

UNION CANAL CUB DAY CAMP

PLACE CAMP CATHERINE HERSHEY

DATE JULY 10-14, 2006

TIME 8:30-12:30

PARENT /DAY LEADER ORIENTATION JUNE 28, 2006 at CAMP CATHERINE

TIME 7:00 all parents are encouraged to attend as well.

WHAT IS DAY CAMP?

Day camp offers an outdoor program of FUN, and exciting events, opportunities to meet other scouts, learn new skills and earn credits toward their rank. Programs include Archery, BB shooting, Crafts, Nature, Sports, Flag ceremonies, as well as songs.

WHO ATTENDS DAY CAMP?

Day camp this year in our district will be open to those cubs who will be entering the 2nd grade Wolfs and 3rd grade Bears in Sept 2006

THEME

Scouting Around the world 2006. Scouts will travel to countries, learn about traditions, make crafts and play games from that region.

COST

Cub Scout Day Camp Fees

Prior to June 1, 2006 \$50.00

Payment Methods: cash, check

June 1-6, 2006 * \$65.00

Visa/MasterCard, Discover

*Registration closed you will be placed on waiting list and notified by June 15, 2006

HEALTH FORMS The health history form on the back of the registration form must be

Completed by a parent and accompany the registration. Adult leaders must also have a health history on file at camp. These can be picked up at the orientation meeting.

ADULT LEADERSHIP Daily leadership for each den group is provided by you in coordination with the rest of the parents whose scouts are attending. If your pack is not coming as a group, and your son attends camp a parent must accompany him. Different

Parents may fill this role on a daily basis, as long as the number of leaders is maintained. **RATIO** 1 parent for every 5 scouts. More parents are welcome to attend.

Adult leaders must be 21 years of age and don't have to be a registered leader in the Pack.

UNIFORMS The camp T-shirt comes with the registration fee. Adults may order T-shirts for fee of \$10.00

CANCELLATION AND REFUND POLICY All fees are non refundable.

Exception will only be considered with a written Doctor's excuse.

Sept. 12003 must submit all requests in writing to the attention of the Day Camp Director via District Executive Jim Gates at Keystone Area Council.

CONFIRMATION Letters will to sent to confirm your registration, directions and what to bring to camp

UNION CANAL DAY CAMP INDIVIDUAL REGISTRATION
CAMP CATHERINE DATE JULY10-14, 2006

PARENT LEADER ORIENTATION JUNE 28, 2006
CAMP CATHERINE 7PM

PLEASE fill in both sides of the registration/health form and return with payment to;
Keystone Area Council
PO Box 389
Mechanicsburg, Pa. 17055

NAME _____ PACK # _____

ADDRESS _____ PHONE# _____

CITY _____ ST _____ ZIP _____

GRADE IN SEPTEMBER 2006 (circle) 2nd 3rd

UNITS MUST SEND 1 Adult for every 5 cubs attending camp. Check with your pack and den, so that all registrations can be sent together and leadership shared. Different adults may fill this role on a daily basis as long as the required number is maintained. INDIVIDUAL CUBS MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN.

I _____ am attending with my son.
My son is attending with the pack. Camp leader _____
Phone _____

CAMP FEES

Fee paid by June 1,2006 \$50.00 \$ _____
Fee paid after June1,2006 \$65.00 \$ _____

- Registration closes on June 6,2006 all those received after June 6 will be placed on waiting list and notified by June 15,2006 if space allows

T-SHIRTS

1 Cub Scout T-Shirt FREE with registration Circle size Youth L, or Adult sm, adult med

ADDITIONAL shirt can be ordered Youth L or Adult (All sizes)

Youth \$7.00 X _____ Adult \$10.00 Size _____ # _____

PAYMENT METHOD

Account # 6801-470-20

Check _____ VISA _____ MASTERCARD _____ DISCOVER _____

CARD NUMBER _____

Signature _____ Date _____

HEALTH FORM ON THE BACK OF REGISTRATION

CUB DAY CAMP HEALTH AND MEDICAL RECORD

Class 1 (update annually for all participants). Activity: Day Camp, overnight hike, or other programs not exceeding 72 hours with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY**(Annually by all participants - youth and day leaders)**

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of Birth _____ Age _____ Sex _____
 Name of parent / guardian _____ Telephone H _____ W _____
 Home Address _____ City _____ St. _____ Zip _____
 Business Address _____ City _____ St. _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____
 Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____
 Personal health/accident insurance carrier _____ Policy # _____

Check all items that apply, past or present, to your health history, Explain any "yes" answers.

ALLERGIES: Food, medicine, insects, plants YES NO Explain _____

GENERAL INFORMATION:

Asthma	Yes	No	Diabetes	Yes	No	High Blood Pressure	Yes	No
Cancer/Leukemia	Yes	No	Heart Trouble	Yes	No	Kidney Disease	Yes	No
Convulsions/seizures	Yes	No	Hemophilia	Yes	No			

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may effect or limit full participation in swimming, backpacking, hiking long distances, or playing physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

Innumizations: (give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____
 Diphtheria _____ Mumps _____
 Pertussis _____ Rubella _____

I give permission for full participation in BSA program, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot 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 medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____