Date: November 15th, 2025
To: National Camping School Participant
From: Bruce Hassy, NCS Course Director (bruce.hassy@scouting.org)
Karl Ziegenfus, NCS Local Council Liaison (karl.ziegenfus@scouting.org)
Subject: Important Information for National Camping School at Camp Gorton

Dear NCS participant,

Congratulations! We are excited to inform you that your application for National Camping School (NCS) has been successfully received. On behalf of the entire staff, we look forward to welcoming you to Camp Gorton. To help you prepare for your time at NCS, please carefully review the following important details:

Course Location and Address:
Camp Gorton
4241 County Road 25
Dundee, NY 14837

Course Dates:
February 28 – March 1, 2026

Check-In:
Upon arrival, please check in at the Dining Hall. All participants should plan to **arrive between 6:30 AM and 8:00 AM (Eastern Time) on Saturday**, February 28, 2026. A camp map and driving directions are attached for your reference. For registration-related inquiries, please contact the Scouting America National Office at **ncs@scouting.org**.

Early Arrival (Optional):
If your travel arrangements require you to arrive on **Friday, February 27th**, please select the "Early Arrival" option during online registration. An early arrival fee of **$55** includes breakfast on Saturday. Early arrival check-in will also take place at the Dining Hall. *Note: For those not registered for early arrival, your first meal will be lunch on Saturday, February 28th.*

Transportation:
For those flying in, the host council has arranged ground transportation from **Buffalo Niagara International Airport**. If you plan to fly, please ensure your arrival time is by **6:00 PM on Friday** to catch the shuttle to camp. Shuttle reservations are required and can be made by contacting **Bruce Hassy** at **bruce.hassy@scouting.org**. The round-trip shuttle fee is **$50**. The drive from the airport to Camp Gorton is approximately 2 hours.

Driving Directions:
Driving directions to Camp Gorton are included at the end of this document.

Annual Health & Medical Record:
A health screening will be conducted during check-in. Please bring a **printed copy of the Scouting America Annual Health & Medical Record**, with **Parts A & B** completed. You can find the form at Scouting.org and attached to this letter.

Dietary Needs:
While Camp Gorton strives to accommodate common dietary restrictions, we are unable to meet all specific needs. If your dietary requirements cannot be fully accommodated, you may need to bring your own food. For any questions regarding dietary restrictions, please contact **Karl Ziegenfus** at karl.ziegenfus@scouting.org.

Prerequisite Training:
Certain courses must be completed prior to attending NCS. Please bring proof of completion (e.g., pocket training certificates, my.scouting validation, or your Scouting America Membership Card).
Failure to provide proof of prerequisite completion will result in non-certification.

Required Prerequisites:

- Current Scouting America Membership
- Scouting America Safeguarding Youth Training
- Hazardous Weather Training
- Cub Scout Leader Specifics Training (for any Cub Scout leadership role)
- CS 62 – Fundamentals of Cub Scout Day Camp (online)
- CS 63 – Day Camp NCS In-Council Component (8-hour in-person training with your professional staff advisor)

Weather:
Some activities will take place outdoors. Expect daytime temperatures in the 30s and 40s with colder nights. Please bring appropriate **warm clothing**, **rain gear**, **bedding**, and a **hat**.

Accommodations:
Participants will be housed in heated cabins with electricity. A bunk or cot will be provided, but you must bring your own **sleeping bag**, **pillow**, and other personal bedding items. Wi-Fi is available in the Dining Hall and certain classroom areas. Cellular coverage is available across the camp. In case of emergency, Camp Gorton's contact number is **(607) 292-3220**.

Participant Schedule (Day 1 - Saturday, February 28, 2026):

- **7:00 AM – 7:45 AM**: Breakfast (for early arrivals and staff only)
- **8:00 AM – 8:45 AM**: Check-in & Gathering Activity
- **8:45 AM – 11:45 AM**: Course Instruction
- **12:00 PM – 12:55 PM**: Lunch
- **1:00 PM – 5:45 PM**: Course Instruction
- **6:00 PM – 6:55 PM**: Dinner
- **7:00 PM – 9:00 PM**: Course Instruction
- **9:00 PM – 9:30 PM**: Cracker Barrel
- **9:30 PM – 11:00 PM**: Personal/Study Time

Dress Code:

NCS graduates set the example for uniform standards. The **Scouting America Field Uniform** is required for meals and formations. The **Scouting America Activity Uniform** (camp-related shirts, polos or t-shirts) should be worn during all other activities. You are not required to arrive in your Field Uniform, but it will be needed for check-in on Saturday.

