking	_____ Rowing	_____ Riflery
_____ Paddle Boarding	_____ Group Singing	_____ Music	_____ Fishing
_____ Religious Services	_____ Technology	_____ Canoeing	_____ Frisbee

Musical Instruments Played: _____

Other: _____

CAMP STAFF POSITIONS

Indicate in order of preference (1 - highest, 2 - second highest, etc.) at least three positions in which you have the interest or ability to serve.

_____ Camp Director	_____ Aquatics Director	_____ Ranger Assistant
_____ Program Director	_____ Boating Director	_____ Handicraft Director
_____ Ecology/Conservation Director	_____ Aquatics Instructor	_____ Handicraft Instructor
_____ Ecology/Conservation Instructor	_____ Outdoor Skills Director	_____ STEM Coordinator
_____ COPE/LOBO Director	_____ Outdoor Skills Instructor	_____ STEM Instructor
_____ COPE/LOBO Instructor	_____ Trading Post Clerk	_____ Camp Clerk
_____ Shooting Sports Director	_____ Dining Hall Steward	_____ C.I.T. Coordinator
_____ Shooting Sports Instructor/Aide	_____ Kitchen Staff	_____ Sports Director
_____ Archery Director	_____ Wilderness Patrol Director	_____ Sports Instructor
_____ Archery Instructor	_____ Wilderness Patrol Instructor	_____ Climbing Director
_____ Camp Health Officer	_____ Camp Commissioner	_____ Climbing Instructor

Why do you want to serve in the positions checked? Please explain. _____

REFERENCES

*All **NEW** potential staff members must have 3 references. Returning staff members need 1 reference.

Name: _____ Occupation: _____

Address: _____ City: _____ Telephone: _____

Email Address: _____

Name: _____ Occupation: _____

Address: _____ City: _____ Telephone: _____

Email Address: _____

Name: _____ Occupation: _____

Address: _____ City: _____ Telephone: _____

Email Address: _____

Signature of Applicant: _____ Date: _____

2018 Camp Schedule

Staff Week: June 14 - 20

Week 1: June 24 – June 30

Week 2: July 1 – July 7

Week 3: July 8 – July 14

Week 4: July 15 – July 21

Week 5: July 22 – July 28

Week 6: July 29 – August 4

Week 7: August 5 – August 11

Closing: August 12 – 14

Staff members are expected to role model Scouting's three core goals: character, citizenship and fitness.

PRE-CAMP PLANNING CHECKLIST

January

- ☐ Obtain Scout commitments for camp attendance
- ☐ Confirm camp leadership
- ☐ Schedule camp promotion presentation for Scouts and parents



February-March

- ☐ Attend Camp Kick-Off Meeting
- ☐ Conduct Camp promotion presentation for Scouts and parents
- ☐ Begin choosing summer camp program
- ☐ Collect camp fees from Scouts
- ☐ Enter Scouts attending online and submit a minimum of \$50 per Scout by March 31

April

- ☐ Submit Early Bird Camp fees online (preferred) or to Council Resource Center by April 15
- ☐ Pass out the Resident Camp Health Forms to Scouts and adults
- ☐ Pass out merit badge selection forms to Scouts
- ☐ Submit Campership Applications to Scout office by May 1 deadline
- ☐ Collect remaining camp fees from Scouts (if necessary)

May-June

- ☐ Collect Health Forms from Scouts and Leaders and merit badge choices from Scouts
- ☐ Collect other necessary paperwork: Youth Protection Training Certificates for all adults attending camp, Dietary Restrictions forms, Wilderness Patrol/LOBO registration forms, SCUBA packets, SM/ASM Leader Training Registration
- ☐ Enter merit badge selections for each Scout online
- ☐ Attend Pre-Camp Leaders Meeting as scheduled. Regular Camp fees and all paperwork due at this meeting
- ☐ Submit Brunch Orders online
- ☐ Submit Camp Photo Orders online
- ☐ Confirm Camp leadership, transportation and equipment
- ☐ Collect remaining camp fees from Scouts (if necessary)

July-August

- ☐ Collect Health Forms from Scouts and leaders
- ☐ Attend Pre-Camp Leaders Meeting as scheduled. Regular Camp fees and all paperwork due at this meeting
- ☐ Submit Brunch Orders online
- ☐ Submit Camp Photo Orders online
- ☐ Collect remaining camp fees from Scouts (if necessary)
- ☐ Enjoy your week at Camp Sequassen
- ☐ Request refunds by August 31

UNIT EQUIPMENT CHECKLIST

The following list is meant as a general guide for your unit.

- | | |
|---|--|
| <input type="checkbox"/> Health Forms
<input type="checkbox"/> Troop First Aid Kit
<input type="checkbox"/> Rope
<input type="checkbox"/> Mantles
<input type="checkbox"/> Cooking Equipment
<input type="checkbox"/> Troop/Patrol Flags
<input type="checkbox"/> Advancement Materials | <input type="checkbox"/> American Flag
<input type="checkbox"/> Troop Reference Books
<input type="checkbox"/> Propane Lanterns
<input type="checkbox"/> Matches
<input type="checkbox"/> Clock
<input type="checkbox"/> Scout Spirit
<input type="checkbox"/> Other items as needed |
|---|--|

PERSONAL EQUIPMENT CHECKLIST

This is only a suggested list. Items should be labeled with Scout's name.

- | | |
|---|---|
| <input type="checkbox"/> Medication (if needed)
<input type="checkbox"/> Pen/Pencil/Paper
<input type="checkbox"/> Class A Uniform
<input type="checkbox"/> Long pants
<input type="checkbox"/> Jacket
<input type="checkbox"/> Boots
<input type="checkbox"/> Poncho/Raincoat
<input type="checkbox"/> Towel/Washcloth
<input type="checkbox"/> Aquatics Shoes
<input type="checkbox"/> Insect Repellent
<input type="checkbox"/> Socks
<input type="checkbox"/> Pillow
<input type="checkbox"/> Advancement materials
<input type="checkbox"/> Fishing pole (optional)
<input type="checkbox"/> Spending money
<input type="checkbox"/> Backpack
<input type="checkbox"/> Photocopy of camp health form | <input type="checkbox"/> Scout Handbook
<input type="checkbox"/> Shorts
<input type="checkbox"/> Class B Uniform*
<input type="checkbox"/> Long sleeve shirts
<input type="checkbox"/> Sweatshirt
<input type="checkbox"/> Sneakers
<input type="checkbox"/> Sleeping Bag/Blankets
<input type="checkbox"/> Shampoo/Soap
<input type="checkbox"/> Toothbrush and toothpaste
<input type="checkbox"/> Flashlight (extra batteries)
<input type="checkbox"/> Swim suit
<input type="checkbox"/> Underwear
<input type="checkbox"/> Camera (optional)
<input type="checkbox"/> Compass
<input type="checkbox"/> Watch
<input type="checkbox"/> Mosquito netting |
|---|---|

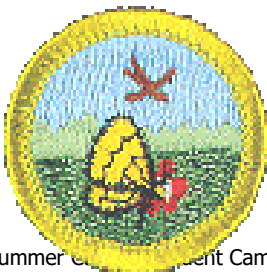


Please note: Scouts and leaders will wear Class A (uniform shirt with trousers/shorts and belt) to dinner each day. Class B (Scouting T-shirt with trousers/shorts and belt) is the recommended attire for breakfast, lunch, and program areas unless special clothing, like swimming trunks, is required. (If you want your picture to appear in future camp promotional material, you need to be wearing Scout clothing.)

If you forget something...some items may be available at the Trading Post.

