Scouting America

Greater Yosemite Council

Leader and Parent Guide

Camp Warren McConnell
11760 Livingston Cressey Rd.
Livingston, CA 95334

GYC Office
4031 Technology Dr.
Modesto, CA 95356
209-545-6320

YosemiteScouting.org

A LETTER FROM THE CAMP DIRECTOR

Dear Campers,

Embark on an unforgettable journey through American history at Trailblazers of America, where Scouts will step into the boots of the pioneers, explorers, and innovators who dared to venture beyond the familiar and blaze new trails.

From the rugged frontier to uncharted wilderness, Scouts will experience the challenges, adventures, and ingenuity that shaped America. Patrols will journey through a series of hands-on challenges inspired by courageous individuals who explored new lands, built communities, solved problems, and pushed the boundaries of what was possible.

Along the trail, Scouts will test their navigation, wilderness survival, teamwork, leadership, and problem-solving skills. They may find themselves navigating like Lewis and Clark, building like frontier pioneers, cooking with limited resources, or thinking like an inventor to overcome an unexpected challenge. Every activity will put their Scout skills to the test while encouraging creativity, cooperation, and determination.

But the journey isn't just about competition; it's about discovery. Scouts will learn how ordinary people with courage, curiosity, and imagination helped shape the future. They'll face obstacles together, make decisions as a patrol, and discover that sometimes the greatest adventures begin when you step off the beaten path.

As the sun sets and the campfire comes alive, Scouts will gather beneath the stars to share stories, celebrate accomplishments, and reflect on the adventures of the day. The trail may be filled with challenges, but the friendships, memories, and lessons learned along the way will last far beyond the weekend.

So, grab your gear, gather your patrol, and prepare to blaze a new trail!
The frontier is calling. The adventure is waiting. The next Trailblazers are YOU!

Serena
Camp Director

WHAT'S INSIDE

Getting to Camp

While at Camp

Resources

WELCOME TO CAMP WARREN MCCONNELL!

Camp Warren McConnell is the Greater Yosemite Council's Scout Camp. Located on the banks of the beautiful Merced River, it is a perfect location for Council Training, Resident Camps, Day Camps, and Unit Campouts.

Warmer weather provides the perfect excuse to cool off in the "Beginner"-sized pool. Outside showers and two individual locking restrooms complete the package!

Camporee offers a great program for Troop units to focus on outdoor skills.

- Opportunities for Scouts to work on advancement
- Enjoy recreational activities
- Experience camping overnight in the familiarity of your unit
- Meet Scouts from other Troops and build new friendships

REGISTERING FOR CAMP

GET SIGNED UP!

https://www.yosemitescouting.org/event/3126307

- You can visit the website above to register.
- Your unit must register as a troop.
- All Scouts who are AOLs or have completed the 5th grade by Fall 2024 may attend.
- Enter the information for your Scout(s) and attending Leaders/Adults. You'll need to know any special dietary requests or notes for special needs for both Scouts and Adults.
- Payments can be made online by credit card or mail. A 3% processing fee applies to credit cards.
- To lock in your spot, register and provide payment by September 17, 2025 at midnight.

Contact Us

Greater Yosemite Council
4031 Technology Dr.
Modesto, CA 95356
(209) 545-6320

Camp Director
Serena Robinson

Camp Fees & Schedule

Youth - Male	$27
Youth - Female	$27
Leader/Adult - Male	$27
Leader/Adult - Female	$27

Scoutbucks

Did your scout earn Scoutbucks from popcorn sales?

Scoutbucks earned from Council can be applied to your balance due for this event.

Refunds

All camp fees are not-refundable but may be either transferred to another registrant or transferred to a future event (to be used within the 12 months following this event).

HELP START YOUR WEEKEND SMOOTHLY BY HAVING THE RIGHT FORMS

prepared. for life.

