

5 Rivers 2017 Cub Scout Day Camp
(One registration form per Scout)

Scout's Name: _____
 Pack #: _____ Rank: TIGER WOLF BEAR WEBELOS 1 WEBELOS 2
 Scout's Birth Date: _____ Age: _____ Grade Completed: _____
 Address: _____
 City/State/Zip: _____
 Parent Day Time Phone #: _____ Parent's Birth Date _____
 Parent E-mail: _____

Circle Scout's T-shirt Size:

YOUTH –	SMALL (6-8)	MEDIUM (10-12)	LARGE (14-16)
ADULT –	SMALL (34-36)	MEDIUM (38-40)	LARGE (42-44)
	XL (46-48)	XXL (50-52)	XXXL (54-56)

Volunteers must complete volunteer application included in packet.

Early Bird: Paid by 5p.m. May 12th **\$80.00**
(\$50.00 for scout children of 5 day volunteer & free shirt) \$ _____

Late Fee: Paid after 5p.m. May 12th **\$105.00**
(\$75.00 for scout children of 5 day volunteer & free shirt) \$ _____

**** Staff Tot Lot kids (for 5 day staff only-\$25 per child):** \$ _____
(Must be potty trained)

Extra T-Shirt: **ADD + \$10.00** _____

BSA Registration (if not registered) **ADD + \$14.00** _____

Before Care: **Early drop off at 7:00a.m. (5 days)** **ADD +\$25.00** _____

After Care: **Late pick up by 5:30p.m. (5 days)** **ADD +\$25.00** _____

Before and After Care Weekly Rate **ADD +\$40.00** _____

Total Amount Due: \$ _____

Office Use: Acct 6801 503-20

Return completed form and payment to:

Mobile Area Council-2587 Government Blvd Mobile, AL 36606
 Or fax to: 251-650-0298. If paying by VISA or MasterCard credit/debit card

Card # _____ Exp _____

Signature _____

Please make checks payable to: Boy Scouts of America
 Call 251-476-4600 or Day Camp Director for any questions.

SCOUT'S PERSONAL HEALTH AND MEDICAL HISTORY

Parent/Guardian Name: _____
 Home Address: _____
 City/State/Zip: _____
 Home / Work / Cell Phone #: _____/_____/_____

If person named above cannot be reached in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____
 Personal Physician: _____

Health/Accident Insurance Carrier: _____

Policy #: _____ Physician's Phone: _____

SCOUT'S MEDICAL HISTORY:

Circle all items that apply, past or present to Scout's history. Explain.

Asthma	Diabetes	Bone/Joint	Breathing	Vision
Cancer	Nose Bleeds	Kidney Disease	Hearing	Seizures
ADD/ADHD	Blood Disorders	Headaches	Dizziness	Heart

Explain: _____

ALLERGIES to: Foods Medicines Insects Environmental

Explain: _____

List **ANY** medications currently taking: _____

List **ANY** medications to be taken at Day Camp: _____

If a scout needs to take any medicine at camp, a signed note from a parent/guardian is REQUIRED on the 1st day of camp. IF A SCOUT TAKES MEDICATION FOR ADD/ADHD REGULARLY AT SCHOOL, PLEASE MAKE SURE SCOUT CONTINUES MEDICATION FOR DAY CAMP. **ALL PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL BOTTLE WITH INSTRUCTIONS.** Only one dose of medication should be in the prescription bottle each day. **MEDIA RELEASE:** Print, radio or television media may take pictures or interview your child at Day Camp. By signing below, you agree to let your child participate with the media. If you do not wish your child to take part in print, audio, or video interviews or pictures, please place an "X" across this paragraph. Your child will be refrained from participating in media activities.

In case of emergency, I understand every effort will be made to call the parent / guardian or emergency contact. In the event no one can be reached, I hereby give my permission to the physician, selected by the adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for the child named on this form.

Tylenol / Motrin / Aleve (circle choice) ___ Can or ___ cannot be administered to my son.
Sunscreen SPF30 ___ Can or ___ cannot be administered to my son.

Parent Signature: _____ Date: _____

2017 ADULT/YOUTH VOLUNTEER APPLICATION

Required for every adult/youth volunteer at camp.

Volunteer Name: _____
Birthdate: _____ Pack/Troop/Crew# _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell# _____
Email: _____
Scouting Experience: _____

Personal References:

	Name	Phone #
1.	_____	_____
2.	_____	_____
3.	_____	_____

Circle areas interested in working:

BB RANGE	ADMIN. HELPER	NATURE TRAIL
DEN CHIEF	SPORTS	WEBELOS FIELD
ARCHERY RANGE	ACTIVITIES	DEN CHAPERONE
NURSE / EMT	CRAFTS	CRAFT HELPER

FREE T-Shirt to volunteers who work at camp for all 5 days
(Register by the early bird deadline to guarantee a shirt).

Circle T-Shirt Size:

Youth – SMALL (6-8)	MEDIUM (10-12)	LARGE (14-16)
Adult – SMALL (34-36)	MEDIUM (38-40)	LARGE (42-44)
XL (46-48)	XXL (50-52)	XXXL (54-56)

IN CASE OF EMERGENCY–PLEASE NOTIFY: Adult's name if volunteer is under 18 years old.

