

# CUB SCOUT DAY CAMP 2005

## "MERLINS MAGIC"

The Cub Scout Day Camp Program is designed to teach skills and develop attitudes that make a boy more self-reliant and more at home in the out-of-doors. He will have fun with a purpose and that purpose is to build character while providing a memorable experience. The Day Camp Program offers archery, B.B. Gun safety, crafts, nature and special Webelos programs. Make sure your son knows Cub Scouting at it's very best.....at Cub Scout Day Camp.

### HOW TO REGISTER FOR DAY CAMP AND WHAT TO BRING:

First of all, let your Den and Pack Leaders know that you are interested in attending. The next step is to register through your Pack. Each Pack should select a Day Camp Coordinator whose job is, to assist you in filling out the three Cub Scout Day Camp forms, and to turn in the Pack Chaperone Forms. Please direct all questions concerning Day Camp to your Pack's Day Camp Coordinator. name: \_\_\_\_\_ phone: \_\_\_\_\_

The Pack Day Camp Coordinator only, will collect all forms and fees, deposit the fees into the Pack checking account and then bring one (1) Pack check along with the forms to the Council Service Center, check payable to: Boy Scouts of America.

#### 1. PACKS MUST PROVIDE THEIR OWN ADULT CHAPERONES WHEN REGISTERING.

All Packs must provide adult supervision (21 years or older) for their Scouts at Day Camp. Your Pack's Day Camp Coordinator will schedule parents or leaders to attend Day Camp each day. He will complete the **Pack Chaperone Forms** and turn it in with the Cub Registration forms.

2. Each Cub Scout must turn in the: Registration, Health History, and Sign Out Authorization Form, and the Day Camp fee. These three forms must be completed before your son can attend camp on Monday. The fee for Day Camp is: \$50.00 if paid by May 6<sup>th</sup>. Late fee is \$60.00 if paid after May 6<sup>th</sup>. Any registration received after May 20<sup>th</sup> is at the discretion of the Day Camp Director, based on the maximum attendance allowed for each camp. You must contact the Camp Director to register after May 20<sup>th</sup>, camp may be full.

#### 3. EVERYONE...EVEN ADULTS,MUST HAVE A COMPLETED HEALTH HISTORY ON FILE DURING DAY CAMP

4. Each Cub Scout who attends Day Camp will receive a theme T-shirt and Patch. In order to insure that your child's T-shirt will fit, we recommend that you order one size larger than your child normally wears. You will receive the size you order, we cannot make exchanges. Day Camp T-shirts will be issued at a mandatory Parent Orientation Meeting. Cubs, registered for Day Camp will be notified of the date, time, and location of this meeting.

5. Everyone attending camp must bring a non-perishable Zip-Lock bag lunch and a cup, each day. Snacks will be furnished. No brittle plastic or glass will be permitted at camp.

6. A "Tot-Lot" Program area for children ages 2 (potty trained) and older may be provided at the discretion of each District Day Camp. This service is for Scout siblings and who are the children of STAFF AND DEN LEADERS/ CHAPERONES ONLY!! Bring a cup and lunch for the little ones. A nominal fee will be charged to cover expenses to be collected at your Day Camp site. The Mothers or Fathers of "Tot-Lot" children MUST be in Camp at all times, and the child must have a completed Health History Form on file in the Day Camp First Aid Station.

7. Transportation to and from Day Camp is the Pack's or Parent's responsibility.

# Cub Scout Day Camp 2005

## "MERLINS MAGIC"

Five days of fun and learning activities could include: BB Guns, Archery, Nature, Songs, Games, and Crafts for all Registered Cub Scouts. All campers receive a Day Camp T-shirt. Boys must bring a lunch and cup each day. Boys should also bring a day pack, including rain gear, hat, towel, bathing suit, sunscreen (optional), bug repellent (optional), and tennis shoes (NO OPEN TOE SHOES ALLOWED, for ALL) Scouts must wear the Day Camp T-shirt every day. Additional shirts are available at a cost of \$8-\$10. Times for Day Camp vary from District to District. Most run from 8:30 - 3:30. Check with your District Day Camp Director for information on exact times.