BSA Annual Health & Medical Record

All youth and adults attending camp must have a current BSA Annual Health & Medical Record forms A & B.

The most current form is at the event registration website and this guide.

- All medical forms must be turned in to the Camp Health Officer during Check-in.
- This form is valid for 12 months from the date signed.

Medications

A trained Health Officer will be on duty 24/7. Scouts and adults requiring regular medications must bring them to camp in their original packaging. Medications will be checked in by the Health Officer. Medications requiring refrigeration may be left at the First Aid Office, but it is the responsibility of the Leader or Parent to check the medication out as needed or to accompany the Scout to First Aid Office for administration.

Range and Target Permission Slip

The State of California has enacted legislation that prohibits any person from furnishing, loaning, or otherwise providing a minor any firearm or live ammunition without the express permission of his or her parent or legal guardian.

Your Scout will not be allowed on any shooting range without a signed permission slip. It is necessary for you to give consent for your Scout to participate in the range and target activities. The form includes consent to participate.

Training

BSA Youth Protection policies and California State Laws are strictly followed at camp. All adults attending camp must have completed Youth Protection Training, which is available at my.scouting.org.

All registered adult leaders must have completed AB-506 mandated reporter training and fingerprinting. https://californiascouting.org/greater-yosemite/

WHAT TO PACK

Paperwork (signed and dated)

- Annual Health and Medical Record (Parts A and B) - Adult and Scout
- Range and Target Permission Slip - 2 copies

Clothing

- Uniform, uniform hat
- Activity T-shirts
- Jeans (optional)
- Towel
- Pajamas or sweatpants
- Jacket, sweater, or sweatshirt
- Underwear (at least one pair per day)
- Socks (at least one pair per day)
- Closed-toe shoes - NO Crocs or Flip-Flops allowed
- Handkerchiefs
- Watch
- Swimming/Shower shoes

Optional Items

- “Themed related” apparel
- Camera
- Musical instrument
- Sunglasses
- Money for Trading post ($20 - $40)

Camping Gear

- Tent
- Sleeping bag
- Ground cloth
- Foam pad or air mattress
- Pillow (optional)
- Daypack / Camp Chair
- Canteen, water bottle, camelback
- Flashlight with extra batteries
- Compass
- First Aid Kit
- Pocket knife (only with Totin’ Chip)

Bathroom Necessities

- Toothbrush and toothpaste
- Comb or brush
- Soap
- Wash cloth and towel
- Shampoo/Conditioner
- Deodorant
- Sunscreen / Chapstick
- Non-aerosol insect repellant

Patrol Gear

- Small Pot for boiling water
- Pen or pencils, Paper for notes
- Patrol Spirit!!!

UNAUTHORIZED
(DO NOT BRING THESE ITEMS TO CAMP)

Firearms and/or ammunition
Archery equipment
Fireworks
Illicit drugs
Alcohol
Electronics (Radios, MP3 players, I-pods, Gameboys, etc)
No Dogs, only service dogs but not in the swimming pool

Friday Check-In

Arrive between 5:00 pm - 8:00 pm.
Please do not arrive earlier. Early check-in is not available. Staff will not be available at earlier time.

Step 1

Get parked! Vehicles are parked backwards. Vehicles should be locked and secured. Due to safety concerns for our campers, vehicles are not permitted to drive through camp to unload gear.

Step 2

Proceed to Dining Hall where you will be greeted by our awesome staff to help you through the check-in process.

Step 3

Present Range and Target Permission Slip. Pick up Camp Information Packet. This includes information about events and activities throughout the weekend.

Step 4

Present completed and signed medical forms to the Camp Health Officer at the Health Lodge.

Step 5

Once completed with Administration Check-in, you can grab your gear and set up your campsite.

Step 6

HAVE FUN!!!!