MERIT BADGE PRE-REGISTRATION PROCEDURE

- 1) Submit the following form to your Troop's camp coordinator so he/she may enter your choices online or, if attending camp provisionally, enter your own selections online. If using this form, enter name, unit number, campsite, week and age. Also include the name of your unit leader. Be sure that all information is complete and can be read easily.
- 2) **Merit Badge Program:** Scouts wishing to enroll in regular merit badge classes should complete the 2018 Merit Badge Registration form on page 14. Circle the (X) in the box of the merit badge or program you wish to pre-register for. Please Note: Merit badge classes are offered during the times that an X appears in the box. Provisional campers may submit merit badge selections directly online but should get Scoutmaster approval.
- 3) **Wilderness Patrol Program:** If you are participating in the Wilderness Patrol Program complete the 2018 Wilderness Patrol Program Options Form at page 15. Please check the merit badge you wish to take at 2:00. Do not use the form on page 14. **Wilderness Patrol and the 2 p.m. merit badge selection may be entered online.**
- 4) **LOBO Adventures Program:** If you are participating in LOBO, please complete the 2018 LOBO Adventures Registration Form at page 16, including parent signature. **Morning merit badge selections and LOBO program may be entered online but you must also submit the LOBO form signed by parent/guardian.**
- 5) In order to provide the best quality merit badge program, some merit badges and programs are limited to a maximum number of participants. Every effort will be made to accommodate Scouts who have pre-registered and have submitted their choices during (or before) the pre-camp meeting three weeks before the unit's arrival in camp.
- 6) Scouts should complete any prerequisites required prior to coming to camp. "Partials" will be issued for any merit badge for which prerequisite requirements were not completed prior to camp.
- 7) Be familiar with requirements for each merit badge. Be sure to have the most recent merit badge book or requirement book. Merit badge books will be available at the camp Trading Post.
- 8) Some merit badges require equipment or kits to complete the merit badge. Bring them with you or be prepared to purchase them at the camp Trading Post.
- 9) Return the summer camp Merit Badge Registration Form (and/or Wilderness Patrol or LOBO forms) to your unit leader as soon as it is finished so he/she can use it to enter your selections online.
- 10) If you have any questions regarding the Merit Badge Registration process, please contact your unit leader.
- 11) Get ready to have a great week at Camp Sequassen!



2018 Merit Badge Registration Form

Scout's Name _____ Age _____ Troop _____ Week Attending _____

Campsite _____ Scoutmaster Approval _____

Merit Badge	Pre Reqs	9:00	10:00	11:00	2:00	3:00	4:00	7:00	APPT.
The merit badges in this section are available for Scouts of all ages									
Archery		X	X	X					
Art (3)	Y				WP				X
Basketry (7)									X
Bird Study									
Camping	Y	X	X		X				
Canoeing (1)			X						
Fire Safety (3)	Y			X	WP				
Fishing (3)	Y			X	WP				
Forestry				X					
Geology	TBD		X						
Indian Lore									X
Insect Study	Y								X
Learn-to-Swim (3, 5)		X		X	WP				
Leatherwork (3)		X	X	X	WP				
Lifesaving (1)			X						
Mammal Study					WP				
Mining in Society			X						
Metalwork		X	X	X					
Nature				X					
Oceanography					X				
Orienteering	Y	X							
Pioneering		X	X						
Reptile & Amphibian Study	Y	X			WP				
Rifle Shooting (6,9)		X	X	X					
Rowing		X	X						
Sculpture (3)				X					
Search & Rescue					X				
Soil & Water Conservation		X							
Swimming		X		X	X				
Wilderness Patrol (5)			X						
Woodcarving		X	X	X					
Scouts 12 or older may select from this section as well as the section above									
Animation (7)	TBD	X			X				
Digital Technology	Y	X							
Game Design	Y	X	X						
Scouts 13 or older may select from this section as well as the sections above									
Astronomy			X						
Chess				X	X				
Climbing (1)			X						
Cycling	Y	X							
Electronics					X				
Engineering	Y		X		X				
Environmental Science (1)			X			X			
Kayaking		X	X		X				
Personal Fitness/Sports	Y	X		X					
Programming	Y		X						
Signs, Signals & Codes	Y			X					
Sm. Boat Sailing (1)			X			X			
Space Exploration			X						
Wilderness Survival	Y			X	X				
Scouts 14 or older may select from this section as well as the sections above									
Chemistry	Y	X		X					
COPE (5)			X						
First Aid (1)	Y		X						
Geocaching (7)	Y		X						
LOBO (5,10)						Monday-Thursday, 1-5 pm			
Motorboating (4)	Y	X	X						
Paddleboard/Snorkeling BSA (5)		X							
SCUBA Diving (8)			X (offered weeks 4, 6 & 7)						
Shotgun Shooting (1)			X						
Scouts must be 15 or older to take BSA Lifeguard.									
BSA Lifeguard (2,5)			X						

- These merit badges are longer than one hour. Do not schedule another class during these times.
- Lifeguard Training will require the Scout to spend all day at the waterfront. Scouts must be at least 15 years old and a Blue Swimmer. There is an additional \$150 fee for this training. Participants may need to complete testing on Saturday morning. Successful completion of the course earns ARC Lifeguarding w/ First Aid, CPR/FPR w/ AED in addition to BSA Lifeguard.
- WP - Wilderness Patrol Scouts will have priority sign up for these 2:00 p.m. classes.
- Participants must hold a CT Safe Boaters Certificate or, if resident of another state, the appropriate equivalent.
- Not a merit badge.
- Recommended for Scouts 13 years and older. Experience has shown younger Scouts are unlikely to complete all requirements.
- Some time in the afternoon and/or evening will be needed to complete badge requirements.
- SCUBA Diving Merit Badge will require participants to spend all day at the waterfront. Scouts must be at least 14 years old. A SCUBA specific medical form is required in addition to the regular camp medical record. There is an additional \$275 fee for this program. Successful completion of this weeklong program earns the Scout the SCUBA Diving Merit Badge, SCUBA BSA patch, the NAUI SCUBA Diving Certification Card and SAHI Basic First Aid and CPR certification. Adults may also take this course to earn the diving and first aid certifications. Registration deadline for this merit badge is May 31. A minimum of four participants is required for the course to be held. Offered weeks 4, 6 & 7.
- Must not have already earned rifle shooting merit badge.
- Additional \$50 fee for this program.

2018 WILDERNESS PATROL PROGRAM OPTIONS

Please complete the following form to sign up for the Wilderness Patrol program:

Name: _____ Troop: _____ Week: _____

Campsite: _____ Age: _____ Rank: _____

1) What one merit badge would you like to take at 2:00? (Please put an X on the line following the merit badge)

Art _____

Fire Safety _____

Fishing _____

Leatherwork _____

Mammal Study _____

Reptile and Amphibian Study _____

Learn to Swim _____ (Top priority for non-swimmers)



Note: Prerequisites: Some merit badge requirements cannot be completed at camp. These requirements may be completed before or after attending camp but must be completed before the merit badge is awarded. Scouts may sign up for a merit badge before completing any of the prerequisites.

2) Are there any skills which you feel should be covered during your week at camp? Are there any requirements which you are specifically looking to complete?

3) What are you most looking forward to while at camp?

I have reviewed the above information and recommend this Scout for the Wilderness Patrol Program.

SCOUTMASTER SIGNATURE

DATE

2018 LOBO ADVENTURES REGISTRATION FORM

Name of Scout: _____ Age: _____ Troop: _____
Campsite: _____ Rank: _____

As a member of LOBO you can register for up to three Merit Badges during the morning. The following is a list of merit badges reserved for Scouts 14 and older.

