

Island Adventure

At

Camp Cherry Valley



Leaders Guide

2010

San Gabriel Valley Council
Boy Scouts of America
3450 E. Sierra Madre Blvd.
Pasadena, CA 91107
626-351-8815, Ext. 237 Maggie Gray

ABOUT CAMP CHERRY VALLEY

Welcome to Camp Cherry Valley at Catalina Island. Please read this Leaders Guide before coming to camp. Its primary purpose is to assist your troop in preparing for a successful experience at camp. If you need further assistance, please feel free to call (626) 351-8815 ext 237 or 249.

Operated by the San Gabriel Valley Council BSA, Camp Cherry Valley is located on the leeward side of Santa Catalina Island, twenty-two miles off the Southern California coast. Camp Cherry Valley encompasses 157 acres, much of which is covered by unique Catalina cherry trees. The calm crystal waters of Cherry Cove are located two coves west of the ferry landing at Two Harbors. At Cherry Valley the ocean is clear, clean and averages between 68 and 70 degrees.

Facilities include an enclosed restroom and shower complex, a dining hall, trading post, rifle and archery ranges, an outdoor discovery marine aquarium, a 170 year old silver mine, a fabulous campfire bowl, nature trails, an activities area, and troop sites with wall tents, cots, and mattresses.

Opportunities for fun and adventure are endless. The boat ride over is impressive, from the grand sea swell to the active sea life, such as whales, dolphins, seals, and many species of fish. The cove facilities are equipped for row boating, canoeing, kayaking, snorkeling, and ocean swimming. The ocean is teeming with marine life and the campsites are surrounded with unusual desert plants and animals.

Established in 1921 by Skipper Robinson and the Pasadena Council, Camp Cherry Valley is rich in tradition. As one of the hallmark camps in the western United States, excellence in Scouting is achieved through a dedicated summer staff personnel, a hardworking professional staff, an army of volunteers, and a camp program that will meet every boys camping goals. Teaching life skills, personal ethics, environmental responsibility, citizenship, and high moral values is at the core of the camping program.

Island Adventure

The Island Adventure program is an exciting, weeklong, out of camp trek that involves hiking, war canoeing, and kayaking. Staff guides will be an integral part of the group as they lead a knowledgeable trek to the west end and interior of the island. Participants should be prepared for the intensity of this adventure, which is, while very approachable for a medium-leveled hiker, demanding in a unique and wonderful way. ***A few major concerns that participants will want to anticipate are: blisters, dehydration, exhaustion, and seasickness.***

NONDISCRIMINATION CLAUSE

Camp Cherry Valley does not discriminate against anyone on the basis of race, color, national origin, religion, sex, disability, or any other delineation of peoples.

2010 CAMP CHERRY VALLEY CALENDAR

Session Dates:

Week 1– June 13-19

Week 4– July 4-10

Week 7– July 25-July 31

Week 2– June 20-26

Week 5– July 11-17

Week 8– August 1-7

Week 3– June 27-July 3

Week 6– July 18-24

Week 9– August 8 -14

Health Information

**** ALL CAMPERS MUST HAVE A CURRENT BSA ANNUAL HEALTH AND MEDICAL RECORD ANYONE ARRIVING IN CAMP WITHOUT THIS COMPLETED FORM WILL NOT BE ALLOWED TO PARTICIPATE.**

MEMBERS OF THE CHRISTIAN SCIENCE FAITH MUST PROVIDE THE CAMP WITH A WRITTEN LETTER FROM THE PRACTITIONER.

CAMP FEES

The BSA Island Adventure program is only \$495 per person for participants. If all payments are made by May 2nd, there is a \$10 discount per person. Brother discounts are \$10 off the second and third brother who attends together. This discount should be taken at time of final payment. All campers who travel to and from camp on other than the boats reserved by the council are responsible for covering their own transportation costs.

PAYMENT FEES

A \$100 per person initial deposit is required upon making a reservation at Camp Cherry Valley. This is non-refundable upon cancellation of your reservation. Payments may be made in increments of \$100.00; however, payment in full is greatly appreciated.