Required Gear/Equipment:

- **Scouting America Field Uniform shirt**
- **2 pairs of Scouting America Field Uniform pants**
- **2 activity uniform shirts (camp-related t-shirts or polos)**
- **Belt**
- **Warm socks**
- **Hiking boots or shoes**
- **Warm jacket and sweatshirt/fleece**
- **Gloves, hat**
- **Toiletries**
- **Sleeping bag or bedding**
- **Pillow**
- **Notebook, pen/pencil**
- **National Day Camp Theme-related costume (optional)**
- **Day Camp promotional flyer**
- **Day Camp leader/parent guide**
- **Day Camp budget**
- **Laptop (optional)**

Visitors:

For safety and logistics, only registered participants and staff will be allowed on the camp property during the course. Please do not bring visitors, spouses, or children.

Departure:
Graduation and departure will take place after the final session on **Sunday, March 1st, 2026**, at approximately **2:00 PM**.

Trading Post:
Camp Gorton will have a local trading post offering snacks, drinks, and Camp Gorton-branded apparel. **Scouting Outfitters** will not have a trading post on-site for NCS, but NCS-related items can be purchased online at **ScoutShop.org**.

Thank you for committing to attend National Camping School. As part of your council's day camp leadership team, you will help provide Scouts with an unforgettable experience. If you have any questions before your arrival, don't hesitate to reach out to me directly at **bruce.hassy@scouting.org**.

We look forward to seeing you at Camp Gorton!

Sincerely,

Bruce Hassy
NCS Course Director

** The early arrival fee is processed through National's event registration system. Please do not pay this fee directly to the host camp. Whether or not you are responsible for covering this fee personally should be discussed with your local council. The fee covers lodging for the night prior to the course start and breakfast on Saturday morning. Please note that no scheduled activities will take place for early arrivals, as staff will be focused on course preparations.*

Attached:

- Camp Gorton Driving Directions
- Camp Gorton Map
- Scouting America Annual Health & Medical Record (parts A & B)

Scouting America
Great Falls Council

Directions to Camp Gorton

From Bath, NY, Dansville, NY and North/West:

- Take I-86 East to Exit 38.
- Follow the signs for Rte. 54 North through Bath past the Hammondsport turn-off.
- Bear right onto Rte. 87 and follow signs toward Watkins Glen.
- Turn right onto Rte. 96, which becomes Rte. 23 at the county line.
- Follow Rt. 23; Waneta Lake will be on the left.
- Approximately. 0.5 miles past the boat launch, turn left onto Rte. 25. (Waneta Lake Rd.).
- Camp Gorton's entrance is 1.5 miles on the left.

From Corning NY, Lawrenceville/Mansfield, PA and South:

- Take I-86 West to Exit 40 (Savona).
- Turn right onto Rte. 226 North (Tyrone) and follow for 12.7 miles.
- Turn left onto Rte. 23 and proceed through the Villages of Tyrone and Weston for 1.9 miles.
- Turn right onto Rte. 25 (Waneta Lake Rd.)
- Camp Gorton's entrance is 1.5 miles on the left.

From Elmira NY, Troy PA, and Southeast:

- Take Rt. 14 North into Watkins Glen.
- Turn left onto Rt. 409 at the traffic light.
- In 1 mile, turn right onto Rte. 28/Rte. 23 toward Tyrone.
- Bear left onto Rte. 23 to Tyrone.
- At the intersection with Rte. 226, jog right then jog left back onto Rte. 23.
- Follow Rte. 23 through the Villages of Tyrone and Weston for 1.9 miles.
- Turn right onto Rte. 25 (Waneta Lake Rd.).
- Camp Gorton's entrance is 1.5 miles on the left.

From Sayre, PA and East:

- Take Exit 42 (Geneva) then Rte. 14 South towards Watkins Glen.
- Turn right onto Rte. 54 South near Dresden.
- Follow Rte. 54 South through the village of Penn Yan.
- Approximately 14 miles south of Penn Yan, turn left onto Rte. 230.
- Follow Rte. 230 through the Village of Wayne, approximately 2 miles.
- Turn right onto Rte. 25 (Waneta Lake Rd.) at the bottom of the hill.
- Camp Gorton is 1.5 miles on the right.

