

**YOLO DISTRICT  
2008 CUB SCOUT CAMP YOUTH APPLICATION**

June 16-22, 2008 - 6 pm to 9 pm each evening at Nelson's Grove Woodland  
Theme: "Cubs of the Roundtable"

**DIRECTIONS: A Youth Camper must be a registered Cub Scout.** Each Cub Scout attending camp must complete this form.

- It must be **signed in ink** by the Scout's parent or legal guardian and returned to the Scout's Pack Camp Coordinator.
- Make sure rank FOR CAMP is correct - **NO CHANGES WILL BE MADE AT CAMP – SEE RANK EXPLANATIONS ONLINE**
- Each boy needs to have an adult register to work at least one night of camp

*Make Payment to your Pack:*  
**REGISTRATION PRICE IS \$50 PER CAMPER DUE BY MARCH 6, 2008 TO YOUR CAMP COORDINATOR**  
After MARCH 6,2008 - it will be \$70 per Camper

(APPLICATION WILL NOT BE ACCEPTED WITHOUT ALL SIGNATURES: YOU WILL BE CHARGED THE LATE FEE)

(Make sure bottom Prints out completely)

Pack # \_\_\_\_\_ Den # \_\_\_\_\_ Council ID#: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade Now \_\_\_\_\_ Grade in FALL of 2008: \_\_\_\_\_

T-shirt size: (circle one) Youth: M L or Adult: S M L XL LDS Pack: (circle one) Y N Age on September 1, 2008: \_\_\_\_\_

**PLEASE PRINT IN INK:**

Scout Name \_\_\_\_\_ Rank Now: \_\_\_\_\_ Rank in fall: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ **Parent's e-mail required to receive registration confirmation** \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

The following individual(s) are authorized to pick up my son at camp Include phone number: \_\_\_\_\_

List driver(s) excluded from transporting your child: \_\_\_\_\_

**Medical Information:**

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

➤ **Allergies (Circle those applicable and explain below):** Food Medicine Plant Insect Other: \_\_\_\_\_ NONE

Convulsions YES NO Diabetes YES NO Asthma YES NO

Heart Trouble YES NO Kidney Disease YES NO High Blood Pressure YES NO

Hemophilia YES NO ADHD YES NO Cancer/Leukemia YES NO

➤ Explain ANY YES answers \_\_\_\_\_

List medications to be taken at camp. **Medication brought to camp MUST be in original container, and will be dispensed by the Camp Health Officer.** \_\_\_\_\_

Immunizations (give date of last inoculation):

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Rubella \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_ Other \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY,** I understand every effort will be made to contact the 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 of Parent or Guardian **X** \_\_\_\_\_ Date: \_\_\_\_\_

**Shooting Sports Parent Permission (SIGN ONLY ONE)**

**I GIVE** permission for my son listed above, to participate in all activities, including Archery and BB gun range activities, of this Cub Scout Camp. I understand that these activities are organized and supervised by certified adult leaders. **Signature** \_\_\_\_\_

**I DO NOT** want my son to participate in Archery and BB gun activities, but do allow him to participate in all other activities. I understand if he cannot participate he will sit with an adult for the 30 minutes his den is participating in these activities and He will not earn the belt loops for these activities. **Signature** \_\_\_\_\_

As a Scout I agree to **DO MY BEST** to behave in a manner suitable to the occasion and with respect for the Cub Scout Promise. **Cub Scout Signature** \_\_\_\_\_

Yolo District
2008 CUB SCOUT CAMP
Adult Registration Application
June 16-20,2008 - 6 pm to 9 pm each evening
Nelson's Grove, Woodland

DIRECTIONS: To ensure a quality run camp your pack needs to provide one adult leader for every four Scouts attending camp for every night of camp. Return your completed form to your Pack's Day Camp Coordinator.

- ALL VOLUNTEERS NEED TO COMPLETE YOUTH PROTECTION TRAINING
ATTEND DAY CAMP VOLUNTEER TRAINING ON JUNE 14, 2008, 8:30AM - 3PM.
UNDERSTAND THAT YOU WILL BE ASSIGNED TO A DEN OR AN ACTIVITY STATION, AS DECIDED BY THE CAMP STAFF.
WE REQUEST THAT EVERY PERSON ON SITE WEAR A CAMP SHIRT OR CLASS A UNIFORMS FOR IDENTIFICATION REASONS.