Remaining balance due by May 3rd for early discount. (\$10.00 per paying person).

Please Note: Total camp fees are due at least four weeks prior to your scheduled arrival in camp. All campers who pay total fees by May 2nd will receive the \$10 per person discount. All campers who have not paid in full by May 6th will have to pay full campers fees, thus negating the discount.

REFUND POLICY

The first two payments, \$75 and \$100 are non-refundable and non-transferable. Payment-in-full is expected at least 30 days prior to your camp week. Any drop in the number of scouts or adults, after that point, **will result in no refund.**

🌺 Island Adventure Description 🌺

Sunday

Take swim check in the crystal clear waters of CCV, eat a well-prepared supper in the dining hall, attend the opening campfire, and spend the night under the beautiful cherry trees.

Monday

After a hearty breakfast, get into the kayaks and travel to Parsons Landing on the west end of Catalina. While there take a day hike to Silver Peak, the highest point on the west end, and third highest peak on the island. Spend the rest of the evening snorkeling and enjoying the solitude of this remote part of the island.

Tuesday

Wake up bright and early, eat breakfast, load the vessels, and kayak to Starlight Beach. Unload the kayaks and prepare for an ocean adventure at lands ends. Pass the famous Eagle Rock and venture into the windward waters of the Pacific Ocean. After a couple of hours playing in the waves, return to Starlight Beach and enjoy a nice meal stretch your sleeping bag out under the stars.

Wednesday

Arise and eat a good breakfast. Load the kayaks for a return trip to Cherry Cove. Enjoy lunch in the quiet of camp while the rest of Cherry Valley is hiking the island. After lunch load the war canoes and prepare for the trip to Little Harbor. Take the canoes to Two Harbors at the isthmus, where they will be portaged from Isthmus Cove to Catalina Harbor. Once on the windward side of the island, it's a straight shot riding the swells to Little Harbor. Set up camp and then go explore the surf on the sandy beaches at Shark Harbor or take a short hike over to Ben Weston. In the evening, enjoy a nice meal around the fire and then stretch your sleeping bag out under the stars.

Thursday

Wake up and eat breakfast. And prepare for a hike on the Trans-Catalina Trail. You will hike from Little Harbor to the Blackjack campground and set up camp. The hike is about 7 miles. Once camp is set up, embark to the highest peak of the island, Mt. Orizaba. Take in the awesome sight from atop the island, and then head back to Blackjack for dinner and a night of rest under the pines.

Friday

Arise bright and early, eat breakfast, and head back to Little Harbor. Load the war canoes and head back to camp, have lunch, and spend free-time sailing the catamarans and sailboards. After free-time, eat dinner and receive your dose of entertainment at the closing campfire.

Saturday

Go home.

A large majority of your time will be spent on the waters of the Pacific Ocean, and while the day hikes only take two to three hours, the elevation gains are great. BE PREPARED! It is important to pack lightly and it is suggested that you pack all of your gear into an internal framed backpack. All of your gear will be loaded into dry bags before heading out on the ocean, so the larger the backpack, the harder it will be to keep your things dry. The following is a list of items to bring on the Island Adventure:

