

**CUB SCOUT DAY CAMP 2001**  
**"JOIN THE CIRCUS "**

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 Registration Forms. Please direct all questions concerning Day Camp to your Pack's Day Camp Coordinator. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. 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 \$40.00 if paid by May 4 \*\* *PLUS, ONE VOLUNTEER DAY AT CAMP* \*\* After May 4 the fee will be \$50.00 \*\**PLUS, TWO VOLUNTEER DAYS AT CAMP*\*\* . Any registration received after May 18 is at the discretion of the Day Camp Director, based on the maximum attendance allowed for each camp.

**EVERYONE...EVEN ADULTS...MUST HAVE A COMPLETED HEALTH HISTORY  
ON FILE IN THE DAY CAMP FIRST AID STATION**

2. **PACKS MUST PROVIDE THEIR OWN ADULT CHAPERONES WHEN REGISTERING.**

Only Packs with their own adult chaperones (21 years or older) may register for Day Camp. Your Pack's Day Camp Coordinator will schedule one Parent or Leader to attend Day Camp each day, for every 5 Cubs or portion thereof. **THERE MUST BE AN ADULT FOR EACH DEN OF 5 CUBS REGISTERED FOR CAMP, FOR EACH OF THE 5 DAYS.**

3. 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. Make checks payable to: Boy Scouts of America. **The Pack Registration Forms (one rank per sheet) must be forwarded to the Day Camp Director two weeks before the start of Day Camp.**
4. Each Cub Scout who attends Day Camp will receive a theme T-shirt and Patch. 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 in 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. **STAFF AND CHAPERONES ONLY** - A "Tot-Lot" Program area for children ages 2 (potty trained) and older will be provided **(at the discretion of each District Day Camp)**! Bring a cup and lunch for the little ones. A nominal fee of \$2.00 per day will be charged to cover expenses. 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. Packs providing transportation must submit a Local Tour Permit two weeks before the start of Day Camp.

# Cub Scout Day Camp 2001

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 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). Scouts must wear the Day Camp T-shirt every day. Additional shirts are available at a cost of \$8.00. 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.

## " JOIN THE CIRCUS "

### When and Where.....

<u>District</u>	<u>Where</u>	<u>When</u>	<u>Director</u>	<u>Phone</u>
Bayou/Houma	Houma Air Base	June 11-15	Monica Breaux	857-8494
Cataouatche	St. Joachim Church	June 11-15	Normi Donewar	368-4309
Chitimacha	Grace King. H.S.	June 11-15	L.J. Strohmeyer	835-0575
Cypress	SBBA Field, Slidell	June 25-29	Sue Stine	649-5961
Muskhogeia	Lynn Oaks School	June 4-8	Lynette DiFatta	301-2000
Pontchartrain	Dillard University	June 4-8	Robert Bartlett	282-2580
Tchoupitoulas	Harahan Playground	June 11-15	Christina Lochbrunner	738-3884

**Cost**..... \$40.00 \*\* PLUS, ONE VOLUNTEER DAY AT CAMP \*\* if paid by May 4. After May 4 the cost is \$50.00, \*\*PLUS, TWO VOLUNTEER DAYS AT CAMP\*\*. After May 18, 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  
4200 S. I-10 Service Rd. W  
Metairie, LA 70001

Phone: 504-889-0388

Fax: 504-889-1162

E-mail: selabsa@aol.com

**Refund Policy**.....All fees refundable except a \$5.00 processing fee if requested by May 25th. After the 25th, fees can be transferred to another youth if requested by 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 504-889-1162. 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. Please see your Camp Director to fill out an adult volunteer application today.

**Accident Insurance**.....Coverage for all participants must be provided by each family individually or as a unit. You must provide the policy # on your medical history form.