### When and Where.....

District	Date	Location	Director	Phone
Bayou	June 6-10	Bayou Black Rec Ctr.	Monica Breaux	985 857-8494
Bayou	June 20-24	Larose Civic Center	Andrea Hebert	985-637-6460
Cataouatche	June 6-10	St. Joachim	Fonnie Galmiche	504 912-3668 <a href="mailto:kreweofq@juno.com">kreweofq@juno.com</a>
Cataouatche	June 20-24	Gretna Jr. High	Deeann Fuglaar	bayouquilts@yahoo.com
Chitimacha	June 20-24	Adams Middle School		
Cypress	June	Camp Villerie	Jason Haines	504-889-0388
Muskogea	July 18-22	Jackson Barracks	Darryl Barrios	504-271-7786
Pontchartrain	June 6-10	Lake Vista United Methodist Church	Penny Prado	834-1125 <a href="mailto:jrprado@cox.net">jrprado@cox.net</a>
Tchoupitoulas	June 6-10	Schneckenburger Elem.	Morris Brown Jr	504-441-8181 <a href="mailto:mbal92@bellsouth.net">mbal92@bellsouth.net</a>
Tchoupitoulas	June 27-July 1	East St. John Elem.	Evelyn Neese	985-651-6990 <a href="mailto:eve_nesse@msn.com">eve_nesse@msn.com</a>
End of Summer	Aug,	Orleans/Jefferson	Juan Prado	889-0388

**Cost**..... \$50.00 if paid by May 6th. After May 6<sup>th</sup> the cost is \$60.00. After May 20, late registration is at the discretion of the Day Camp Director based on maximum attendance for each Day Camp. Checks payable to: Boy Scouts of America. Return the completed registration forms to your pack's Day Camp Coordinator.

Southeast Louisiana Council  
 Boy Scouts of America  
 P.O. Box 1146  
 Metairie, LA 70001

Phone: 504-889-0388  
 Fax: 504-889-1162  
 E-mail: [sela@bsamail.org](mailto:sela@bsamail.org)

**Refund Policy**.....All fees refundable except a \$5.00 processing fee if requested by May 23<sup>rd</sup>. After the 23<sup>rd</sup>, fees can be transferred to another youth if requested by the Friday before camp begins. If someone cannot attend for medical reasons, they must make a request within 2 days of the beginning of camp. REFUNDS ARE ONLY HANDLED THROUGH THE COUNCIL SERVICE CENTER! Call 504-889-0388 or fax the request to 504-889-1380. Refunds are based on the prior expenditures at the time of request.

**Camp Staff**..... Adults can have fun at Cub Scout Day Camp too! If you would like to experience the fun of working with Cub Scouts at Day Camp, we have a place for you. The Southeast Louisiana Council needs fun-loving adults who can spend time at camp. There is no fee for staff members. All adult staff must be registered with the Boy Scouts of America. Contact your Camp Director to fill out a staff application today.

## CUB SCOUT DAY CAMP YOUTH REGISTRATION FORM

Please print and complete entire form, ONE Cub Scout per form

District \_\_\_\_\_ Pack number \_\_\_\_\_

Day Camp Date - Location \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade completed at the time of this event \_\_\_\_\_

**THIS YEAR, my son WAS working in the (circle one)**

**Tiger Cub Book    Wolf Handbook    Bear Handbook    Webelos Handbook**

Mother's Name (or Guardian) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Page \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Father's Name (or Guardian) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Page \_\_\_\_\_

Business Name & Address \_\_\_\_\_

Alternate Contact (not parents) \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Page \_\_\_\_\_

### T-SHIRT ORDER

**Your Cub Scout will receive one free T-shirt  
Record size from size selection listed below**

Additional T-shirts may be purchased. Select sizes and number of T-shirts to be purchased in space below.