\$10 REGISTRATION: MAKE CHECK PAYABLE TO YOUR PACK

Unit: Pack Troop Team Crew # Son's Name and Rank at camp

Council ID#: Do you want to be a DEN LEADER for your son's den? Yes No

T-shirt size (circle one) Adult: S M L XL XXL XXXL Date of Youth Protection Training (Required)

Special requests for volunteer assignment: Tiger Partner Wolf Bear Webelos 1 Webelos 2 Staff Ranges Station Help Den Leader Asst. Den Leader Other: Staff Position

Please circle day(s) you WILL COMMIT TO ATTEND: Mon Tue Wed Thur Fri

Special skills: woodworking knots nature crafts regattas science camping outdoor cooking other

Please circle any appropriate answers: Please submit copy of cards with application

Do you hold a current CPR card? YES NO Do you hold a current First Aid card? YES NO
EMT, Nurse, or Doctor? YES NO Registered Adult Scouter? YES NO

PLEASE PRINT:

Name Address City Zip Phone # E-MAIL to receive registration confirmation

Emergency Contact: Relationship Phone #
Emergency Contact: Relationship Phone #

Medical Information:

Physician Name Phone #

Allergies (Circle those applicable and explain below): Food Medicine Plant Insect Other: NONE
Convulsions YES NO Diabetes YES NO Asthma YES NO
Heart Trouble YES NO Kidney Disease YES NO High Blood Pressure YES NO
Hemophilia YES NO ADHD YES NO Cancer/Leukemia YES NO

Explain ANY YES answers

List medications to be taken at camp. Medication brought to camp MUST be in original container, and will be dispensed by the Camp Health Officer.

Immunizations (give date of last inoculation):

Tetanus Measles Polio Rubella
Diphtheria Mumps Pertussis Other

IN THE EVENT OF AN EMERGENCY, I understand every effort will be made to contact the 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. Sign in Ink
Signature of Adult Volunteer X Date:

I am offering my services to the Golden Empire Council as a volunteer member of Cub Scout Day Camp staff to help in any capacity needed. I understand this is a volunteer service and I agree to behave in a manner suitable to the occasion and with respect for the Purpose, Aims, and Methods of Cub Scouting. (Signature)

Yolo District
2008 CUB SCOUT CAMP
YOUTH VOLUNTEER APPLICATION
June 16-20, 2008 - 6 pm to 9 pm each evening
Nelson's Grove, Woodland

DIRECTIONS: A Youth Volunteer must be a registered Boy Scout. Each Youth attending camp as a Volunteer must complete this form. This form must be signed by the Scoutmaster and Scout's parent or legal guardian then returned to the Day Camp Director. Youth Volunteers need to attend the Training on June 14,2008. Youth Volunteers will not be allowed to participate in camp activities they are there to help.

Your Troop/Other # \_\_\_\_\_ Your Rank: \_\_\_\_\_ Your Age: \_\_\_\_\_

Are you currently serving as a Den Chief? Yes No Pack # \_\_\_\_\_ Den # \_\_\_\_\_

Will your parent be on campgrounds? YES NO T-shirt size: (circle one) Youth: M L or Adult: S M L

I would like to help as: Den Chief (Must be 14 and 1st class) Den Helper Knots Woodworking Activity Station Runner Any

Please check day(s) attending: \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thur. \_\_\_ Fri

PLEASE PRINT:

Scout/Youth Name \_\_\_\_\_ Grade in Fall 2008 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail for registration confirmation \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

The following individual(s) are authorized to pick up my son at camp: \_\_\_\_\_

List driver(s) excluded from transporting your child: \_\_\_\_\_

Medical Information:

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies (Circle and explain those applicable): Food Medicine Plant Insect Other: \_\_\_\_\_ NONE

Convulsions YES NO Diabetes YES NO Asthma YES NO

Heart Trouble YES NO Kidney Disease YES NO High Blood Pressure YES NO

Hemophilia YES NO ADHD YES NO Cancer/Leukemia YES NO

Explain ANY YES answers \_\_\_\_\_

List medications to be taken at camp. Medication brought to camp MUST be in original container, and will be dispensed by the Camp Health Officer. \_\_\_\_\_

Immunizations (give date of last inoculation):

Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Rubella \_\_\_\_\_

Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_ Pertussis \_\_\_\_\_ Other \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, I understand every effort will be made to contact the 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 of Parent or Guardian X \_\_\_\_\_ Date: \_\_\_\_\_

I recommend this Scout/Youth to serve as a Volunteer for Cub Scout Day Camp

\_\_\_\_\_  
(Scoutmaster's Signature For Boy Scouts/ Adult Reference for Other Youth Volunteers)

(\_\_\_\_\_) \_\_\_\_\_ (phone)

I give my child \_\_\_\_\_ permission to assist on the Archery and BB gun ranges.

\_\_\_\_\_  
(Parent Signature)

I am offering my services to the Golden Empire Council as a volunteer member of Cub Scout Day Camp staff. I understand this is a volunteer service and I agree to behave in a manner suitable to the occasion and with respect for the Scout Oath and Law.

\_\_\_\_\_  
(Youth Volunteer Signature)

Recorded \_\_\_\_\_