If you are interested in taking an offered merit badge that is not listed below during the morning sessions, write in your selection next to "Other."

Please place an X next to the merit badge you would like to take:

9:00

Chemistry _____
Motorboating _____
Other (Write your choice) _____

10:00

First Aid _____ (runs from 10-12, do not select an 11 am class)
Geocaching _____
Motorboating _____
Shotgun Shooting _____ (runs from 10-12, do not select an 11 am class)
Other (Write your choice) _____

11:00

Chemistry _____
Other (Write your choice) _____

Or **COPE 9:00-12:00**, Monday-Friday _____

Parents, please read and sign the portion below.

I understand that participation in the LOBO Adventures program includes climbing/rappelling, rock climbing, bike touring, tubing on the Farmington River, etc. and that these activities involve a certain degree of risk that could result in injury or death. I understand these risks and also understand that precautions will be taken to ensure the safety and well being of my son/daughter and I have given permission for my child to participate in these LOBO activities during his/her stay at Camp Sequassen.

I understand some of these activities are done off the camp property. Therefore, I authorize the camp leadership to transport my son/daughter off camp to these event sites so long as BSA rules are followed.

In the event of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. I further agree to the release of medical information pertaining to treatment/condition/prognosis/etc. of my son/daughter to the adult leader in charge.

Signature of Parent/Guardian

Date

Parents should also sign the waiver for Tubing on the Farmington River and submit with this LOBO form.



Participants Voluntary Release of Liability and Assumption of Risk Agreement
Read Before Signing, This is a legal binding contract.

North American Canoe Tours, Inc. & Farmington River Tubing

Participants Name (Print) _____ Emergency phone # _____
Age _____ (If under 18 you must have the bottom section signed by your parent/guardian)

In exchange for being allowed to use the equipment rented from Farmington River Tubing and to participate in any way in the activity of river tubing and its related events, I the undersigned, for myself and my successors or assigns, acknowledge, appreciate, and agree that:

1. I can swim and I am physically and mentally capable of participating in this activity.
2. Farmington River Tubing is a rental company which rents inner tubes, PFD's, and Transportation. It does not own, control, alter or maintain the river or the surrounding areas including the Satan's Kingdom State Recreation area, the Nepaug State Forest, the Private property along the river, nor the D.O.T. & D.E.P. property located at the take out.
3. The use of the equipment rented from Farmington River tubing, the transportation provided, and the activity of river tubing and its related events is inherently hazardous. By way of example, and not limitation, these hazards include: wet or uneven surfaces, slips, trips, falls, collisions with or entrapment in rocks or trees both above and below the water, equipment failure, vehicle accidents, encounters with wildlife, and weather conditions.
4. The risk of injury from these hazards, both known and unknown, as well as from the use of the equipment, the transportation provided, and the use of the river and its surrounding areas is significant. Including but not limited to; cuts, lacerations, bruises, sprains, strains, dislocations, broken bones, head injuries, drowning, permanent paralysis, or death.
5. I have familiarized myself with the conditions of the river, including its sides and the surrounding areas, and the weather conditions/forecast for the duration of my use of the equipment and my involvement in the activity.
6. I knowingly and freely assume all risks, both known and unknown, related to the use of the equipment, the transportation, or the activity of river tubing and its related events; even if arising from the negligence of the Releasees or others, and assume full responsibility for myself while using the equipment, the transportation, or while participating in the activity of river tubing and its related events.
7. I willingly agree to comply with all written and verbal terms, conditions, warnings, restrictions, and directions given by Farmington River Tubing or others for the use of the equipment, the transportation, and the activity of river tubing and its related events.
8. If I incur any injuries while using the equipment or participating I will immediately notify a Farmington River Tubing representative, fill in and sign an accident form, and seek any necessary medical attention at my own expense.
9. I, for myself and on behalf of successors, my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, hold harmless, and promise not to sue Farmington River Tubing, North American Canoe Tours Inc., its officers, officials, servants, volunteers, agents and or employees, other participants, sponsors, advertisers, promoters, property owners or lessors, public entities, and any other individual that is connected in any manner with the rental of the equipment, the transportation, or the activity and its related events, from any and all claims, demands, losses, and liability arising out of or related to any injury, disability, or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
10. I agree that should I or my successors or assigns assert a claim as a result of my use of the equipment, transportation, or participation in the activity of river tubing and its related events, the claiming party shall be liable for the expenses, including legal fees, incurred by the releasees. The claim shall be submitted to arbitration before the American Arbitration Association, and not by way of civil lawsuit filed in either the state or federal courts. Three arbitrators, including one neutral shall be utilized.
11. Every term and provision of this contract is intended to be severable in whole or in part. If any of them are found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable on me, my successors and assigns.

I have read this document, fully understand its meaning and intent of same, understand that I am giving up substantial rights by signing it, and sign it voluntarily for the privilege of using the rented equipment, the transportation, and participating in the activity of river tubing and its related events.

Participants Signature: _____ Date: _____

Consent and release of Parent or Guardian for minors under 18 yrs old.

I am the parent or guardian of the minor listed above. I certify that they properly fit into the equipment, that they are able to properly use it, and that they are capable of participating in the activity of river tubing and its related events. I certify that I, as parent/guardian with legal responsibility for this participant, do consent to their use of the equipment and participation in the activity of river tubing and its related events. I agree that the terms of the contract above shall likewise bind me, my child, my heirs, legal representatives, and assigns. I hereby release and shall defend, indemnify and hold harmless Farmington River Tubing and North American Canoe Tours Inc., its officers, officials, servants, volunteers, agents and or employees, other participants, sponsors, advertisers, promoters, property owners or lessors, public entities, and any other individual that is connected in any manner with the rental of the equipment, the transportation, or the activity and its related events from every claim and any liability arising out of my minor's use of the equipment, transportation, or participation in the activity of river tubing and its related events. I further promise not to sue the entities referenced above on my behalf or on behalf of my minor listed above. **I have read this document fully. I fully understand its meaning and intent of same. I understand that I am giving up substantial rights for myself and for my minor listed, and voluntarily sign it for the privilege of allowing my minor to use the rented equipment, the transportation, and to participate in the activity of river tubing and its related events.**

Print name: _____ Signature: _____ Date: _____

Swimming Classification

In accordance with B.S.A. policy, each Scout and adult must have a swim classification upon arrival at camp.

Swim classifications may be done at camp as part of the check-in process. An alternative is for individuals or units to conduct swim classifications for Scouts and adults prior to attending camp using the "Swim Classification" procedure and record sheet outlined here on pages 18-20. Arriving at camp with swim classifications already completed and submitted at the precamp meeting reduces a unit's orientation time.

If taking advantage of the option to determine swim classifications prior to arrival at camp, the following procedure must be followed.

The swim classification at the unit level must be administered by an individual with one of the following certifications:

- Aquatics Instructor, B.S.A.
- Aquatics Supervisor, B.S.A.
- B.S.A. Lifeguard
- Certified Lifeguard
- Swimming Instructor
- Swimming Coach

Any expense for this pre-camp classification is paid by the unit and is not reimbursed by the camp. The attached "Unit Swim Classification" report must be filled out completely with the proper classification filled in for all Scouts, leaders and adults who took the swim assessment. The Swim Classification form and the copy of the BSA requirements must be signed by the administrator of the classification assessment and submitted along with copies of their certifications including current CPR with expiration date.

Remember, every person using the waterfront must have a "swim classification." If any person in your unit does not take part in the pre-camp classification session(s), he/she will have to take the swim test upon arrival at summer camp.