From Westbound N.Y.S. Thruway (I-90):

- Take Exit 42 (Geneva) then Rte. 14 South towards Watkins Glen.
- Turn right onto Rte. 54 South near Dresden.
- Follow Rte. 54 South through the village of Penn Yan.
- Approximately 14 miles south of Penn Yan, turn left onto Rte. 230.
- Follow Rte. 230 through the Village of Wayne, approximately 2 miles.
- Turn right onto Rte. 25 (Waneta Lake Rd.) at the bottom of the hill.
- Camp Gorton is 1.5 miles on the right

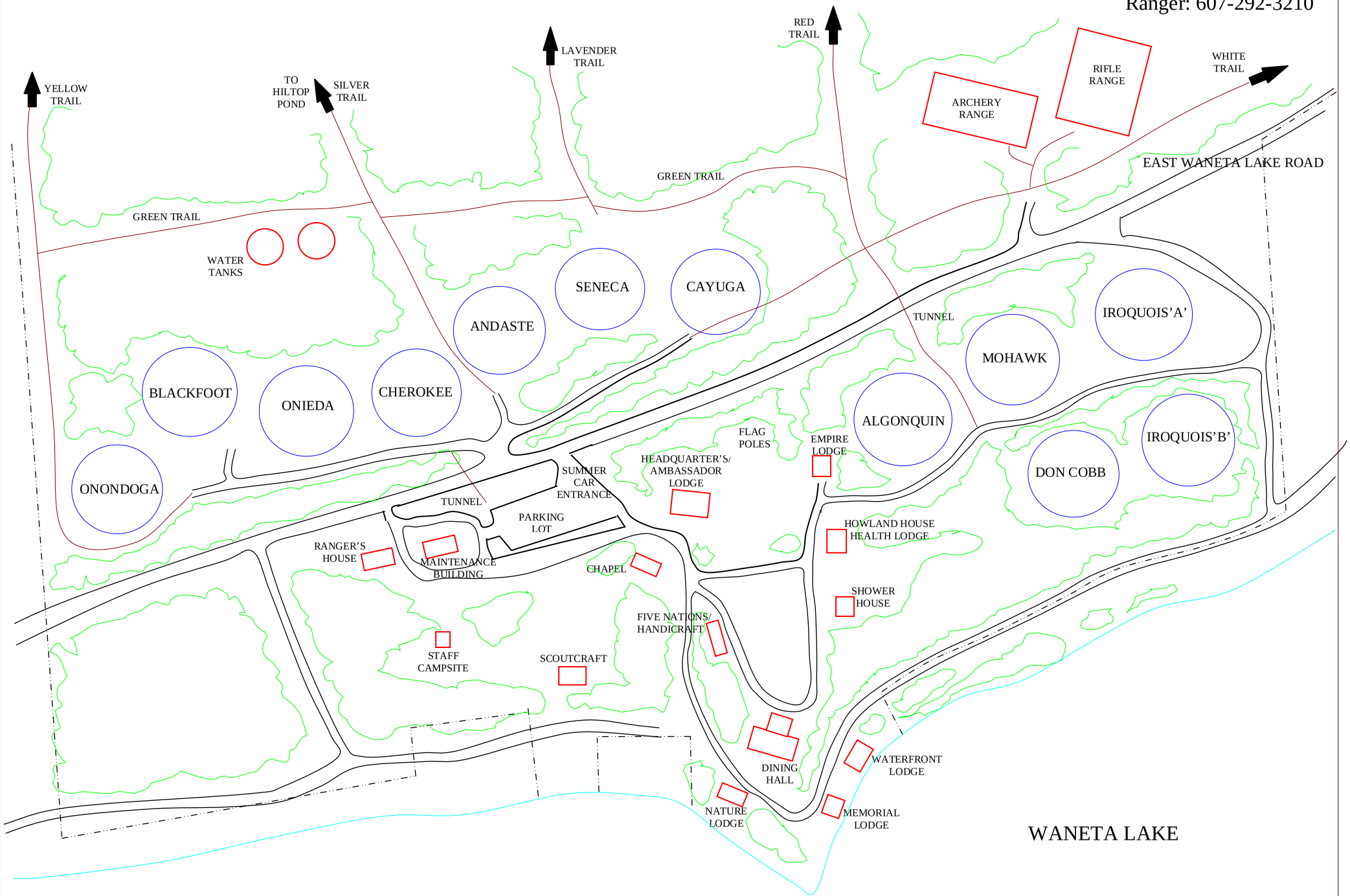
CAMP GORTON

SITE and FACILITY MAP

Great Falls Council

607-732-9047

Ranger: 607-292-3210



Scouting America

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: _____

Prepared. For Life.®

680-001
2019 Printing

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? ☐ YES ☐ NO Exp. date (if yes) _____

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

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: _____

Prepared. For Life.®

680-001
2019 Printing