



BOY SCOUT TROOP 255

TEN MILE RIVER SUMMER CAMP 2015



January, 2015

Dear Parents and Scouts,
It's time to register for our annual week-long summer camp trip at Ten Mile River.

- PLACE:** TEN MILE RIVER, Narrowsburgh, NY
CAMP AQUEHONGA
- DATES:** SUNDAY JULY 19th – SATURDAY JULY 25th
- COST:** \$375 (\$405 without early-bird discounts) Due May 1st
- HOLD A PLACE:** \$25 DUE February 27, 2015
- CAMPERSHIPS:** Financial assistance is available. (attached flyer)
- MEDICAL FORMS:** This year all medical forms must be handed in no later than May 1st so we can check-in before going to camp.
- TRANSPORTATION:** You must arrange for your own transportation to and from Camp Aquehonga.

ALL SCOUTS WILL SLEEP IN TENTS and COOK BY PATROL (Bring Mess-Kits/fork/knife/spoon)

More details will follow on what to bring, merit badge programs, camp directions and rules.
For more info, or to download additional medical and campership forms, please visit
www.tenmileriver.org

If you have any questions,
please call Tony(718)886-6823, Dit(718)352-0494

***** Payment and Medical form are due by May 1st, 2015 *****

I give permission for my son _____ to attend TMR summer camp 2015.

PAYMENT \$405 (early bird \$375) _____

PARENT'S SIGNATURE _____ Date _____

MAKE CHECKS PAYABLE TO: TROOP 255



**BOY SCOUT TROOP 255
TEN MILE RIVER
2015 SUMMER CAMP**



- DATE/PLACE:** Sunday JULY 19th to Saturday JULY 25th (Week 3)
TMR CAMP AQUEHONGA Site 3A
- MEETING :** 1:00PM on SUNDAY, JULY 19th at TMR CAMP AQUEHONGA
Meet in CAMP AQUEHONGA parking lot. MAKE SURE YOUR SON EATS LUNCH BEFORE WE MEET. Scouts will have dinner at Camp.
- PICK UP:** 10 AM SATURDAY JULY 25th
Meet and pick up your child at Camp Aquehonga. Park and go to Site 3A.
- TRANSPORT:** Everyone is responsible for getting to camp on their own. If you wish to car pool, you should make your own arrangement with other Scouts who are going.
- RULES:** A copy of the camp rules is attached. Parents, please read and go over them with your son. Scouts who continually misbehave may be asked to leave and their parents will be called to pick them up immediately.
- MERIT BADGE:** Each Scout should have with them a list of Merit Badges they wish to attempt. (see enclosed advancement schedule) We recommend they sign up for 3 to 6. Scouts must attend all sessions during camp to qualify. Note: some merit badges have prerequisites.
- WHAT TO BRING:** See the attached list of things to bring.
Class-A uniforms required for travel to and from camp and for dinner meals. Bring your **Class-B** uniforms and other clothing enough for 7 days. Bring about \$25 spending money. Some merit badges require Scouts to buy craft kits. Scouts are responsible for their own possessions. The camp and leaders are not responsible for losses.
- IMPORTANT!!!** - LEADERS & SCOUTS MUST HAVE A COMPLETED MEDICAL FORM SIGNED & STAMPED BY A DOCTOR !!! If you do not have a fully completed medical form you will be asked to leave camp.
-MAKE SURE YOU HAVE SWIM TRUNKS AND TOWEL. Pack swim items on top, you will need them immediately upon check-in.
- FOOD & MEDICATION:** Meals are provided by the camp. If your child has any dietary restrictions please let us know in advance. If your son takes any medication, please give them to the Scout leader.
- DIRECTIONS :** TMR CAMP AQUEHONGA is approximately 2 ½ hours from Queens.
Directions enclosed.
- CONTACT:** To contact your son, you can leave a message on Anthony Drew at **347-395-7560**. In case of emergency: Aquehonga office **845-252-2023** 8am to 10pm or TMR main number **845-252-2000**. Please note it is difficult to contact Scouts at camp; phone service in the area is terrible.

IF YOU HAVE ANY QUESTIONS, CALL Tony Drew (718)886-6823 (347) 395-7560

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____
DOB: _____

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

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

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida 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)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____



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Part B: General Information/Health History

Full name: _____

DOB: _____

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

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

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

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



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Part B: General Information/Health History

Full name: _____
 DOB: _____

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

Allergies/Medications

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

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

List all medications currently used, including any over-the-counter medications.

CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

Medication	Dose	Frequency	Reason

YES NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by:

_____/_____
 Parent/guardian signature MD/DO, NP, or PA signature (if your state requires signature)

! Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. **!**

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)	Please list any additional information about your medical history:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)		

DO NOT WRITE IN THIS BOX
 Review for camp or special activity.
 Reviewed by: _____
 Date: _____
 Further approval required: Yes No
 Reason: _____
 Approved by: _____
 Date: _____

Part C: Pre-Participation Physical

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

Full name: _____

DOB: _____

High-adventure base participants:

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



You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.



Examiner: Please fill in the following information:

		Yes	No	Explain							
Medical restrictions to participate		<input type="checkbox"/>	<input type="checkbox"/>								
Yes	No	Allergies or Reactions		Explain		Yes	No	Allergies or Reactions		Explain	
<input type="checkbox"/>	<input type="checkbox"/>	Medication				<input type="checkbox"/>	<input type="checkbox"/>	Plants			
<input type="checkbox"/>	<input type="checkbox"/>	Food				<input type="checkbox"/>	<input type="checkbox"/>	Insect bites/stings			
Height (inches): _____		Weight (lbs.): _____		BMI: _____		Blood Pressure: _____ / _____		Pulse: _____			

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

Examiner's Certification

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

True	False	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Meets height/weight requirements.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have uncontrolled heart disease, asthma, or hypertension.
<input type="checkbox"/>	<input type="checkbox"/>	Has not had an orthopedic injury, musculoskeletal problems, or orthopedic surgery in the last six months or possesses a letter of clearance from his or her orthopedic surgeon or treating physician.
<input type="checkbox"/>	<input type="checkbox"/>	Has no uncontrolled psychiatric disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Has had no seizures in the last year.
<input type="checkbox"/>	<input type="checkbox"/>	Does not have poorly controlled diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	If less than 18 years of age and planning to scuba dive, does not have diabetes, asthma, or seizures.
<input type="checkbox"/>	<input type="checkbox"/>	For high-adventure participants, I have reviewed with them the important supplemental risk advisory provided.

Examiner's Signature: _____ Date: _____

Provider printed name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Office phone: _____

Height/Weight Restrictions

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

Maximum weight for height:

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



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Individualized Medication Orders
STANDARD OVER-THE-COUNTER/PRN MEDICATIONS

CAMPER NAME: _____ **UNIT:** _____ **CAMP:** _____

CAMPER WEIGHT: _____ lbs. **DATE OF BIRTH:** ____/____/____

HEALTHCARE PROVIDER NAME: _____ **LICENSE #:** _____

ADDRESS: _____

HEALTHCARE PROVIDER SIGNATURE: _____ **DATE:** ____/____/____

I recognize that this is a two-page document

HEALTHCARE PROVIDER STAMP:

By order of the NYS Department of Health, this form is required for all campers under 18 years of age, and must be accompanied by a completed Annual BSA Health and Medical Record Form.

The following medications are available in the camp Health Lodge and will be administered at the discretion of the camp Medical Officer, **if approval** is ordered by the Healthcare Provider below.

Do not send these medications to camp; they are at the Health Lodge

DRUG NAME	ROUTE <i>circle preferred formulation</i>	DOSAGE	SCHEDULE	PROVIDER ORDER <i>check one</i>	COMMENTS
BENADRYL (25 to 50 mg)	PO (elixir, chewable tabs, pills)	Per label instructions by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CEPACOL	PO (lozenges)	Per label instructions by age/weight	Q 2 hr for sore throat (no > 4 doses in 24 hr and no fever)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILDREN'S DIMETAPP COLD & ALLERGY	PO (elixir, tabs)	Per label instructions by age/weight	Q 6-8 hr prn for nasal congestion/drainage	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IBUPROFEN (200 to 400 mg)	PO (chewable tabs, suspension, tabs)	Per label instructions by age/weight	Q 6 hr prn for pain or fever > _____ °F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
MYLANTA	PO (chewable tabs)	Per label instructions by age/weight	TID prn for stomach upset	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHILDREN'S PEPTO BISMOL	PO (liquid, chewable tabs)	Per label instructions by age/weight	TID prn for stomach upset (no > 4 doses in 24 hr)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ROBITUSSIN	PO (syrup)	Per label instructions by age/weight	Q 4 hr prn for cough	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Individualized Medication Orders
STANDARD OVER-THE-COUNTER/PRN MEDICATIONS