### 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 \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

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

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

**This school year--- my son was working in the (check one)**

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager # \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager # \_\_\_\_\_

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

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

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager # \_\_\_\_\_

Each Cub Scout Receives one (1) Free T-shirt - Size for above Cub Scout \_\_\_\_\_ (see size selection below)

2001 Cub Scout Day Camp Hats Available at \$7.00 each - I would like to order \_\_\_\_\_ hat(s)

I would like to order additional T-shirts: (Please check all that apply) Med. - XL \$8.00 ea. XXL and XXXL \$10.00 ea.

SIZE	QUANTITY	SIZE	QUANTITY	SIZE	QUANTITY
Youth Medium 10-12	_____	Adult Small	_____	Adult XL	_____
Youth Large 14-16	_____	Adult Medium	_____	Adult XXL	_____
	_____	Adult Large	_____	Adult XXXL	_____

Total for Extra T-Shirts \$ \_\_\_\_\_ + Total for Hats \$ \_\_\_\_\_ + Total Day Camp Fees \$ \_\_\_\_\_ = Total Due \$ \_\_\_\_\_

I will volunteer for Day Camp on the following days (Please Specify)

(Chaperones and Staff only - only at Day Camps where Tot Lot is available)

I have \_\_\_\_\_ children that need baby sitting @ \$2.00 per day per child. (To be paid at Day Camp site.)

For Office Use Only:

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Receipt# \_\_\_\_\_ Account# 1-6701-123-21

Health History Form

Circle one: Youth Adult District \_\_\_\_\_ Unit # \_\_\_\_\_ Den# \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_
Health/Accident Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Have you ever had or are you subject to any of the following (check if yes):

- [ ] Asthma [ ] Fainting Spells [ ] Convulsions [ ] Allergy to any medication, food, plant, animal, or insect toxin.
[ ] Diabetes [ ] Heart Trouble [ ] Bleeding Disorders

Is there any condition that might require special care, medication or diet? If yes, please explain \_\_\_\_\_

Check here if none of the above applies [ ]

Do you have difficulty with any of the following (check if yes): [ ] Eyes, ears, nose, throat [ ] Digestion
[ ] Lungs [ ] Sleepwalking

Any condition now requiring regular medication or medical attention? \_\_\_\_\_

The camp cannot be responsible for administering medication. Name of medication \_\_\_\_\_
Name of person administering it \_\_\_\_\_

Any restrictions of activity for medical reasons? If yes, please explain \_\_\_\_\_

Immunizations

Please list the date of the last inoculation of the following: Tetanus toxoid \_\_\_\_\_ Polio \_\_\_\_\_

Measles \_\_\_\_\_ Pertussis \_\_\_\_\_ Diphtheria \_\_\_\_\_

Parent Authorization (for those under 18 years of age only)

This health history is correct so far as I know and the person herein has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to hospitalize, secure proper anesthesia, or to order injection for my son/ward.

Approval given: (Signature of Parent/Guardian) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Sign Out Authorization Form

**Cub Scout Name:** \_\_\_\_\_

Please list below the names of all the 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. This list should include parents and guardians names also. Identification of the person signing out the child from Day Camp will be verified with their driver's license.

Name	Home phone	Work/Cell phone

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

\* \* \* \* THIS SECTION FOR DAY CAMP USE ONLY \* \* \* \*

Please PRINT

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

**CUB SCOUT DAY CAMP  
PACK CHAPERONE FORM**

***THIS FORM MUST BE IN THE HANDS OF THE DAY CAMP DIRECTOR TWO WEEKS BEFORE CAMP***

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

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

PACK NUMBER: \_\_\_\_\_ CUBMASTER: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

***PLACE ONLY ONE RANK PER SHEET !***

CUB SCOUTS ON THIS SHEET ARE: \_\_\_Tiger; \_\_\_Wolf; \_\_\_Bear; \_\_\_1st. Yr Webelos; \_\_\_2nd. Yr Webelos  
Rank of Scouts: for the school year beginning in Sept. (**2001/2002** school year)

CUB SCOUT'S NAME	PHONE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

ADULT CHAPERONE NAME	PHONE	TOT/Age (S)
Mon.		
Tue.		
Wed.		
Thu.		
Fri.		