Personal Equipment List

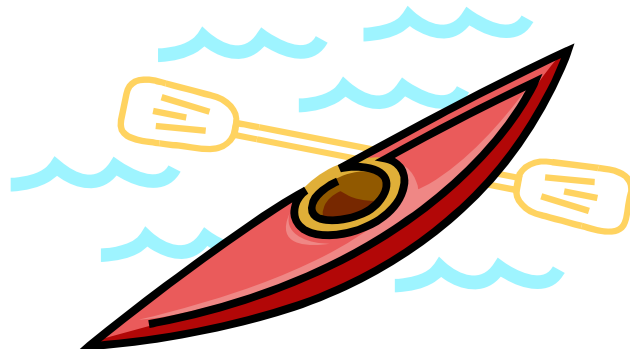
- 1) Annual Health and Medical Record – Signed and Complete
- 2) Comfortable lightly packed backpack, recommended pack weight varies depending on your weight and physical condition. Ideal weight is $\frac{1}{4}$ of your body weight. You will be hiking to Silver Peak, a day hike of about 8 miles round trip, and to Black Jack campground, which will be an overnight hike about 7 miles one way.
- 3) Sturdy hiking boots (make sure your boots are well worn and hike ready)
- 4) Good water shoes (also for ocean activities, i.e. kayaking)
- 5) Lightweight but warm sleeping bag (temperatures are temperate, rarely, if ever, dropping below 50 degrees) Tight packing bag required!
- 6) Adequate warm layers of clothing for possible cool weather
 - a) Possibly: Windbreaker
 - (i) Long-sleeve pullover/sweatshirt
 - (ii) Avoid the big and bulky!
- 7) Class B uniform
- 8) Swim trunks and towel
- 9) Toilet kit:
 - a) Toothbrush and toothpaste
 - b) Soap (biodegradable)
- 10) Chapstick (with SPF)
 - a) Personal medications etc.
- 11) Pocketknife/multitool
- 12) Matches (in waterproof container)
- 13) Flashlight (waterproof)
- 14) Compass
- 15) Change of clothes (long pants, shorts, and at least two long sleeve shirts)-one for water, one for sun
- 16) Underwear
- 17) Socks (at least 3 pair)
- 18) Broad brim hat
- 19) Sunscreen (15 SPF or greater) and sunglasses (both a necessity)
- 20) Insect repellent lotion
- 21) Watch (waterproof)
- 22) Canteen or water bottle (camelbacks are recommended)
- 23) Groundcover for sleeping bag

Optional Items May Include:

- ❖ Reading Materials
- ❖ Binoculars (waterproof)
- ❖ Camera (waterproof)

Camp Provides:

- Camp stoves
- Food
- Firewood



Week at a Glance

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:30		BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
8:00		WAR CANOE TO STARLIGHT BEACH	WAR CANOE TO LITTLE HARBOR	WAR CANOE TO CAT HARBOR	PACK KAYAKS	HIKE BACK TO WHITE'S LANDING	ALL LUGGAGE MUST BE ON PANTHER POST DOCK
8:45				PORTAGE CAT HARBOR AND ON INTO CAMP CHERRY VALLEY		RETURN TO CAMP CHERRY VALLEY	
9:00					KAYAK TO WHITE'S LANDING		CLOSING FLAG CEREMONY
9:30							HIKE TO TWO HARBORS
11:00							11:00 BOAT DEPARTS TWO HARBORS
12:00	CHECK IN AT SAN PEDRO	LUNCH ON TRAIL	LUNCH ON TRAIL	LUNCH AT CAMP CHERRY VALLEY	LUNCH	LUNCH	
1:00	DEPART 1:00 PM		HIKE TO BEN WESTON BEACH				1:00 ARRIVE AT SAN PEDRO
2:00		SILVER PEAK HIKE		OPTIONAL HIKE TO GOAT'S WHISKER	2:00-5:00 HIKE TO BLACK JACK CAMPGROUNDS	2:00-5:00 FREE TIME IN CAMP	
3:00	3:30 ARRIVE AT TWO HARBORS , HIKE IN & ORIENTATION		BODY SURF AND PLAY IN WAVES				
5:00	5:15 DINNER			5:15 DINNER	DINNER	5:15 DINNER	
6:30	ORIENTATION AT YURT						
7:00	SWIM CHECK	DINNER	DINNER	7:30 FLAG CEREMONY & COMMISSIONER CAMPFIRE		7:30 FLAG CEREMONY & CLOSING CAMPFIRE	
8:00	SCOUT OWN RELIGIOUS SERVICE						
8:30	FLAG CEREMONY & OPENING CAMPFIRE						

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



BOY SCOUTS OF AMERICA

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____

Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on *Scouting.org*.)