CAMPER NAME: _____ **UNIT:** _____ **CAMP:** _____

DRUG NAME	ROUTE <i>circle preferred formulation</i>	DOSAGE	SCHEDULE	PROVIDER ORDER <i>check one</i>	COMMENTS
TYLENOL	PO (chewable tabs, elixir, tabs)	Per label instructions by age/weight	Q 4 hr prn for pain or fever > _____ °F	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CALADRYL	Topical	Per label instructions by age/weight	as directed for itches, bites, skin irritations, rashes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BACITRACIN OINTMENT	Topical	Per label instructions by age/weight	as directed for minor cuts and abrasions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TINACTIN (or equivalent)	Topical (liquid, powder)	Per label instructions by age/weight	as directed for athlete's foot, jock itch, fungal rash	<input type="checkbox"/> YES <input type="checkbox"/> NO	

The medications above are the **only medications** that are available in the camp Health Lodge. If additional over-the-counter medications are required, the camper's parent/guardian must make arrangements to procure and send these medications to camp with the camper's unit leader. The Healthcare Provider should list any such medications below.

SELF-PROVIDED OVER-THE-COUNTER/PRN MEDICATIONS

please strike-out this section if not needed

				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	



Scout Checklist – Items to Bring to Camp

This is only a suggested list. Check it carefully, change it as you see fit, and make copies for all your Scouts. All items should be labeled with the Scout's name.

Remember to place your towel and swim trunks on the top of your pack. You will need these early on Sunday to take the swim test.

The following are musts:

- Completed Medical Form
- Prescribed medications (to be given to the Scoutmaster; medications will be held by the camp nurse; see page 7)
- Sleeping bag or 3 blanket
- Poncho or raincoat
- Waterproof footwear
- Comfortable, broken-in hiking boots
- Extra shoes (old sneakers)
- Insect Repellent (Lotion, not Spray) †
- Complete summer uniform
- Clothing bag containing
 - Athletic Socks (1 pair per day)
 - Extra Scout Socks (2-3 pair per week)
 - T-shirts
 - Underwear (1 for each day)
 - Extra shorts
 - Extra shirts
 - Jeans or other long pants
 - Pajamas or sweat suit
- Swim trunks (*No cut-off Jeans*)
- Towels
- Toilet kit containing
 - Soap in plastic container
 - Toothbrush and Toothpaste
 - Comb and Brush
 - Metal Mirror
 - Toenail Clipper
 - Tissues
- Warm Sweater or Jacket
- Flashlight and extra batteries †
- Boy Scout Handbook †
- First Class Score Cards
- Scout knife (*No Sheath Knives*) †
- Props for Troop or Patrol Skits

Optional, but recommended:

- Pillow or air pillow
- Air mattress or pad
- Compass †
- Backpack
- Laundry Bag
- Sunglasses
- Fishing tackle
- Clothing sewing kit
- Bible or prayer book
- Inexpensive or disposable camera & film
- Notebook and Pen or Pencil
- Canteen †
- Individual first aid kit †
- Merit badge pamphlets †
- Ground cloth
- Extra flashlight bulb
- Spending money
- Wrist watch
- Utensils for Troop Cookouts
- Spending money
(recommended \$25 per week)

Please Leave at Home:

Large or expensive radios or other electronics
Computer Games
Televisions
Valuable Comic books
Guns, Rifles, Shotguns, Bows and arrows
Valuable cameras, jewelry, etc.
Fireworks
Pets
Sheath or Survival Knives
Aerosol cans
Anything that would distract from the Scouting atmosphere that should prevail at camp.

† Also available at the Trading Post.

ALTERNATE DIRECTIONS TO TEN MILE RIVER SCOUT CAMP

Take the Throgs Neck Bridge or the Bronx - Whitestone Bridge to the Cross Bronx Expressway, West (I-95, South). Exit for the Bronx River Parkway, North. Go up exit ramp onto the service road, go straight about 200 feet to entrance to the Bronx River Parkway, North.

NOTE: The traffic light at the top of the Cross Bronx Expressway exit ramp has one of those "Red Light" cameras. If you run the red light you will get a ticket! An alternate to the Cross Bronx Expressway is to take the Bruckner Expressway, West (I-278, West) to the White Plains Road exit. Proceed along the service road about 1/2 mile until you see the small signs directing you to turn right to the entrance to the Bronx River Parkway.

Bronx River Parkway

Go north on the Bronx River Parkway into Westchester County. After passing under the Cross County Parkway, the right lanes split off for the Bronx River Parkway and the left lanes split off for the Sprain Brook Parkway (also called the Sprain Parkway). Stay left on the Sprain Brook Parkway.

