

Weird Science

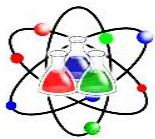
What is Cub Scout Day Camp?

Day camp is an outdoor activity for cub scouts of any age and rank. We shoot archery, BB guns, sling shots, and water bottle rockets. We practice scout skills, skits, sing scout songs, complete wood and leatherwork projects, do crafts, meet new people, learn new skills, and HAVE FUN!



Where is Cub Scout Day Camp?

We are on the LDS property at 4075 Riverside Ave. in Anderson, CA, across from the Gaia Hotel.



Science

When is Cub Scout Day Camp?

Tuesday thru Friday, June 22-25, 2021.

Check in starts at 8:00 am and program starts at 9:00 am. Pick up begins at 2:30 pm.

What do I bring to Cub Scout Day Camp?

Camp t-shirt, lunch and snacks (no food is provided), water bottle, close toed shoes, a positive attitude.

How do I sign up for Cub Scout Day Camp?

Fill out the Cub Scout registration form and turn it in to your pack's day camp coordinator. The Day Camp Coordinator is responsible to collecting camp registration forms and medical forms from all scout and volunteer participants. The coordinator will then turn the paperwork in with registration payment to Lisa Ransom. Please call 530-604-5445 to arrange paperwork turn in. Each pack must send one adult for every three scouts for every day at day camp.

How much does Cub Scout Day Camp cost?

Tiger Cub with Adult Partner	\$50	From now until June 15
Registration	\$65	From now until June 1
Late Registration	\$85	June 2-June 15
Volunteer staff	\$13	All registration dates
Please call for availability after June 15		



How do I get questions answered?

Call Lisa Ransom, at 530-604-5445 or email LAR0261@hotmail.com

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2021 Cub Scout Registration Form

Pack #: _____

DIRECTIONS: Fill out the ENTIRE form. Return completed registration form, medical form and copy of insurance card to your day camp coordinator.

REGISTRATION MUST BE ACCOMPANIED BY MEDICAL FORM!

Camp T-Shirts must be worn by all youth and staff at all times during camp hours.

T-Shirt Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large

Rank in FALL OF 2021:

Tiger (1st grade) Wolf (2nd grade) Bear (3rd grade) Webelos I (4th grade) Arrow of Light (5th grade)

PLEASE PRINT NEATLY

Cub Scout Name _____ Birthdate _____ Gender _____

Mailing Address _____ City _____ Zip _____

Phone # _____ Parents Email _____

Father's/Guardian's Name _____ Phone # _____

Mother's/Guardian's Name _____ Phone # _____

The following individuals are authorized to pick up my son from camp (Please be specific so that we may check ID, ie - John Doe as opposed to Pack 918 leader) _____

THE FOLLOWING INDIVIDUALS ARE EXCLUDED FROM TRANSPORTING MY SON _____

IN THE EVENT OF AN EMERGENCY, I Understand that every effort will be made to contact the parents or emergency contact listed above. In the event no one can be reached, I hereby authorize the camp personnel to make such arrangements as deemed necessary in regards to transportation and emergency medical treatment.

Signature: _____ Date: _____ (parent/guardian must sign if under 18 years)

Emergency contact Name: _____ Phone number: _____



Parental or Legal Guardian Permission and Release Form for a Minor to Use Firearms, Ammunition, BB Devices, & Archery Equipment

Child's Name _____ Unit Type & Unit # _____

Address _____

City _____ Zip Code _____ Phone (_____) _____

Parent's/Guardian's Name _____

Parent's Phone Number Home (_____) _____ Cell (_____) _____

I, the undersigned parent or legal guardian of _____,

CHILD'S NAME

a minor, do hereby give my child express permission and consent to be furnished and be in possession of a firearm(s) and ammunition provided by the BSA Golden Empire Council or by staff or members of the BSA Golden Empire Council, for the purpose of allowing my child to engage in lawful, recreational sport, including participation in instruction in the safe handling and shooting of firearms, target shooting, or in related firearms activities conducted under the supervision of the BSA Golden Empire Council Shooting Sports Director or under the supervision of NRA-certified Instructors and range staff retained by the BSA Golden Empire Council for purposes of providing such a program to my child and other BSA scouts. (Cal. Penal Code §§ 27945, 29615, 29650, & 29655; and 18 U.S.C. § 922(x)).