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are **NOT expired, including inhalers and EpiPens. You **SHOULD NOT STOP** taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

Part B
PHYSICAL EXAMINATION

Height _____ Weight _____ Meets height/weight limits Yes No Blood pressure _____ Pulse _____

Individuals desiring to participate in any high-adventure activity or events in which emergency evacuation would take longer than 30 minutes by ground transportation will not be permitted to do so if they exceed the weight limit as documented at the bottom of this page. Enforcing the height/weight limit is strongly encouraged for all other events, but it is not mandatory. (For healthy height/weight guidelines, visit www.cdc.gov.)

	Normal	Abnormal	Explain Any Abnormalities	Range of Mobility	Normal	Abnormal	Explain Any Abnormalities
Eyes				Knees (both)			
Ears				Ankles (both)			
Nose				Spine			
Throat							
Lungs				Other	Yes	No	
Heart				Contacts			
Abdomen				Dentures			
Genitalia				Braces			
Skin				Inguinal hernia			Explain
Emotional adjustment				Medical equipment (i.e., CPAP, oxygen)			

Allergies (to what agent, type of reaction, treatment):

I certify that I have, today, reviewed the health history, examined this person, and approve this individual for participation in:

- Hiking and camping Competitive activities Backpacking Swimming/water activities Climbing/rappelling
 Sports Horseback riding Scuba diving Mountain biking Challenge ("ropes") course
 Cold-weather activity (<10°F) Wilderness/backcountry treks

Specify restrictions (if none, so state)

Certified and licensed health-care providers recognized by the BSA to perform this exam include physicians (MD, DO), nurse practitioners, and physician's assistants.

- To Health Care Provider:** Restricted approval includes:
- Uncontrolled heart disease, asthma, or hypertension.
 - Uncontrolled psychiatric disorders.
 - Poorly controlled diabetes.
 - Orthopedic injuries not cleared by a physician.
 - Newly diagnosed seizure events (within 6 months).
 - For scuba, use of medications to control diabetes, asthma, or seizures

Provider printed name _____
 Signature _____
 Address _____
 City, state, zip _____
 Office phone _____
 Date _____

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
60	97-138	139-166	166
61	101-143	144-172	172
62	104-148	149-178	178
63	107-152	153-183	183
64	111-157	158-189	189
65	114-162	163-195	195
66	118-167	168-201	201
67	121-172	173-207	207
68	125-178	179-214	214
69	129-185	186-220	220

Height (inches)	Recommended Weight (lbs)	Allowable Exception	Maximum Acceptance
70	132-188	189-226	226
71	136-194	195-233	233
72	140-199	200-239	239
73	144-205	206-246	246
74	148-210	211-252	252
75	152-216	217-260	260
76	156-222	223-267	267
77	160-228	229-274	274
78	164-234	235-281	281
79 & over	170-240	241-295	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.

Part B Last name: _____ **DOB:** _____

Part C

Parental Informed Consent and Hold Harmless/Release Agreement

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

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

- Without restrictions.
- With special considerations or restrictions (list)

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

- Yes No

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.

Participant's name _____

Participant's signature _____

Parent/guardian's signature _____
(if under the age of 18)

Date _____

Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.



BOY SCOUTS OF AMERICA
1325 West Walnut Hill Lane
P.O. Box 152079
Irving, Texas 75015-2079
<http://www.scouting.org>



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Part C **Last name:** _____ **DOB:** _____



**SAN GABRIEL VALLEY COUNCIL
BOY SCOUTS OF AMERICA**

At the council's camps, the children have the opportunity to participate in the activities listed below. However, to participate, they must have the consent of their parent or guardian. Please indicate with a check mark, those activities which will apply to your child and the camp he/she is attending, sign and date the form and send it to camp with your child.

I give consent for _____, who is my son/daughter or ward, to use the following equipment:

The following are offered at all three camps, but not for all programs; refer to the camp guide for the program you will be attending.

