

Pre-Camp Planning

Camp Ross Webinar Series





Resources for Success

Goshen Leader Guide

- Pre-Camp Planning Timeline
- Standards of Conduct
- Camp Policies
- Camp Services
- Food Services
- Transportation
- And More!

Available at www.gotogoshen.org/ross

GOSHEN SCOUT RESERVATION

LEADER'S GUIDE

Summer 2025



Scouting America
National Capital Area Council

www.gotogoshen.org

Ross Leader & Program Guide

- Camp Ross Packing List
- Arrival Day & General Information
- Program Schedule Structure
- Program Activity Description
- Elective Advancement Tracker
- And more!

Available at www.gotogoshen.org/ross

CAMP ROSS LEADER & PROGRAM GUIDE Summer 2025



A Guide to the Activities and Adventures for
Rising Webelos and Rising Arrow of Light Scouts

Scouting America
National Capital Area Council

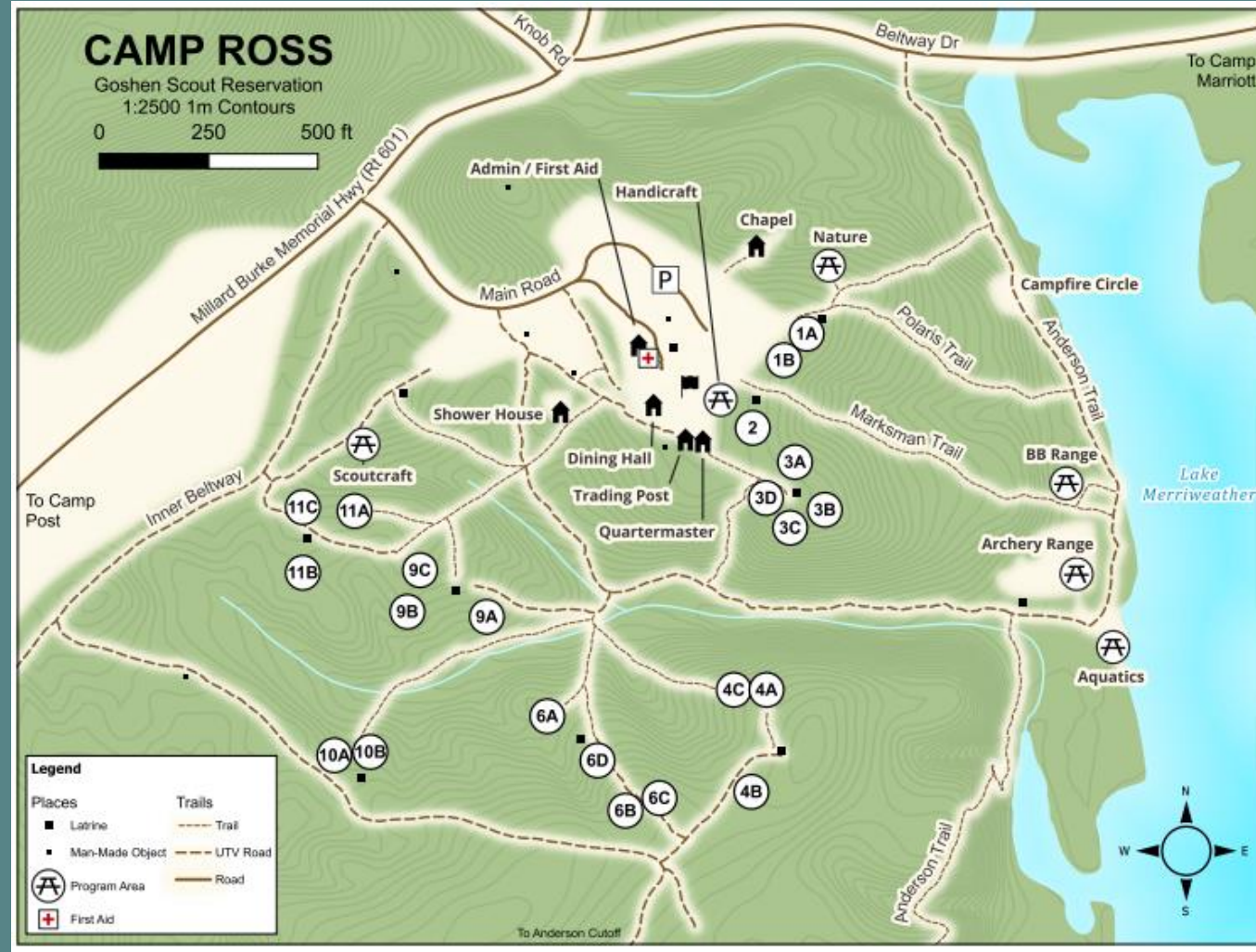
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Camp Ross Program Schedule