I understand that for the purposes of this consent, "firearms" includes any handguns, or long guns that may lawfully be possessed by a minor under state and federal law, based on the age appropriate programs in the BSA Shooting Sports Manual, Guide to Safe Scouting and Sweet 16 publications. I also give my child express permission and consent, pursuant to California Penal Code section 19915, to possess a "BB device" as defined in California Penal Code section 16250, based on the age appropriate programs in the BSA Shooting Sports Manual, Guide to Safe Scouting and Sweet 16 publications.

I also give my child express permission and consent to be furnished BSA approved archery equipment, slingshots, and ammo, based on the age appropriate programs in the BSA Shooting Sports Manual, Guide to Safe Scouting and Sweet 16 publications.

This form must be signed for all minor scouts, even if their parent or legal guardian is on the range with the scout.

This consent will remain in effect for my child, during the dates of this event from _____ 20__ to _____ 20__. I understand that I may revoke this consent at any time by notifying the Golden Empire Council in writing. This consent will only apply to firearms, ammunition, BB devices, archery equipment and sling shots furnished to or possessed by my child during any BSA Golden Empire Council event where a firearm, ammunition, sling shot or archery equipment and BB device is used as part of a program provided by BSA scouts, and will not be valid for any other firearms related activity conducted during any time-period this consent is otherwise valid. A photocopy or facsimile of this written consent will serve as an original. This written consent form will be in the possession at-all-times of the Golden Empire Council staff /instructors for safekeeping.

Signature of Parent/Legal Guardian

Date

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.


With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915(a)) My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

Checking this box indicates you DO NOT want your child to use a BB device.

 **NOTE:** Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any:

None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont Scout Ranch, Philmont Training Center, Northern Tier, Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Complete this section for youth participants only:

Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: _____

Phone: _____

Name: _____

Phone: _____

Adults NOT Authorized to Take Youth to and From Events:

Name: _____

Phone: _____

Name: _____

Phone: _____



Part B1: General Information/Health History

Full name: _____

Date of birth: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Phone: _____

Unit leader: _____ Unit leader's mobile #: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	Last HbA1c percentage and date: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension (high blood pressure)	
<input type="checkbox"/>	<input type="checkbox"/>	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
<input type="checkbox"/>	<input type="checkbox"/>	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
<input type="checkbox"/>	<input type="checkbox"/>	Stroke/TIA	
<input type="checkbox"/>	<input type="checkbox"/>	Asthma/reactive airway disease	Last attack date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Lung/respiratory disease	
<input type="checkbox"/>	<input type="checkbox"/>	COPD	
<input type="checkbox"/>	<input type="checkbox"/>	Ear/eyes/nose/sinus problems	
<input type="checkbox"/>	<input type="checkbox"/>	Muscular/skeletal condition/muscle or bone issues	
<input type="checkbox"/>	<input type="checkbox"/>	Head injury/concussion/TBI	
<input type="checkbox"/>	<input type="checkbox"/>	Altitude sickness	
<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric/psychological or emotional difficulties	
<input type="checkbox"/>	<input type="checkbox"/>	Neurological/behavioral disorders	
<input type="checkbox"/>	<input type="checkbox"/>	Blood disorders/sickle cell disease	
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells and dizziness	
<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	
<input type="checkbox"/>	<input type="checkbox"/>	Seizures or epilepsy	Last seizure date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Abdominal/stomach/digestive problems	
<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	
<input type="checkbox"/>	<input type="checkbox"/>	Skin issues	
<input type="checkbox"/>	<input type="checkbox"/>	Obstructive sleep apnea/sleep disorders	CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	List all surgeries and hospitalizations	Last surgery date: _____
<input type="checkbox"/>	<input type="checkbox"/>	List any other medical conditions not covered above	