FRIDAY

01:00 PM - 02:00 PM	Staff check-in, Camp Setup, and Registration
05:00 PM - 08:00 PM	Unit check-in, Camp Setup, and Registration
05:00 PM - 06:30 PM	Campsite dinner and Troop activities at camp
06:30 PM - 08:45 PM	Camp-wide Movie
09:00 PM - 09:21 PM	Senior Patrol Leader Meeting.
09:00 PM - 10:00 PM	Troop Cracker Barrels or campsite activities
10:00 PM	Lights out and quiet time.

SATURDAY

07:30 AM - 09:30 AM	Breakfast and cleanup by patrols.
09:30 AM - 10:00 AM	Opening Ceremony and announcements, including Raising of the Colors
10:00 AM - 12:30PM	Activity stations open, featuring various scouting skills competitions such as first aid, fire building, pioneering, knots, and orienteering.
12:30 PM - 02:00 PM	Lunch and cleanup by patrols.
01:30 PM	Cook off/Dutch oven entries due to judges
02:00 PM - 05:00 PM	Activity stations continue, including additional patrol competitions
05:15 PM - 05:45 PM	Closing Flag Ceremony lowering of the Colors
05:50 PM - 07:30 PM	Dinner and cleanup by patrols.
07:30 PM - 10:00 PM	Campfire Program with awards, Cracker barrel, and skits
10:00 PM	Lights out and quiet time.

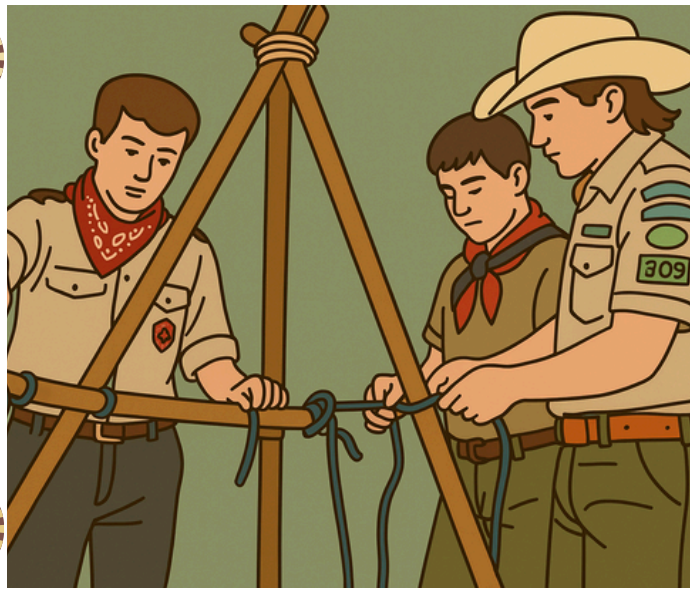
SUNDAY

07:30 AM - 08:30 AM	Breakfast and cleanup by patrols.
08:30 AM - 09:30 AM	Site inspection and check-out by units.
09:30 AM - 10:00 AM	Scout's Own Service (optional).
10:00 AM	Closing Ceremony
11:30 AM	Departure.

PROGRAM

Program Rotations

Orienteering, Knots & Lashings, Dutch Oven Cook-off, Problem Solving, Fire Building, Trivia Challenge, First Aid, Obstacle Course



Program Areas

Aquatics - Handicrafts - Nature
Range and Target - Cooking - Scout Skills

Completed achievements will be emailed to the primary leader after camp.

Campfire

Knot Tying

Orienteering

Patrol Games

First Aid

Camporee Camp FAQ's

WHAT'S THE STANDARD OF CARE?

During the weekend, a trained Health Officer will be on duty 24/7. All injuries will receive full medical attention in a timely manner. Situations requiring treatment beyond simple first aid will be sent to a hospital and ultimately referred to the family physician. Every effort will be made to contact parents prior to sending an injured or seriously ill patient to a hospital. However, in urgent situations, the Health Officer will decide the appropriate treatment.

WHERE DO WE PARK?