Camp Ross 2025 Program Schedule					
Sunday					
1:30 - 4:00 PM	Arrival at Camp Ross! Please do not arrive before 1:30 PM. Camp tour and medical checks will follow arrival. Campsite Set Up, Camp Tour, Medical Re-Checks				
5:50 PM	Arrive at Ross Parade Field for Dinner				
6:00 PM	Dinner @ Camp Ross Dining Hall				
7:00 PM	Leader's meeting on Admin Porch (one leader per pack), Scouts have free time				
8:15 PM	Flag lowering and retreat . . . OPENING CAMPFIRE				
	Monday	Tuesday	Wednesday	Thursday	Friday
7:50 AM	Flag raising . . . Theme Skit	Flag raising . . . Theme Skit	Flag raising . . . Theme Skit	Flag raising . . . Theme Skit	Flag raising . . . Theme Skit
8:00 AM	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9:00 AM	Program Block 1	Program Block 1	Program Block 1	Program Block 1	Program Block 1
10:00 AM	Program Block 2	Program Block 2	Program Block 2	Program Block 2	Program Block 2
11:00 AM	Program Block 3	Program Block 3	Program Block 3	Program Block 3	Program Block 3
12:00 PM	Open Lunch	Open Lunch	Open Lunch	Open Lunch	Open Lunch
1:00 PM			Leader's Meeting - NCAC Leadership Visit	Leaders Meeting - Closeout Procedure Review	
2:30 PM	Program Block 4	Program Block 4	Program Block 4	Program Block 4	Open Program!
3:30 PM	Program Block 5	Program Block 5	Program Block 5	Program Block 5	
4:30 PM	Program Block 6	Program Block 6 . . . Foil Dinner Pickup	Program Block 6	Program Block 6	
6:00 PM	Dinner . . . Theme Skit	Foil Dinner Night! 7:00 pm: Leader's Meeting	Dinner . . . Theme Skit	Dinner . . . Theme Skit	Dinner
7:00 PM	Field Games / GaGa Ball		Staff Hunt!	Interfaith Service & Meditation	Pack Time
	Leaders Meeting on Program Scheduling				
8:15 PM	Flag lowering		Flag lowering	Flag lowering	Flag lowering
8:30 PM	Pack Time . . . Evening Hours	Pack Time . . . Star Party	Pack Time . . . Arrow of Light Campfire	Closing CAMPFIRE!	
10:30 PM	Lights out	Lights out	Lights out	Lights out	Lights out
Saturday					
6:00 AM	Continental breakfast provided at the Dining Hall . . . Open Checkout Begins, Please grab your Medical Forms!				
9:00 AM	Last call for checkout. Have a safe ride home!				

Available at www.gotogoshen.org/ross

Camp Ross Map (New!)