- Archery
- B.B. Guns
- .22 Rifles (Boy Scouts/Adults only)
- Shot Guns (Boy Scouts/Adults only)

Pack Troop Team Crew Post

Unit Number: _____

At

- Camp Cherry Valley
- Camp Trask

Parent/Guardian Signature

Date

Print Name

Photo Release

I hereby give my permission for the San Gabriel Valley Council to use pictures taken of me and /or my child for the promotion of the Scouting program in the San Gabriel Valley Council.

Print Full Name of Participant: _____

Address: _____ City: _____ St: _____ Zip: _____

Signature of Adult Participant: _____ Date: _____

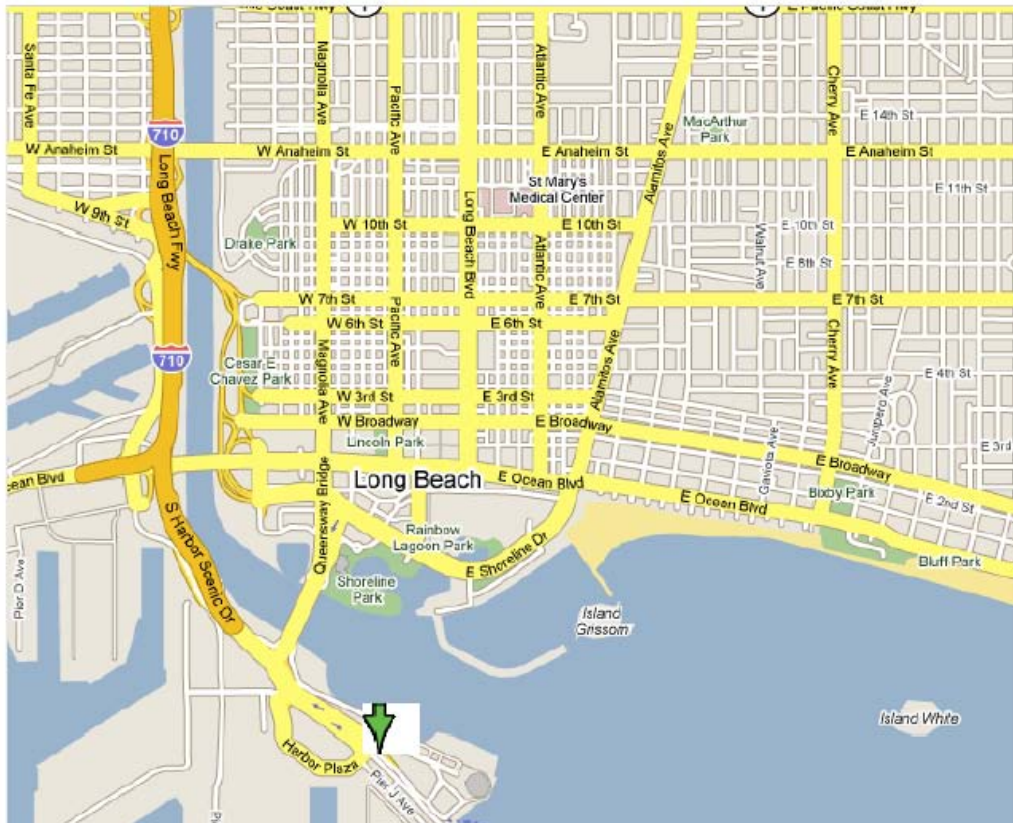
Or

Signature of Parent/Guardian: _____ Date: _____

Phone #: _____

Catalina Classic Cruises

Will be departing/returning from
The Catalina Express Terminal located by the
Queen Mary
Port of Long Beach Queen Mary
1046 Queens Highway, Long Beach, CA



Parking Fees:

- \$15 daily per 24 hours and any part of 24 hours after the first day.

PAYABLE IN CASH ONLY

ATM AVAILABLE AT TERMINAL

Sunday Check-In: 12:00 pm with at 1:00 pm departure.

Saturday Return: 1:00-1:30 estimated arrival time at Long Beach

Directions:

Take the 710 FWY South. Stay in the right lane; follow the signs to Queen Mary which will lead you to the Catalina Express Terminal in the Queen Mary parking area. You will be met by staff.