

## BSA Wilderness First Aid Course – June 2019

The official BSA Wilderness First Aid Course will be offered Friday, June 14-Sunday, June 16, 2019 at Camp Sequassen.

Tim Ferrarotti and Dave Nicol will present the 16 hour course. It will start on Friday, June 14 at 6 pm and end around noon on Sunday, June 16. Participants may stay at camp for the weekend. Meals are not provided.

Participants are required to have CPR certification at the time of the course. If the student does not have a current CPR card, there is an hour-long online CPR course available (cost \$14.50) and the test will be administered during the WFA course, on Saturday evening. (If you need to take the online CPR course, add \$14.50 to the course fee. Tim Ferrarotti will buy the online course and email you a code. Take the online course prior to June 14.)

Minimum age to take Wilderness First Aid is 14 years, per BSA. Any youth under age 18 must attend with a BSA registered parent or two BSA registered leaders who will be responsible for the youth all weekend. Youth participants should have already earned the First Aid merit badge.

Each participant must have either the text or smaller field guide.

Course cost:

\$65 for text

\$55 for field guide

In order for the required materials to be ordered, the deadline for registration is June 3. A minimum of four participants is required to run this course.

For specific questions about this course, please contact Tim Ferrarotti, [tferrarotti6117@charter.net](mailto:tferrarotti6117@charter.net)

For registration questions, contact Carolyn Cruson, [ccruson@bsamail.org](mailto:ccruson@bsamail.org), 203-951-0237.

### BSA Wilderness First Aid Course – June 14-16, 2019 – Camp Sequassen

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Unit: \_\_\_\_\_ District: \_\_\_\_\_ Gender: M / F Age: \_\_\_\_\_

Course Fee: Full Text \$65 \$ \_\_\_\_\_

OR

Field Guide \$55 \$ \_\_\_\_\_

Additional fee for the online CPR course \$14.50 \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_

Check No. \_\_\_\_\_ (payable to Connecticut Yankee Council)

Credit Card Payment: (Visa, MC, AMEX) Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_ cvv: \_\_\_\_\_ Signature: \_\_\_\_\_

Scan/email to [ccruson@bsamail.org](mailto:ccruson@bsamail.org) or mail to Connecticut Yankee Council, P.O. Box 32, Milford, CT 06460