Available at www.gotogoshen.org/ross

Pre-Camp Planning Timeline



April & May

- Check on Status of Scouting America Annual Health and Medical Record for Scouts and adults
- Confirm transportation arrangements
 - Bus Tickets go on sale May 1st
- Host a Pre-Camp Parent's Meeting
- Identify and update food allergies and dietary restrictions for each participant on your unit registration

Two Weeks Before Camp

- Make roster adjustments and finalize as necessary
- Print out a copy of your Unit Roster w/ Scouting America ID Numbers to verify current registration. This will also be reviewed upon your arrival at camp.
- Collect all Scouting America Annual Health and Medical Records (two copies recommended)
- Review packing list with Scouts and prepare unit equipment

One Week Before Camp

- Gather all required documents, print out any paperwork, and organize in a Unit binder or folder
- Finalize all rosters, schedules, and financial balances





Adult Leader Requirement Review

Adult Leader Requirement Review

- At any time, each Unit must have at least two adult leaders over the age of 21 who are registered members of Scouting America.
 - If a female youth is attending with your Unit, one of these registered adults must be female.
- All other adults are not required to be registered leaders, but must be accompanied by a registered leader any time with are with youth members other than their own child.
- Camp Ross requires a 1:4 adult to Scout ratio, with a minimum of two adults per unit.
- One leader must be BALOO trained.

Source: Guide for Safe Scouting



Documents to Bring to Camp

CUB SCOUTS
DALLAS
ARLINGTON

Unit Roster

- Present a copy of your Unit roster to Camp Administration upon arrival as a part of “reconciliation”
- Must include current Scouting America Member ID for attending youth and adults



Login to my.Scouting

Welcome to my.Scouting

New to Scouting or don't have an account?

Creating a My.Scouting account allows access to various tools to help manage your involvement in Scouting, including your youth.

[Review Privacy Policy](#)

CREATE ACCOUNT

Annual Health and Medical Record

- Must include Parts A, B, and C
 - Note: Part C requires a physician, nurse practitioner, or physician assistant's signature
- Additional information needed as a part of the AHMR include:
 - Photocopy of insurance card (front and back, Part A).
 - Up to date immunization records (Part B).
Note: Tetanus immunization is required and must be received within the last 10 years, per Scouting America policy (Part B2).

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____
Date of birth: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

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

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. sec., 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 799.15(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 continuously 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: _____ Phone: _____
Name: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Phone: _____
Name: _____ Phone: _____



Prepared. For Life.™

Pre-Event Medical Screening Checklist

- Unit based medical screening checklist to be completed the day you are leaving for camp.
- Special focus on symptoms of viral illness to mitigate illness arriving and spreading at Camp

Available at www.gotogoshen.org/ross

GOSHEN SCOUT RESERVATION PRE-EVENT MEDICAL SCREENING CHECKLIST

Please complete the checklist below on the day you are leaving for camp. You do not need to turn in this sheet. Unit leaders and provisional campers (scouts attending as individuals) should fill out and turn in the Unit Pre-Event Medical Screening Form.

This is a tool to help leaders identify potentially communicable diseases in advance of event participation. The intent of this checklist is to review with each participant their current health status both before departure and upon arrival at the event.

Do not participate if you have had any of the following symptoms in the past 24 hours:

- Fever (100.4°F or greater)
- Vomiting
- Diarrhea
- New cough

Do not participate if you or anyone you live with has recently tested positive for COVID-19 or does not have test results back.

If you have a positive COVID-19 test, follow the CDC guidance for isolation and your personal health care provider's treatment recommendations.

Be responsible for your health and that of others. Isolate if you are sick. Do not attend any activity/meeting/event if you, anyone you live with, or anyone you have recently been around feel unwell. Symptoms might include:

- Unexplained extreme fatigue
- Unexplained muscle aches
- New rash
- Sore throat
- Open sore

Participants who are symptomatic or ill should not attend or return to an activity until cleared by their health care provider.

For parent/guardians:

Keep your child home if exposed to COVID-19 and not up to date with their vaccines. If your child isn't up to date with their COVID-19 vaccines and has been in close contact with someone who has COVID-19, keep them home from camp for 5 days, get them tested, and take precautions (such as wear a mask around others) until day 10, per CDC guidance, and notify camp staff.

For further information please refer to the CDC.

Resources:

- www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html
- www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/determine-close-contacts.html

Questions?

Camp Ross Webinar Series