When the unit/camper arrives at summer camp, each individual will be issued a buddy tag based on his/her classification.

Please note: When the swim classification is conducted away from camp, the Camp Aquatics Director reserves the authority to review or reassess at his/her discretion.

Important Message for Unit Leaders

The swim classification assessment must be given and scored according to the direction contained in this guide. Using any other standard risks putting a Scout in a life threatening situation. For example, overstating a Scout's swimming ability could allow him access to deeper water than he is prepared for with the potential for tragic results.

Follow the guide for safety's sake!

2018 UNIT SWIM CLASSIFICATION

Unit No.	Campsite:	Week:	Date of Swim Test:
Unit Leader:			
Address:			Telephone:
City:	State:	Zip:	

This is the individual swim classification record as of this date. Any changes in status after this date i.e., non-swimmer to beginner or beginner to swimmer would require a reassessment and reclassification by the Camp Aquatics Director. All Scouts and leaders must complete the swim classification and record.

Special Note: When swim classifications are assessed away from camp or at the point of activity, the Aquatics Director shall at all times reserve the authority to review or reassess all participants to assure that standards have been maintained.

Please attach a copy of your certifications to this form.

	Full Name (Please print)	Y or A	Swim Classification		
			Non-Swimmer	Beginner	Swimmer
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Name of person conducting classification assessment – (For this record to be valid, copies of certifications, including CPR with expiration date, must be attached)

Print Name: _____

Signature: _____

Boy Scout Swim Classification

It is the unit leader's responsibility to ensure that the administrator of the swim assessment understands the standards for the Boy Scouts of America's swim classification. Please have the administrator read and sign this description of the classification. The administrator must also attach copies of his or her certifications, including CPR and expiration date, to this paper and this should be submitted with the unit classification sheet. Sheets without this information will not be accepted at summer camp.

Nonswimmers (white) have not completed either the beginner or swimmer test.

Beginners (red) must pass this 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 the starting place.

Swimmers (blue) pass this test: Jump feet first into water over the head in depth. Level off and swim 75 yards in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl; then swim 25 yards using an easy resting backstroke. The 100 yards must be completed in one swim without stops and must include at least one sharp turn. After completing the swim, rest by floating.

I understand the national standards of the Boy Scouts of America for swim classification and I have administered the test in a manner supporting these standards.

Signature of administrator: _____

Date: _____

DIETARY RESTRICTION

Please submit completed form at least two weeks prior to arrival at camp.

To: Camp Sequassen Camp Director

Subject: Special dietary request

Please provide alternative meal for _____
Name

Unit

Week

Campsite

On _____ for _____
Date Meal

Specify dietary restriction (religious/medical): _____

Parent Signature

Date

DIETARY RESTRICTION

Please submit completed form at least two weeks prior to arrival at camp.

To: Camp Sequassen Camp Director

Subject: Special dietary request

Please provide alternative meal for _____
Name

Unit

Week

Campsite

On _____ for _____
Date Meal

Specify dietary restriction (religious/medical): _____

Parent Signature

Date



2018 Campfire Kits

If you are planning an evening in the campsite, treats available from the camp larder will make your evening twice as enjoyable. Be sure to order your kit in advance either at the pre-camp leader's meeting or at check-in. Requests are to be turned in to the Commissioner at least 24 hours in advance.

- | | |
|---|------------------------|
| A. Graham crackers, marshmallows, chocolate bars and bug juice. Just the right ingredients for S'mores. | \$13
(Serves 10-15) |
| B. Crackerbarrel Special: Ritz crackers with peanut butter, jelly, squeeze cheese spread and bug juice. | \$18
(Serves 15-20) |
| C. Jumbo cookie pack with bug juice. | \$12
(Serves 10-14) |
| D. Dutch oven with strudel ingredients and cook book. | \$10
(Serves 10-15) |
| E. Sheet cake, made fresh by the camp chef. | \$20
(Serves 40-50) |

Campfire Kit Request Form

Unit: _____

Campsite: _____

Selection: _____

Date Needed: _____

Amount Enclosed: \$ _____



CAMP SEQUASSEN

Patrol Cooking Request Form

The following items are available from the camp for the purpose of patrol cooking. Please list the quantity requested on the lines provided.

_____ Hamburgers	_____ Hot Dogs	_____ Cereal
_____ Chicken Pieces	_____ Corn	_____ Milk
_____ Green Beans	_____ Potatoes	_____ Sausage
_____ Tomatoes	_____ Lettuce	_____ Pancake Mix
_____ Mayonnaise	_____ Mustard	_____ Syrup
_____ Ketchup	_____ Relish	Other: _____
_____ Potato Chips	_____ Fruit	_____
_____ Cookies	_____ Brownie Mix	_____
_____ Cake Mix	_____ Eggs	_____
UTENSILS		
_____ Forks		_____ Paper plates
_____ Spoons	_____ Cups	_____ Napkins
_____ Knives		_____ Aluminum Foil

Unit #: _____ Campsite: _____

Unit Leader: _____

Date Needed: ____/____/____ Meal being prepared (circle one): Breakfast Lunch Dinner

of people eating in campsite: _____

Be sure to order your items in advance, either at the pre-camp leaders meeting or at check-in. Requests are to be turned in to the Commissioner at least 48 hours in advance.

POLAR BEAR SWIM	
-----------------	--

Each morning at 6:30 our Aquatics staff invites you to participate in an early morning Polar Bear swim. Any member of a unit may participate in the swim as long as they are with a buddy. Those Scouts and Scouters who complete three out of the five days will receive a polar bear patch. The Senior Patrol Leader is responsible for keeping track of participants on the form below that should be turned in to the Program Director at the Friday lea

[illegible]

Unit Number: _____ Campsite: _____ Week: 1 2 3 4 5 6 7

Senior Patrol Leader: _____

"WE LOVE SEQUASSEN" LOYALTY RECOGNITION

Unit Type: Troop / Crew **Unit #:** _____ **Campsite:** _____ **Week:** _____

Unit Leader: _____ **Cell Phone:** _____

A sequentially numbered segment (rocker), in recognition of a second through seventh year of attendance at Camp Sequassen summer camp, is available at the camp's Trading Post. One rocker may be ordered at no charge for each of a unit's youth campers attending a full week of summer camp in 2018.

The site leader should procure the appropriately numbered segments for the unit's Scouts before departing camp. Complete this order form and submit to the trading post at least 24 hours before your requested pick up date & time.

SCOUT NAME

ROCKER (CIRCLE ONE)

	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th
	2 nd	3 rd	4 th	5 th	6 th	7 th

Additional rockers for adults may be ordered for \$1.00 each. Please indicate the number of each segment you will be purchasing.

_____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____ 7th

Total # ordered at \$1 each _____

Please have our segment order ready for pick up: date: _____ Time: _____

Trading Post Use Only

Total rockers – no charge:	_____ 2 nd	_____ 3 rd	_____ 4 th	_____ 5 th	_____ 6 th	_____ 7 th
Total rockers – \$1 each:	_____ 2 nd	_____ 3 rd	_____ 4 th	_____ 5 th	_____ 6 th	_____ 7 th
Total rockers – ordered:	_____ 2 nd	_____ 3 rd	_____ 4 th	_____ 5 th	_____ 6 th	_____ 7 th

Amount due: \$ _____ Amount paid: \$ _____

Order picked up by: _____ Date: _____

HONOR PATROL REQUIREMENTS/APPLICATION

Campsite: _____ **Unit #:** _____ **Patrol Name:** _____

Purpose: To reinforce the Patrol as a working unit within the Troop

Requirements:

The unit Senior Patrol Leader and Camp Commissioner approve all requirements.