NOTE: The Sprain Brook Parkway is a "fast" road, and there are some people doing 70+ mph.

Go north on the Sprain Brook Parkway over the Cross Westchester Expressway (I-287) and over the Saw Mill River Parkway. At this point, the Sprain Brook Parkway and the Bronx River Parkway join together and become the Taconic State Parkway. Approximately a mile after becoming the Taconic State Parkway get off for NYS 9A, North (the exit is for NYS 9A and NYS 100).

NOTE: NYS 9A is a narrow, 2-lane, curvy road with 3 traffic lights and low overpasses. Semis use this road and need to get in the left lane to get under the overpasses. It is advisable to yield to them! If one takes this route south, once you get on the Taconic State Parkway from NYS 9A, stay in the left lanes so at the split, you stay on the Sprain Brook Parkway and not to end up on the Bronx River Parkway. *(As can be seen from the above directions, one might be inclined to just use the Bronx River Parkway for going both north and south. Be advised that where it splits from the Sprain Brook Parkway (in either direction), it becomes a narrow twisty road with traffic lights and in some places, local streets just empty into the road with only a stop sign. During the day it carries a lot of slow moving traffic. Traveling this section of the Bronx River Parkway is not advised.)*

Go north on NYS 9A through 3 traffic lights onto US 9, North towards Peekskill.

NOTE: Approximately a half-mile after the third traffic light, the road is very curvy and goes steeply down to the Hudson River. Be careful! This stretch is bad enough in dry weather; it is very hazardous under rain/snow/ice conditions! If one takes this route south, the connection from US 9, South to NYS 9A, South is a left-hand exit towards Briarcliff Manor.

Go north on US 9 through Peekskill. US 6, West will join US 9, North. Get in the left lane and at the traffic light turn left taking US 6, West towards Bear Mountain. Immediately after the traffic light, go over the small bridge and 3/4 around the traffic circle and take US 6, West up the "Goat Path" (what the locals call it) to the Bear Mountain Bridge.

US6

Go west on US 6 through Bear Mountain State Park towards Central Valley.

NOTE: US 6 joins the Palisades Interstate Parkway (PIP) for a few miles. US 6 leaves the PIP at Exit 18. Coming out of Bear Mountain State Park, US 6, West will take a long downhill into Central Valley. To the right, down in the valley, can be seen the Woodbury Commons Outlet Mall and the NYS Thruway (I-87). Go over the NYS Thruway, and stay on US 6, West until it joins NYS 17, West. There is a direct connection between US 6 and NYS 17 (both directions - it's Exit 130A [US 6/Bear Mountain] on NYS 17, East @ MM 380). This saves the local roads from having to deal both with the Woodbury Commons traffic and the traffic between US 6 / NYS 17.

NYS 17

Go west on NYS 17 to Exit 104 (NYS 17B, Monticello Racetrack) @ MM 336. Bear left on exiting and onto NYS 17B, West. Continue past racetrack approximately 7 miles to the White Lake Traffic Light. About 1/2 mile past the light, make a left on NYS 55, West (comes up on your left side). Go west on NYS 55 about 4 miles to County 26 (comes up quick on your right). Follow County 26 about 1 mile to the TMR/Camp Keowa sign (on your right). For other TMR Camps, follow the TMR signs.

For the GPS crowd here's the Latitude and Longitude for the Camp Keowa Office (take your pick):

Digital Degrees:	Degrees, Digital Minutes:	Degrees, Minutes, Digital Seconds:
N 41.63090°	N 41° 37.854'	N 41° 37' 51.24"
W 074.90305°	W 074° 54.183'	W 074° 54' 10.98"

If your GPS can only input addresses (i.e., can't input Latitude and Longitude), Mapquest provided a fictitious address (which has been physically verified using a Garmin GPS), which will put you very close to the TMR/Camp Keowa sign. The fictitious address is (i.e., **DON'T USE THIS AS A MAILING ADDRESS!**):

271 Crystal Lake Road, White Lake, NY

THE CROSS BRONX EXPRESSWAY CAN BECOME A MAJOR BOTTLENECK ESPECIALLY ON MAJOR HOLIDAY WEEKENDS If the Cross Bronx Expressway is congested, the following detours are provided:

TO TMR:

Throgs Neck Bridge *(If the Throgs Neck Bridge backed up, advise taking the Bronx Whitestone Bridge):* After the tollbooths, stay right and head for New England (Exit 10, New Haven, I-695, North to I-95, North). After passing the Pelham Parkway exit, take Exit 9 (Hutchinson Parkway, North).