Camp has a designated parking area. Due to the limited space we recommend that campers carpool. During check in time there will be parking attendants to help supervise parking of vehicles. Vehicles are parked backwards. Vehicles should be locked and secured. Due to safety concerns for our campers, vehicles are not permitted to drive through camp to unload gear. Greater Yosemite Council and Camp McConnell takes no responsibility for items left in a vehicle. Have your vehicles keys with you at all times in case of an emergency. Please plan accordingly.

WHEN DO WE USE THE BUDDY SYSTEM?

The buddy system works for your entire stay at camp. Your Scouts must go with a buddy wherever they go.

I'VE LOST SOMETHING. WHAT DO I DO?

Lost and Found is located in the Dining Hall Building. Keep in mind that Greater Yosemite Council and Staff are not responsible for any items that may be lost, stolen, or damaged.

CAN SCOUTS BRING MONEY?

Yes! Scouts can bring money to enjoy beverages, snacks, and an array of camp items at the Trading Post.

WHAT'S THE BATHROOM SITUATION LIKE?

Bathrooms are located near the dining hall and pool area. Bathrooms will be assigned for youth males, youth females, and adults. More instructions will be given at camp.

Camporee Camp FAQ's

CAN A SCOUT CARRY A POCKETKNIFE AT CAMP?

To carry a knife in camp, you must have earned your Knife Safety Adventure for your current rank. Scouts will have the opportunity to earn this adventure at camp. If any adult sees you misusing your knife, they can take it away for the duration of camp. So you might want to review the rules before you get to camp. Under NO circumstances are sheath knives or folding knives with a blade larger than 4 inches necessary for participation in camp programs. Knives of that type should be left home. If they are brought to camp, they must be turned over to the Camp Director and stored until their owner leaves camp at the end of the session.

CAN I EARN MY FIREM'N CHIT??

Yes! You will have the opportunity to work on your Firem'n Chit during Camp. Please note before you are permitted to use matches or fire starters in Scouts BSA this certification MUST be earned.

ARE THERE FLAG CEREMONIES?

Yes! Flag raising is each morning at 8:00 am and flag lowering is at 5:45 pm. These are required ceremonies for all campers. All participants should assemble on the Flags Area in Field Uniform (Class A).

WHAT IS CAMPFIRE PROGRAM LIKE?

We will have a campfire program on Day 1 by the Staff, and Day 3 by the scouts. Scouts/patrols are invited to submit a skit, song, or activity to the Camp Director for review. All campers are encouraged to attend the campfire in their Field Uniform (Class A) or "Theme" related apparel.

CAN A PERSON WITH FOOD ALLERGIES BE ACCOMMODATED?

The camp can make minor substitutions, but is unable to completely re-work the menu for severe food allergies. In severe food allergy cases it is best to bring supplemental food items. Please make sure the "special needs section" on registration is completed so camp may anticipate your need.