SIZE	# SHIRTS	PRICE	TOTAL
<b>Cub Size</b> _____	<b>ONE (1)</b>	<b>FREE</b>	<b>\$ 0.00</b>
Youth Medium 10-12		\$8.00	
Youth Large 14-16		\$8.00	
Adult Small		\$8.00	
Adult Medium		\$8.00	
Adult Large		\$8.00	
Adult X Large		\$9.00	
Adult XX Large		\$10.00	
Adult XXX Large		\$10.00	
<b>TOTAL</b>			<b>\$</b>

### REQUIRED

Parental supervision is required during Day Camp.

I am volunteering on the following days:

NAME

Monday \_\_\_\_\_  
 Tuesday \_\_\_\_\_  
 Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_  
 Friday \_\_\_\_\_

Office Use Only Account #
Date Received:
Receipt #
Total Amount

## Sign Out Authorization Form

**Cub Scout Name:** \_\_\_\_\_ **Day Camp Den** \_\_\_\_\_

Please list below the name of any and all persons allowed to sign out your son from Day Camp. These and only these persons listed below will be allowed to sign your son out.

Please let the Camp Director know if there are any custody issues. All information will be kept confidential. Include the name of your Pack/Den Leader who will be at camp.

*This list must include parents and guardians names.* Identification of the person signing out the child from Day Camp may be verified with their driver's license.

Name	Relationship to Cub Scout	Home phone	Work/Cell phone
Parent/Guardian			
Parent/ Guardian			
Pack/Den Leader			

I understand that *ONLY THE ABOVE* listed persons will be allowed to sign out my son. Permission to sign out *CAN NOT* be granted over the phone.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\*\*\*\*\* DO NOT WRITE BELOW THE LINE \*\*\*\*\*  
THIS SECTION WILL BE COMPLETED DURING DAY CAMP

Please PRINT

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Health History

Circle one: Youth Adult Sibling District \_\_\_\_\_ Pack # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone home \_\_\_\_\_ Work \_\_\_\_\_ Cell/ Pager \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Alternate Contact (not parents) \_\_\_\_\_ Phone \_\_\_\_\_

Check all items that apply, past or present. Explain below any that are checked, use back if necessary

[ ] Allergies to medication, food ,plant, insects \_\_\_\_\_

[ ] Asthma [ ] Fainting Spells [ ] Convulsions/seizures [ ] High blood pressure

[ ] Diabetic [ ] Heart Trouble [ ] Bleeding Disorder [ ] Other significant medical problem

Do you have difficulty with [ ] Eyes, ears, nose, throat [ ] Digestion [ ] Lungs [ ] Sleepwalking  
[ ] Mental Illness [ ] ADHD

Explain: \_\_\_\_\_

[ ] Physical or behavioral condition that the staff should be aware \_\_\_\_\_

[ ] Requires special equipment, or diet \_\_\_\_\_

[ ] Restrictions from activity; explain \_\_\_\_\_

All medications presently taking: \_\_\_\_\_

Cub Scouts are NOT ALLOWED to have any medications in their possession (including over the counter), except for Epi-Pens or Inhalers. These medications must be reported to the camp health officer. Camp is not responsible for administering medication. If medications are to be given while at camp, record medications to be taken at camp and person administering them: \_\_\_\_\_

Immunization: Give date of last inoculation Tetanus toxoid \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_  
Rubella \_\_\_\_\_ Diphtheria \_\_\_\_\_ Pertussis \_\_\_\_\_ Mumps \_\_\_\_\_

Consent for Emergency Treatment (must be signed)

This health history is correct so far as I know and the person herein described, has permission to engage in all prescribed activities, except as noted by me. I will not send my child if he has a **Fever**, any **contagious condition**, or for any reason that I do not consider him to be in good health. In the event I cannot be reached in an emergency, I hereby give my permission to medical personal to secure proper treatment including hospitalization, anesthesia, surgery or injection for my child/ward (or for myself)