_____ 1. Develop two goals for each patrol member, they can be academic goals or personal goals, and state them below. Achieve at least 80% of these goals while at camp.

NAME	GOALS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ 2. Have a Patrol flag and display it at morning and evening flag ceremonies.

_____ 3. Show Patrol spirit during your week at camp.

_____ 4. Patrol members must participate in at least eight All Camp Challenge events.

_____ 5. During your stay at camp, Do Your Best as a Patrol to observe the Scout Oath and Law, Do A Good Turn Daily and Be Prepared.

NOTE: This must be turned in to the Camp Commissioner upon completion.

Sequassen Constellation Award

Blue Segment – 1 of 4

BLUE SEGMENT

<i>Earn 95 Points</i>	<i>Points</i>	<i>Earned</i>
1. Lead grace at a meal	20	_____
2. Lead a song at a meal	20	_____
3. Attend Open Shoot	5	_____
4. Participate in a conservation project	15	_____
5. Make a project at the craft center	5	_____
6. Play a game of volleyball	5	_____
7. Participate in the Pioneer Challenge	10	_____
8. Participate in Open Swim	5	_____
9. Participate in Open Boating	5	_____
10. Sleep under the stars	10	_____
11. Earn a Merit Badge	5	_____
12. Participate in a Camp Wide Event	10	_____
13. Get a rubbing from all of the following:		
Hermit's Grave	5	_____
Secret of Sequassen	10	_____
Sequassen Constellation	15	_____
14. Participate in Polar Bear Swim	10	_____
15. Catch a fish	5	_____
16. Scoutmasters:		
Attend a Coffee Hour	5	_____
Help in a program area	15	_____
Improve your campsite:		
Inspection Score	5	_____
Campsite Improvement	5	_____
Total:		_____

Turn this sheet in to the office by Friday at 7:00 p.m. along with \$0.75.

Name: _____

Date: ____/____/____ Campsite: _____

Sequassen Constellation Award

Gold Segment – 2 of 4

GOLD SEGMENT

<i>Earn 70 Points</i>	<i>Points</i>	<i>Earned</i>
1. Camp for 2 years at Camp Sequassen	20	_____
2. Earn the Sequassen Service Award	20	_____
3. Complete the following:		
a. Earn 4 Merit Badges	5	_____
b. Lead a song at 2 meals	10	_____
c. Lead Grace at a meal	10	_____
d. Serve as a lifeguard for 1 hour	5	_____
e. Organize a group to:		
Pick up trash	5	_____
Work on a conservation Project	5	_____
Build a campsite gateway	5	_____
f. Scoutmasters:		
Help in a program area	15	_____
Improve your campsite		
Inspection Score	5	_____
Camp Improvement	5	_____
Total:		_____

Turn this sheet in to the office by Friday at 7:00 p.m. along with \$0.75.

Name: _____

Date: ____/____/____ Campsite: _____

Sequassen Constellation Award

Silver Segment – 3 of 4

SILVER SEGMENT

<i>Earn 80 Points</i>	<i>Points</i>	<i>Earned</i>
1. Camp for 3 years at Camp Sequassen	20	_____
2. Earn the Sequassen Service Award	20	_____
3. Complete the following:		
a. Earn 4 Merit Badges	5	_____
b. Lead a song at 3 meals	10	_____
c. Run a camp site game	10	_____
d. Serve as a lifeguard for 2 hours	5	_____
e. Organize a group to:		
Pick up trash	5	_____
Work on a conservation Project	5	_____
f. Scoutmasters:		
Help in a program area	15	_____
Improve your campsite		
Inspection Score	5	_____
Camp Improvement	5	_____
Total:		_____

Turn this sheet in to the office by Friday at 7:00 pm along with \$0.75.

Name: _____

Date: ___/___/___ Campsite: _____

Sequassen Constellation Award

Bronze Segment – 4 of 4

BRONZE SEGMENT

<i>Earn 80 Points</i>	<i>Points</i>	<i>Earned</i>
1. Camp for 4 years at Camp Sequassen	20	_____
2. Earn the Sequassen Service Award	20	_____
3. Complete the following:		
a. Earn 4 Merit Badges	5	_____
b. Run a Flag Ceremony	10	_____
c. Lead a song at 4 meals	10	_____
d. Lead a skit at a campfire	5	_____
e. Help to build a closing campfire	5	_____
f. Serve as a lifeguard for 3 hours	5	_____
g. Organize a group to:		
Pick up trash	5	_____
Work on a conservation Project	5	_____
h. Scoutmasters:		
Help in a program area	15	_____
Improve your campsite		
Inspection Score	5	_____
Camp Improvement	5	_____
Total:		_____

Turn this sheet in to the office by Friday at 7:00 p.m. along with \$0.75.

Name: _____

Date: ___/___/___ Campsite: _____

THE OWANECO TRAIL AWARD



SPONSORED BY THE OWANECO LODGE 313
ORDER OF THE ARROW

Earning the Award

The Owaneco Trail Award is a six segment award that helps campers become better acquainted with Camp Sequassen. The award is open to all campers at Camp Sequassen and is earned by completing requirements for Outpost Trail, Service Project, Boundary Trail, Hermit's Trail, Nature Trail and Historic Trail segments. Those interested need prior approval from their unit leader. Upon completion of the requirements for a segment the unit leader must initial and date the attached application form. The candidate should retain the application form until all segments are completed. Segments do not have to be completed in any order. Once the requirements have been completed the Lodge Chief, Summer Lodge Chief, Camp Director, Camp Ranger or Campmaster can sign-off on the award and the award patch and segments can be purchased. Segments and the Owaneco Trail Award Patch are available for purchase at the camp trading post.

Outpost Trail Segment

Date Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Hike to Outpost along the trail, starting at the Trail Center outside the trading post. |
| _____ | _____ | 2. While on your hike, find the Judd's Brook inscription and write it down. |
| _____ | _____ | 3. Camp one night at Outpost. (This can be done in a group) |
| _____ | _____ | 4. Make a plaster cast of two different animal tracks in camp. |

Service Project Segment

Date Initials

- | | | |
|-------|-------|---|
| _____ | _____ | Earn the Sequassen Service Award by performing a four hour service project in camp which is approved and supervised by the camp ranger. A patch is awarded upon completion of this requirement. |
|-------|-------|---|

Boundary Trail Segment

Date Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Hike the entire trail, starting and ending at the Trail Center outside the trading post. |
| _____ | _____ | 2. Locate the "Lost Village". |
| _____ | _____ | 3. Locate three surveyors pins/pylons along the trail. |
| _____ | _____ | 4. Visit the Four Corners Marker. Make a copy of the face of the marker, and identify the names of the four towns. |

The Hermit's Trail Segment

Date Initials

- | | | |
|-------|-------|--|
| _____ | _____ | 1. Hike the entire trail starting and ending at the Trail Center outside the trading post. |
| _____ | _____ | 2. Put something green on the Hermit's Grave. |
| _____ | _____ | 3. Take a drink from the Hermit's Spring. |
| _____ | _____ | 4. Sleep one night in the area of the Hermit's Grave (this can be done in a group). |
| _____ | _____ | 5. Memorize the inscription on the Hermit's Grave. |

The Nature Trail Segment

Date Initials

- _____ _____ 1. Hike the nature trail starting and ending from the nature center at the Carl Cohen Lodge.
- _____ _____ 2. Hike the safety trail from the nature center down to the beaver dam. Explore Cedar Swamp.
- _____ _____ 3. Make a salad from at least three edible plants and share this with your counselor.
- _____ _____ 4. Identify the leaves of ten trees along the trail.
- _____ _____ 5. Identify ten plants along the trail.