Camporee Camp FAQ's

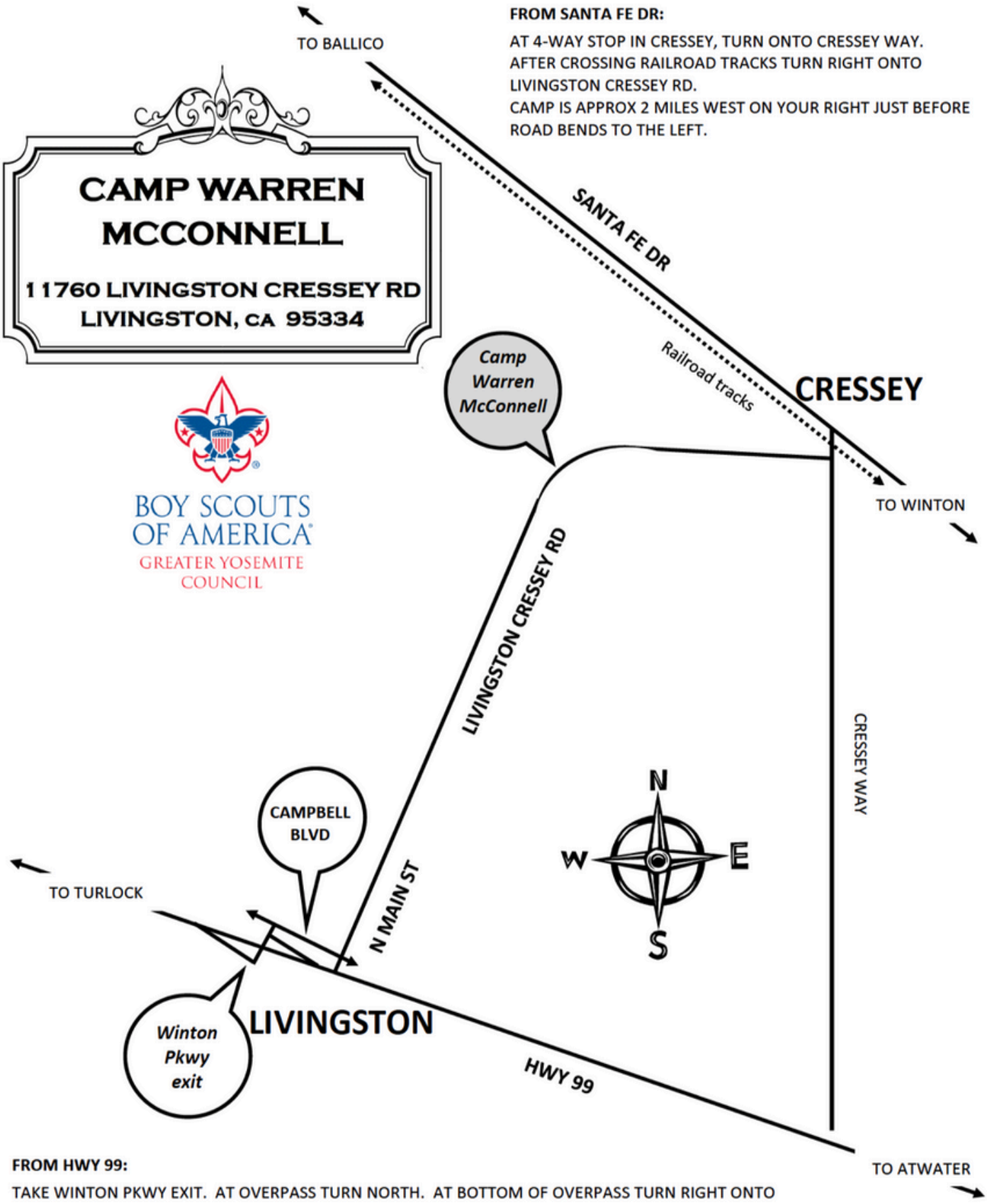
DO WE HAVE FIRE DRILLS?

Yes! Sometime during your first 24 hours in camp, we'll conduct a camp fire drill. Instruct your campers: WHEN YOU HEAR THE FIRE ALARM: All campers go to the parking area and assemble by patrols. Conduct a head count of your patrol. Once everyone is accounted for, the leader reports to the camp director. Stay on the parking area until directed to do otherwise by the camp director.

HOW DO WE CHECK OUT?

Following closing ceremony on the morning of check out, pack personal equipment and pick-up trash throughout campsite. Please leave your campsite cleaner than you found it.

1. When the campsite is ready to be inspected, send a representative to notify your Camp Guide, who will inspect your campsite.
2. After the campsite has passed inspection, Scouts will be allowed to leave. Troop Leaders and parents should proceed to the dining hall to pick up your camp patches and forms.
3. Please plan to check out prior to 11:00 a.m. on your check out day.