NOTE: As you go down the Exit 9 ramp, stay to the left, there is a right turn off for Palmer Avenue. Take the Hutchinson River Parkway to the Cross County Parkway (Exit 13, Cross County Parkway, Saw Mill Parkway, Yonkers). Go approximately 1-3/4 miles to the Sprain Brook Parkway, North (Exit 6, Bronx Parkway, Sprain Parkway). As you go down the ramp, take the right fork. At the bottom of the ramp, proceed as quickly as possible into the left two lanes since the right lanes split off for the Bronx River Parkway and the left lanes split off for the Sprain Brook Parkway (also called the Sprain Parkway). Stay left on the Sprain Brook Parkway. **Go the paragraph marked “Bronx River Parkway” for remaining directions to TMR.**

Bronx-Whitestone Bridge:

After the tollbooths, stay in the left two lanes and go north on the Hutchinson River Parkway. Take the Hutchinson River Parkway to the Cross County Parkway (Exit 13, Cross County Parkway, Saw Mill Parkway, Yonkers). Go approximately 1-3/4 miles to the Sprain Brook Parkway, North (Exit 6, Bronx Parkway, Sprain Parkway). As you go down the ramp, take the right fork. At the bottom of the ramp, proceed as quickly as possible into the left two lanes since the right lanes split off for the Bronx River Parkway and the left lanes split off for the Sprain Brook Parkway (also called the Sprain Parkway). Stay left on the Sprain Brook Parkway. **Go the paragraph marked “Bronx River Parkway” for remaining directions to TMR.**

TO QUEENS:

Stay on the Bronx River Parkway past the Cross Bronx Expressway to the Bruckner Expressway. After the Cross Bronx Expressway get in the left lane and proceed to Exit 2E (Bruckner Expressway, East, Throgs Neck Bridge, New England). As you pass over the Bruckner Expressway get into the right lane and take the ramp down to the traffic light at the service road. Just after going under the Bronx River Parkway overpass is the entrance to the Bruckner Expressway. Proceed to the second exit (Throgs Neck Bridge, Whitestone Bridge, Zerega Avenue) and get off. Stay in the left lane on the exit ramp and proceed either to the Throgs Neck Bridge or the Bronx Whitestone Bridge.

For those of you who just love being stuck in traffic on the GWB or the TZB, here are those directions: GEORGE WASHINGTON BRIDGE (GWB)

Travel onto the George Washington Bridge, upper level (if you get on the lower level, you’re on your own getting to the PIP!). Go into far right hand lane, which will take you directly onto Palisades Interstate Parkway (PIP). Travel north for approximately 35 miles. Take Exit 18 marked US 6, West towards Central Valley. **Go to the paragraph marked “US 6” for remaining directions to TMR.**

Alternately, travel north on the PIP for approximately 20 miles and get off the PIP and onto the NYS Thruway at Exit 9W (I-87, North/I-287, West). Stay on the NYS Thruway to Exit 16 (Harriman). **NOTE:** NYS 17 first connects to the NYS Thruway at Exit 15 (Suffern) and runs parallel to the NYS Thruway past Exit 15A (Suffern, Sloatsburg) to Exit 16. It is at Exit 16 leave the NYS Thruway and get onto NYS 17, West. **Go to the paragraph marked “NYS 17” for remaining directions to TMR.**

TAPPAN ZEE BRIDGE (TZB)

Travel onto the Tappan Zee Bridge & stay on the NYS Thruway to Exit 16 (Harriman). **NOTE:** NYS 17 first connects to the NYS Thruway at Exit 15 (Suffern) and runs parallel to the NYS Thruway past Exit 15A (Suffern, Sloatsburg) to Exit 16. It is at Exit 16 leave the NYS Thruway and get onto NYS 17 West. **Go to the paragraph marked “NYS 17” for remaining directions to TMR.**

For those of you who want to know the fastest way to TMR in the dead of night or when there’s no traffic: Cross Bronx Expressway - George Washington Bridge (upper level) - Palisades Interstate Parkway (PIP).

Travel north on the PIP for approximately 20 miles and get off the PIP and onto the NYS Thruway at Exit 9W (I-87, North/I-287, West). Stay on the NYS Thruway to Exit 16 (Harriman). **NOTE:** NYS 17 first connects to the NYS Thruway at Exit 15 (Suffern) and runs parallel to the NYS Thruway past Exit 15A (Suffern, Sloatsburg) to Exit 16. It is at Exit 16 leave the NYS Thruway and get onto NYS 17, West. **Go to the paragraph marked “NYS 17” for remaining directions to TMR.**