The Sequassen Historic Trails Segment

Date Initials

- _____ _____ 1. Locate and write down the following inscriptions and present them to your counselor.
- A. Hermit's Grave
 - B. Hidden Inscription (a.k.a. Deep Woods Inscription)
 - C. Judd's Brook
 - D. Inscription from both fireplaces in the English Dining Hall.
 - E. Sequassen Constellatina
 - F. Aspermont Camp
 - G. Sargent Cottage
 - H. Honor Tree in the Pine Grove
- _____ _____ 2. Memorize the following, and repeat them for your counselor.
- A. Inscription from both fireplaces in the English Dining Hall.
 - B. Hidden Inscription (a.k.a. Deep Woods Inscription)
- _____ _____ 3. Read "Sequassen Past and Present," and give a brief history of the camp to your counselor.
- _____ _____ 4. Locate and write down any eight of the following inscriptions and present them to your counselor.
- A. Loomis Hall
 - B. Savino Lodge
 - C. Zimmerman Lodge
 - D. English Chapel
 - E. Platt Field
 - F. Clark Field Flagpole
 - G. Carl Cohen Lodge
 - H. Gates Health Lodge
 - I. Friendship Lodge Philia Plaque
 - J. Dining Hall Dedication Plaque
 - K. International/Nature Center (South side of Cohen Lodge)

Owaneco Trail Award

Unit Leader’s Approval

Scout _____ has permission to work on the Owaneco Trail Award at Camp Sequassen.

	_____	Scoutmaster	_____	Date
	Date Completed	Initials	Received	
Hermit	_____	_____	_____	
Outpost	_____	_____	_____	
Boundary	_____	_____	_____	
Nature	_____	_____	_____	
Historic	_____	_____	_____	
Service	_____	_____	_____	

Lodge Approval

Scout _____ from Troop # _____
(Troop # and Town)

has completed the above listed segments of the Owaneco Trail, and has qualified for the Owaneco Trail Award.

_____	_____
Lodge Chief/Summer Lodge Chief/Camp Director/Camp Ranger Campmaster	Date

Trail Award Received: _____



BE A



LEADER

Scoutmaster and Assistant Scoutmaster Specific Leader Training and Introduction to Outdoor Leader Skills will be offered at Summer Camp again this year.

Monday and Tuesday will cover the three parts of Scoutmaster/ Assistant Scoutmaster Leader Specific Training. Plan on the training sessions lasting from 9 AM to 3 PM each day.

Introduction to Outdoor Leader Skills may be completed at various locations around camp Wednesday through Friday.

Each participant will receive a check off list for the Outdoor Leader Skills portion of the training. Partial credits may be earned.

A \$5.00 fee will be charged for SM/ ASM Specific and a \$5.00 fee will be charged for Introduction to Outdoor Leader Skills.

Units are requested to complete one registration form for each adult participating and submit at the pre-camp leaders meeting for their week of camp attendance.

There must be one completed form for each participant.

For further information or questions, contact:

Gene Waring at ewaring@snet.net

or

Ray Spagnuolo at troop19sm@yahoo.com

or

Michael Morrell at michael.morrell@scouting.org

**REGISTRATION FORM:
Boy Scout Leader Training at Camp Sequassen**

Name _____ Unit _____

Address _____

Town _____ District _____

Telephone Number _____ Email _____

Week at Camp _____

Please check the training you are taking:

☐ SM/ ASM Specific - Mon./Tues. 9:00 AM – 3:00 PM -- \$5.00

☐ Intro to Outdoor Leader Skills – Wednesday-Friday -- \$5.00

Total Fees submitted \$ _____



SCOUTMASTER MERIT BADGE

In order to earn the Camp Sequassen Scoutmaster Merit Badge, a leader must complete six out of the fourteen items.

Once the six items have been completed, have the Camp Director sign your form for final approval.

- 
1. Greet an unknown Scout, make him feel special.
 2. Participate in two Scoutmaster Competitions.
 3. Help teach a skill in a merit badge class.
 4. Learn a new skill during the week.
 5. Attend daily Scoutmaster Meetings.
 6. Relax and enjoy yourself.
 7. Help your Scouts learn a new skit or song for Friday night's campfire.
 8. While at camp, complete Basic Leader Training for Scoutmasters or two of the following:
Safe Swim Defense, Safety Afloat, Climb on Safely, Leave No Trace, Trek Safely, Youth Protection.
 9. Visit at least 5 camp adventure areas (COPE, Climbing, BMX, Disc Golf Course, Stoney Lonesome, Platt Field, Wilderness Patrol, Waterfront).
 10. Participate in Camp All Faith Service (bring your Scouts)
 11. Participate in a Friendship Campfire.
 12. Congratulate a Staff Member for doing something well.
 13. Meet somebody new and make him/her feel special.
 14. Give the Camp Director, Program Director, Commissioner or Camp Registrar a high five.

Program Director

Program Director

Area Director

SPL

Program Director

Commissioner

Commissioner

Program Director

Program Director

Chaplain

Commissioner

Program Director

Commissioner

Commissioner

Camp Director

Date

Adult Leader (please print)

Camp Sequassen

Commissioner's Site Visitation Checklist

Campsite: _____ Unit/Town: _____ Week: _____

Senior Patrol Leader: _____ Scoutmaster: _____

Your Commissioner: _____

FIRE SAFETY	Mon.	Tues.	Wed.	Thurs.	Fri.
Fire Barrel -- filled, clear of debris, near fire circle					
Fire Circle -- debris cleared, barrel near, correct location					
Fireguard Chart -- posted & signed daily by fire warden					
Fire Tools -- displayed on rack, readily available					

HEALTH AND SAFETY	Mon.	Tues.	Wed.	Thurs.	Fri.
Latrine -- area cleaned (in & out), disinfectant used					
Washstand -- clean (in, on & around) of trash/debris					
First Aid Kit -- displayed and stocked, easily accessible					
Travel Area -- free of debris, clotheslines placed properly					
Trash Can -- liner inside, emptied if full					
Axe Yard -- defined, safe, tools clean & safeguarded					

SCOUT-LIKE CONDITION	Mon.	Tues.	Wed.	Thurs.	Fri.
Bulletin Board -- hung, neat, duty roster, emergency procedures					
Tents/Lean-tos -- neat, no trash, flaps all up or down, swept					
Campsite Entrance -- well kept, neat, show Scout skill					
Flags -- up (or down when raining), unit flags displayed					
Camp Improvements -- approved and a true improvement					













ENVIRONMENT	Mon.	Tues.	Wed.	Thurs.	Fri.
Litter -- site free of litter, full trash bags disposed of					
Beauty -- site kept as natural as possible					
Brush Piles -- fire wood stacked, other wood piled					
Structures -- neat, no markings or damage					
Assigned Service Area -- clean and free from litter					











TOTAL POINTS EARNED (out of 100 possible)	Mon.	Tues.	Wed.	Thurs.	Fri.
Commissioner's Initials					

0 = Unsatisfactory 1 = Needs improvement 2 = Fair 3 = Good enough 4 = Very good 5 = Excellent

Comments:

<p>Polar Bear Swim</p> <p>This segment is earned by participating 3 times in the polar bear swim.</p> 	<p>Gold Unit</p> <p>This segment is issued to units that have 75% of their June 30 membership participating in summer camp.</p> 	<p>Wilderness Patrol</p> <p>This segment is issued to first year campers who complete the Wilderness Patrol program.</p> 	<p>Adult Leader</p> <p>This segment is available to adult leaders who stay overnight at camp.</p> 
<p>Hermit's Pilgrimage</p> <p>This segment is earned by scouts who participate in the Hermit's Pilgrimage.</p> 	<p>Waiter</p> <p>This segment is available to scouts who serve as a waiter at summer camp.</p> 	<p>Alumni Association</p> <p>This segment is available to members of a Camp Sequassen alumni association.</p> 	<p>Scoutmaster Merit Badge</p> <p>This segment is awarded for earning the Scoutmaster Merit Badge.</p> 
<p>Staff</p> <p>This segment is available to members of the Camp Sequassen summer resident camp staff.</p> 	<p>Overnight on Island</p> <p>This segment is earned by spending a night on the island as a participant in an older Scout program.</p> 	<p>Provisional Camper</p> <p>This segment is available to any Scout who attends Camp Sequassen summer camp as a provisional camper.</p> 	<p>CIT</p> <p>This segment is available to Scouts who complete the Counselors In Training (CIT) program.</p> 

<p>85 Years</p> <p>This segment is available to all Scouts who attended Sequassen during the 85th anniversary of the camp's founding (2012).</p> 	<p>Service Project</p> <p>This segment is awarded for completing a camp service project approved by the Ranger.</p> 	<p>Geocaching</p> <p>This segment is available to those who participate in geocaching while at camp.</p> 	<p>Boundary Trail</p> <p>This segment is available to Scouts and Scouters who hike the boundary trail.</p> 
<p>Eagle Week</p> <p>This segment is available to Scouts who complete the Eagle Week Program.</p> 	<p>Scoutmaster Cook-off</p> <p>This segment is available to Scouters who participate in the Scoutmaster Cook-Off.</p> 	<p>Ordeal</p> <p>This segment is available to members of the Order of the Arrow who complete an ordeal at Camp Sequassen.</p> 	<p>Brotherhood</p> <p>This segment is available to members of the Order of the Arrow who achieve Brotherhood at Camp Sequassen</p> 
<p>Years</p> <p>This segment is available to record the number of years a Scout or Scouter has attended camp. Add the appropriate star pin in the space.</p> 	<p>Recycler</p> <p>This segment is available to members of a unit that promotes recycling in all aspects of camp life or participates in Go Green.</p> 	<p>LOBO Activities</p> <p>This segment is available to Scouts who are registered for and participate in LOBO activities.</p> 	<p>Aqua Skipper</p> <p>This segment is available to Scouts who ride the aqua skipper out and back for 10'.</p> 

<p>Aqua Launch</p> <p>This segment is available to Scouts who have been launched, crashed, and made it back to shore.</p> 	<p>Program Area Director</p> <p>This segment is earned by those who serve in a Camp Sequassen staff director position.</p> 	<p>Spirit Stick Holder</p> <p>This segment is available to members of a unit or campsite that earns the spirit stick.</p> 	<p>Campfire Skit</p> <p>This segment recognizes Scouts who perform in a skit at the camp's closing campfire.</p> 
	<p>Honor Patrol</p> <p>This segment is available to members of a patrol qualifying for Honor Patrol.</p> 	<p>COPE</p> <p>This segment is awarded to those who participate in a COPE session while attending summer resident camp.</p> 	
<p>Super Troop–1st Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the first time.</p> 	<p>Super Troop–2nd Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the second time.</p> 	<p>Super Troop–3rd Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the third time.</p> 	<p>Super Troop–4th Time</p> <p>This segment is awarded to members of a unit that earns the weekly Super Troop honors for the fourth time.</p> 

Camp Sequassen Segment Order Form

Unit # _____ District _____ Campsite: _____ Week _____

Leader _____ Phone # _____ Date _____

<u>Segment</u>	<u>Requirement:</u> While at Camp Sequassen	<u>Eligibility</u> S = Scout A = Adult B = Both	<u>Number Required</u>
Polar Bear	Attended 3 Polar Bear Swims no longer available	B	*
Wilderness Patrol	Completed Wilderness Patrol program	S	*
Eagle Week	Completed Eagle Week program	S	*
Ordeal	Attended Ordeal at Camp	B	
Brotherhood	Attended Brotherhood at Camp	B	
CIT	Completed CIT program	S	*
Staff Member	Served on Camp Staff	B	*
Adult Leader	Overnighted as Unit Leader	A	
Waiter	Served as waiter	S	
Gold Unit	Member of Gold Unit	B	
Overnight on Island	Overnighted on the island in an older Scout program	B	
Hermit Pilgrimage	Attended Hermit Pilgrimage	B	
Provisional Camper	Attended camp as Provisional Camper	S	
Service Project	Performed Service Project	B	
Eighty-fifth Year	Attended Camp in 2012	B	
Geocaching	Participated in geocaching	B	
Boundary Trail	Completed Boundary Trail	B	
Scoutmaster Cook-Off	Participated in Scoutmaster Cook-Off	A	
____ Years	Total number of years at Camp Sequassen	B	
Alumni Association	Member of Alumni Association	A	
Scoutmaster Merit Badge	Earned Scoutmaster Merit Badge	A	*
Recycler	Unit promoted recycling in all aspects of camp life	B	
LOBO Activities	Registered for & participated in LOBO activities	S	
Aqua Skipper	Rode the aqua skipper out and back or for 10'	S	
Aqua Launch	Launched, crashed and made it back to shore	S	
Program Area Director	Served in a camp staff director position	B	*
Spirit Stick Holder	Member of unit/campsite earning spirit stick	B	
Campfire Skit	Participated in closing campfire	S	
COPE	Participated in COPE session	B	
Honor Patrol	Qualified for Honor Patrol	S	
Super Troop Unit-1st Year	Member of Super Troop	B	
Super Troop Unit-2nd Year	Member of Super Troop	B	
Super Troop Unit-3rd Year	Member of Super Troop	B	
Super Troop Unit-4th Year	Member of Super Troop	B	
	Total Order		

* Issued by the camp.

Place order at the Trading Post 24 hours prior to pick up.

Total segments ordered _____ X \$1.00 = \$ _____

**Please turn completed form in to Commissioner or Program Director on Saturday morning
before leaving camp.**

Camp Evaluation 2018

What are the top three all camp program offerings?

What all camp programs would you change or discontinue?

What all camp programs would you like to see offered?

Please give us feedback on the following areas:

Wilderness Patrol

Staff: _____

Program: _____

Program Area: _____

Ecology

Staff: _____

Program: _____

Program Area: _____

Sports

Staff: _____

Program: _____

Program Area: _____

Handicrafts

Staff: _____

Program: _____

Program Area: _____

Shooting Sports

Staff: _____

Program: _____

Program Area: _____

Waterfront

Staff: _____

Program: _____

Program Area: _____

Outdoor Skills

Staff: _____

Program: _____

Program Area: _____

Challenge Area

Staff: _____

Program: _____

Program Area: _____

Older Boy Activities

Staff: _____

Program: _____

Program Area: _____

Campsite

Tents/Lean-tos: _____

Latrine: _____

General Comments: _____

Camp Facilities General Comments:

Please give any feedback on staff, program or anything else you would like to see addressed.