TO BALLICO
FROM SANTA FE DR:
AT 4-WAY STOP IN CRESSEY, TURN ONTO CRESSEY WAY.
AFTER CROSSING RAILROAD TRACKS TURN RIGHT ONTO
LIVINGSTON CRESSEY RD.
CAMP IS APPROX 2 MILES WEST ON YOUR RIGHT JUST BEFORE
ROAD BENDS TO THE LEFT.
CAMP WARREN MCCONNELL
11760 LIVINGSTON CRESSEY RD
LIVINGSTON, CA 95334
SANTA FE DR
Railroad tracks
CRESSEY
Camp Warren McConnell
BOY SCOUTS OF AMERICA
GREATER YOSEMITE COUNCIL
TO WINTON
LIVINGSTON CRESSEY RD
CRESSEY WAY
CAMPBELL BLVD
N
W
E
S
TO TURLOCK
N MAIN ST
Winton Pkwy exit
LIVINGSTON
HWY 99
TO ATWATER
FROM HWY 99:
TAKE WINTON PKWY EXIT. AT OVERPASS TURN NORTH. AT BOTTOM OF OVERPASS TURN RIGHT ONTO CAMPBELL BLVD. AT 4-WAY STOP TURN LEFT ONTO N MAIN STREET. THIS WILL BECOME LIVINGSTON CRESSEY RD JUST OUTSIDE OF TOWN.
CAMP IS APPROX. 2.5 MILES FROM 4-WAY INTERSECTION—LOOK FOR WHITE FENCE ON YOUR LEFT AS ROAD BENDS TO THE RIGHT.

CAMPGROUND MAP

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. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

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

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

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

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**

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

List participant restrictions, if any: ☐ **None**

_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, **I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met.** The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

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

Name: _____ Name: _____

Phone: _____ Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____ Name: _____

Phone: _____ Phone: _____

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Part B1: General Information/Health History

B1

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

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

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

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

Part B2: General Information/Health History

B2

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

DO YOU USE AN EPINEPHRINE AUTOINJECTOR? Exp. date (if yes) _____ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE INHALER? Exp. date (if yes) _____ ☐ YES ☐ NO

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

Yes	No	Allergies or Reactions	Explain
☐	☐	Medication	
☐	☐	Food	

Yes	No	Allergies or Reactions	Explain
☐	☐	Plants	
☐	☐	Insect bites/stings	

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

☐ Check here if no medications are routinely taken. ☐ If additional space is needed, please list on a separate sheet and attach.

Medication	Dose	Frequency	Reason

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

Administration of the above medications is approved for youth by:

_____ / _____

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

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

Immunization

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

Yes	No	Had Disease	Immunization	Date(s)
☐	☐		Tetanus	
☐	☐		Pertussis	
☐	☐		Diphtheria	
☐	☐		Measles/mumps/rubella	
☐	☐		Polio	
☐	☐		Chicken Pox	
☐	☐		Hepatitis A	
☐	☐		Hepatitis B	
☐	☐		Meningitis	
☐	☐		Influenza	
☐	☐		Other (i.e., HIB)	
☐	☐		Exemption to immunizations **(form required)**	

Please list any additional information about your medical history:

_____

_____

_____

_____

DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____

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Greater Yosemite Council, BSA
Camp Warren McConnell

RANGE AND TARGET PERMISSION SLIP

I give my permission for (name of minor) _____ to use an approved air gun, and/or approved archery equipment, and/or slingshots under the supervision of qualified personnel while at Camp Warren McConnell, Boy Scouts of America, in accordance with California Penal Code Section 12552.
(This form must be signed by the parent or guardian of a youth participating in air gun/archery activities.)

_____ _____
Parent/guardian signature Date

_____
Parent/guardian name (please print)

California Penal Code Section 12552:
(a) 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.
(b) As used in this section, "furnishes" means any of the following: (1) A loan. (2) A transfer that does not involve a sale.

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