Parent/Guardian signature \_\_\_\_\_ Relationship \_\_\_\_\_

Printed Name of Signature above \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Required if different than above address

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Beeper \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax No. \_\_\_\_\_

CUB SCOUT DAY CAMP

PACK CHAPERONE FORM

***THIS FORM MUST BE TURNED IN WITH THE CUB REGISTRATION FORM***

DISTRICT: \_\_\_\_\_

DAY CAMP SITE: \_\_\_\_\_ CAMP DATE: \_\_\_\_\_

PACK NUMBER: \_\_\_\_\_ DEN LEADER: \_\_\_\_\_ PHONE: \_\_\_\_\_

YOUR PACK'S DAY CAMP COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

**\* \* \* ONLY ONE RANK PER SHEET \* \* \***

**ALL SCOUTS ON THIS SHEET ARE:** (circle) TIGER      WOLF      BEAR  
 Record Rank as of Sept. (2005 / 2006 school year)      1st. Yr. WEBELOS      2nd. Yr. WEBELOS

CUB NAME	PHONE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

ADULT CHAPERONE NAME	PHONE
Mon.	
Tue.	
Wed.	
Thu.	
Fri.	

**ADULT and YOUTH STAFF APPLICATION**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ TROOP #. \_\_\_\_\_  
as of June 1

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

I AM CURRENTLY REGISTERED AS \_\_\_\_\_

\_\_\_\_\_ CPR TRAINED; EXPIRATION DATE \_\_\_\_\_

\_\_\_\_\_ HAVE COMPLETED YOUTH PROTECTION TRAINING; DATE \_\_\_\_\_

YOUTH STAFF :Are you a Den Chief for a Pack? Yes No Pack # \_\_\_\_\_

YOUTH STAFF: Have you attended Den Chief Training? Yes No Date \_\_\_\_\_

ADULT STAFF: Cub Scout name attending with you: \_\_\_\_\_

ADULT STAFF: Tot-Lot Camper attending with you: \_\_\_\_\_

What Pack would you like to work with at Day Camp? \_\_\_\_\_

DAYS ATTENDING CAMP: Mon. \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thus \_\_\_\_\_ Fri \_\_\_\_\_

When you volunteer for **5 days**, you will receive a free camp t-shirt. **T-SHIRT SIZE** \_\_\_\_\_

T-shirts may be purchased for: \$8.00 – ADULT Sm, Med, Lg, X Lg.

\$10.00 – ADULT XX Lg, XXX Lg.

I WOULD LIKE TO VOLUNTEER TO WORK IN:

DEN CHIEF: ( ) Tigers ( ) Wolf ( ) Bear ( ) Webelos

( ) NATURE ( ) SPORTS ( ) GAMES ( ) B.B. RANGE ( ) ARCHERY ( ) CRAFTS

SPECIAL TALENTS OR INTERESTS \_\_\_\_\_

1. ALL VOLUNTEER STAFF MEMBERS MUST BE REGISTERED SCOUTS
2. ALL VOLUNTEER STAFF MEMBERS AGREE TO ATTEND (OR HAVE ATTENDED) YOUTH PROTECTION TRAINING
3. ALL VOLUNTEER STAFF MEMBERS AGREE TO ATTEND DAY CAMP TRAINING
4. ALL VOLUNTEER STAFF MEMBERS MUST COMPLETE A HEALTH HISTORY FORM
5. ALL VOLUNTEER STAFF MEMBERS AGREE TO COMPLY WITH CAMP POLICIES AND PROCEDURES REGARDING SAFETY, TRAINING AND YOUTH PROTECTION.

APPLICANT SIGNATURE \_\_\_\_\_

PARENTS SIGNATURE \_\_\_\_\_

TROOP LEADERS APPROVAL \_\_\_\_\_ TROOP # \_\_\_\_\_