Unit Number _____ District _____ Campsite _____ Week _____

Leader _____

REPORT OF SUSPECTED CHILD ABUSE/NEGLECTDCF-136
10/01/02 (Rev)HOTLINE
1-800-842-2288

Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report (DCF-136) to the Hotline.
See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

Please print or type

CHILD'S NAME	<input type="checkbox"/> Male <input type="checkbox"/> Female	AGE OR BIRTH DATE
CHILD'S ADDRESS		
NAME OF PARENTS OR OTHER PERSON RESPONSIBLE FOR CHILD'S CARE	ADDRESS	PHONE NUMBER
WHERE IS THE CHILD STAYING PRESENTLY IF NOT AT HOME?	PHONE NUMBER	DATE PROBLEM(S) NOTED
NAME OF HOTLINE WORKER TO WHOM ORAL REPORT WAS MADE	DATE OF ORAL REPORT	DATE AND TIME OF SUSPECTED ABUSE/NEGLECT
NAME OF SUSPECTED PERPETRATOR, IF KNOWN	ADDRESS AND/OR PHONE NUMBER, IF KNOWN	RELATIONSHIP TO CHILD

NATURE AND EXTENT OF THE CHILD'S INJURY(IES), MALTREATMENT OR NEGLECT.

INFORMATION CONCERNING ANY PREVIOUS INJURY(IES), MALTREATMENT OR NEGLECT OF THE CHILD OR HIS/HER SIBLINGS.

LIST NAMES AND AGES OF SIBLINGS, IF KNOWN.

DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURY(IES), MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE REPORTER.

WHAT ACTION, IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER OR OTHERWISE ASSIST THE CHILD?

REPORTER'S NAME AND AGENCY	ADDRESS	PHONE NUMBER
REPORTER'S SIGNATURE	POSITION	DATE

WHITE COPY: TO DCF HOTLINE, 505 Hudson Street, Hartford, CT 06106

YELLOW COPY: REPORTER'S COPY

SUMMARY OF LEGAL REQUIREMENTS CONCERNING CHILD ABUSE/NEGLECT

PUBLIC POLICY OF THE STATE OF CONNECTICUT

To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for those purposes to require the reporting of suspected child abuse, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

WHO IS MANDATED TO REPORT CHILD ABUSE/NEGLECT?

Battered Women's Counselors	Optometrists
Chiropractors	Parole Officers (Juvenile or Adult)
Dental Hygienists	Pharmacists
Dentists	Physical Therapists
Department of Children and Families Employees	Physician Assistants
Licensed/Certified Alcohol and Drug Counselors	Podiatrists
Licensed/Certified Emergency Medical Services Providers	Police Officers
Licensed Marital and Family Therapists	Probation Officers (Juvenile or Adult)
Licensed or Unlicensed Resident Interns	Psychologists
Licensed or Unlicensed Resident Physicians	Registered Nurses
Licensed Physicians	School Coaches
Licensed Practical Nurses	School Guidance Counselors
Licensed Professional Counselors	School Paraprofessionals
Licensed Surgeons	School Principals
Medical Examiners	School Teachers
Members of the Clergy	Sexual Assault Counselors
Mental Health Professionals	Social Workers

Any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home which is licensed by the State.

Department of Public Health employees responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps.

The Child Advocate and any employee of the Office of the Child Advocate.

DO THOSE MANDATED TO REPORT INCUR LIABILITY?

No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

IS THERE A PENALTY FOR NOT REPORTING?

Yes. Any person, institution or agency required to report who fails to do so shall be fined \$500.00 - \$2,500.00 and shall be required to participate in an educational and training program.

IS THERE A PENALTY FOR MAKING A FALSE REPORT?

Yes. Any person, institution or agency who knowingly makes a false report of child abuse or neglect shall be fined not more than \$2,000.00 or imprisoned not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

WHAT ARE THE REPORTING REQUIREMENTS?

- An oral report shall be made by a mandated reporter by telephone or in person to the DCF Hotline or to a law enforcement agency as soon as practicable, but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify Hotline. Oral reports to the Hotline shall be recorded on tape.
- Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report to the DCF Hotline.
- When the report concerns an employee of a facility or institution which is licensed by the State, the mandated reporter shall also send a copy of the written report to the executive head of the state licensing agency.

DEFINITIONS OF ABUSE AND NEGLECT

Child Abuse: any child or youth who has a non-accidental physical injury, or injuries which are at variance with the history given of such injuries, or is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

Child Neglect: any child or youth who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his well-being.

Exception: The treatment of any child by an accredited Christian Science practitioner shall not of itself constitute neglect or maltreatment.

Child Under 13 with Venereal Disease: a physician or facility must report to Hotline upon the consultation, examination or treatment for venereal disease of any child not more than twelve (12) years old.

DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?

Yes. Any person having reasonable cause to suspect or believe that any child or youth under the age of eighteen (18) is in danger of being abused or has been abused or neglected, may cause a written or oral report to be made to the Hotline or a law enforcement agency. A person making the report in good faith is also immune from any liability, civil or criminal. However, the person is subject to the penalty for making a false claim.

WHAT IS THE AUTHORITY AND RESPONSIBILITY OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)?

All children's protective services are the responsibility of the Department of Children and Families.

Upon the receipt of a child abuse/neglect report, the Hotline shall cause the report to be classified, evaluated immediately and forwarded to the appropriate investigation unit for the commencement of an investigation within timelines specified by statute and policy.

If the investigation produces evidence of child abuse/neglect, the Department shall take such measures as it deems necessary to protect the child, and any other children similarly situated, including, but not limited to, immediate notification to the appropriate law enforcement agency, and the removal of the child or children from his home with the consent of the parents or guardian or by order of the Superior Court, Juvenile Matters.

If the Department has probable cause to believe that the child or any other child in the household is in imminent risk of physical harm from his surroundings, and that immediate removal from such surroundings is necessary to ensure the child's safety, the Commissioner or designee shall authorize any employee of the Department or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parent or guardian. The removal of a child shall not exceed ninety-six (96) hours. If the child is not returned home within such ninety-six hour period, with or without protective services, the Department shall file a petition for custody with the Superior Court, Juvenile Matters.

WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS HOME?

- 96-Hour Hold by the Commissioner of DCF** (see above)
- 96-Hour Hold by a Hospital** - Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than ninety-six hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child's parents or guardian or other person responsible for the child's care, provided the physician has made reasonable attempts to (1) advise such child's parents or guardian or other person responsible for the child's care that he suspects the child has been abused or neglected and (2) obtain consent of such child's parents or guardian or other person responsible for the child's care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child's parents or guardian or other person responsible for the child's care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families.
- Custody Order** - Whenever any person is arrested and charged with an offense under Section 53-20 or 53-21 or under Part V, VI, or VII of Chapter 952, as amended, the victim of which offense was a minor residing with the defendant, any judge of the Superior Court may, if it appears that the child's condition or circumstances surrounding his case so require, issue an order to the Commissioner of the Department of Children and Families to assume immediate custody of such child and, if the circumstances so require, any other children residing with the defendant and to proceed thereon as in cases reported.

WHAT IS THE CHILD ABUSE CENTRAL REGISTRY?

The Department of Children and Families maintains a registry of reports received and permits its use on a twenty-four hour daily basis to prevent or discover child abuse of children. Required confidentiality is ensured.

DCF CHILD ABUSE AND NEGLECT HOTLINE: 1-800-842-2288

STATUTORY REFERENCES: §17a-28; §17a-101 et. seq.; §45b-120.

TROOP DUTY ROSTER

(POST ON BULLETIN BOARD)

DUTY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
BREAKFAST WAITER	X						X
LUNCH WAITER	X						X
DINNER WAITER							X
LATRINE CLEAN-UP							X
FIRE WARDEN							X
FIREWOOD FIRE WATER							X
LITTER CONTROL							