Volunteer's next of kin: _____
Relationship to Volunteer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone (C) _____ (H) _____ (W) _____
Health/Accident Insurance Carrier: _____
Policy #: _____ **Physician's Phone:** _____
Personal Physician: _____

HEALTH HISTORY: HAS OR IS SUBJECT TO: (circle all that apply)

Asthma	Diabetes	Bone/Joint	Breathing	Vision
Cancer	Nose Bleeds	Kidney Disease	Hearing	Seizures
ADD/ADHD	Blood Disorders	Headaches	Dizziness	Heart

Explain: _____

ALLERGIES to: Foods Medicines Insects Environmental

Explain: _____

List **ANY** medications currently taking: _____

ALL PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL BOTTLE WITH INSTRUCTIONS. IF YOUTH VOLUNTEER TAKES MEDICATION FOR ADD/ADHD REGULARLY AT SCHOOL, PLEASE MAKE SURE YOUTH VOLUNTEER HAS MEDICATION BEFORE/DURING DAY CAMP. If youth volunteer needs to take medicine at camp, a personally signed note from a parent/guardian is REQUIRED on the 1st day of camp. Make a notation on the form above.

MEDIA RELEASE: Print, radio, or television media may take pictures or interview your child at Day Camp. By signing below, you agree to let your child participate with the media. If you do not wish your child to take part in print, audio, or video interviews or pictures, please place an "X" across this paragraph. Your child will be refrained from participating in media activities.

PARENT'S/VOLUNTEER AUTHORIZATION: This health history so far as I know and the person herein described has permission to engage in all activities except as noted by me. In the event I cannot be reached in an emergency, I hereby give consent to the physician selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injections or surgery for my child, understanding this will be done only in extreme emergencies.

Tylenol / Motrin / Aleve (circle choice) ___ Can or ___ cannot be administered to my child or I.
Sunscreen SPF30 ___ Can or ___ cannot be administered to my child or I.

SIGNATURE : _____ DATE: _____

CUB SCOUT DAY CAMP

What is Cub Scout Day Camp?

Cub Scout Day Camp is a FUN-FILLED Outdoor Program with exciting activities not regularly found in Den or Pack activities. These activities include: skills, crafts, games, bb's, archery, advancements and much more!

Who can attend Cub Scout Day Camp?

Any registered Cub Scout or your son can register as a Cub Scout to attend as a day camper provided they will be entering grades 1 – 5 in the fall after Day Camp begins.

What can my Pack do to promote Day Camp?

Your Cubmaster can contact the Day Camp Director or District Executive to arrange for a presentation to be made to the Scouts and parents. Each Pack should assign a Day Camp Coordinator who will be responsible for promoting and collecting your registration forms and fees and turning them in by the "Early Bird" registration date.

Which Day Camp does my child attend?

Your child should try to attend the Day Camp in your District. However, if the dates and locations of another Day Camp are more convenient for you, your child can attend a different Day Camp.

How do I sign up my child for Day Camp?

Complete the attached registration form and mail or fax it to the Council Service Center along with the fees by the "Early Bird" registration date for each Tiger Cub, Cub Scout, and Webelos Scout.

How can I help out at my child's Day Camp?

Parent and adult volunteers are needed to assist with the Day Camp in various roles. You can volunteer for a few hours, one day, multiple days or the entire week. Complete the volunteer section of your child's Day Camp registration when you send it in and your Day Camp Director or Program Director will contact you so you can choose the role you wish to volunteer.



NOTES TO PARENTS!!!



- The registration fee for Day Camp covers: program supplies, equipment, supervision, medical supplies, accident & sickness insurance, and a Day Camp patch.
- A Day Camp T-Shirt will be provided for your child at your Day Camp Orientation or first day check-in for those registered by the "Early Bird" date. For those registered after the "Early Bird" date, a T-Shirt may be provided, but not guaranteed (Please register early to avoid disappointed youth).
- If 5 or more Scouts attend from the same Pack, an adult volunteer is needed from your Pack.
- Day Camp Leadership are certified by the Boy Scouts of America, National Camp School Training & Accreditation program.
- Each Den of Scouts will be supervised by a Boy Scout/Den Chief and an adult/Den Chaperone.
- We will attempt to keep Cub Scouts from the same Packs together as determined by the amount of leaders available.
- Den Leaders and parents are encouraged to go with their Dens to Day Camp.
- For children not currently registered as Cub Scouts, an additional \$14.00 fee will be added to cover BSA registration.
- Parent volunteers who work all of the full days of day camp will receive a free T-Shirt and a camper fee discount for one child.
- All participants will need to bring a "sack meal" for lunch.
- All participants must wear athletic shoes with socks unless otherwise directed by Director.



DAY CAMP LOCATIONS & DATES:

5 Rivers District

Greater Gulf State Fairgrounds
1035 Cody Road North
Mobile, AL 36608

June 12-16, 2017 /8:00a.m.-4:00p.m.

Before/After care available 7:00a.m./5:30p.m.

Camp Director: Kim Thornton

(251) 404-9974 fiveriverscubscoutdaycamp@gmail.com

"BUG HUNTERS"

Mobile Area Council

2017 Cub Scout & Webelos Scout Day Forms

Camp & Resident Camp Registration

Five Rivers District

2017 Theme: "Bug Hunters"



Prepared. For Life.®

Mobile Area Council
Boy Scouts of America
2587 Government Blvd.
Mobile, AL 36606

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