

CUB SCOUT – 2009 CUB SCOUT TWILIGHT CAMP APPLICATION

June 16-20, 4:15 PM – 8:00 PM

Cost: \$50 before April 7th at Midnight EST

\$70 April 8st - May 5th Midnight EST (No registration after May 5th)

Van Maren LDS Park

PERSONAL INFORMATION

Pack #		
Cub Scout's LAST NAME:		FIRST NAME:
Age (at camp date):	Rank (as of Sept 5, 2008): circle one Tiger Wolf Bear 1st Yr Webelos 2nd Yr Webelos	
Current address:		
City:	State:	ZIP Code:
Shirt Size: circle one Youth S Youth M Youth L Adult S Adult M Adult L		
Father's Name:		Daytime Phone:
Mother's Name:		Daytime Phone:
List any individual(s) NOT authorized to pick up my boy from camp:		

EMERGENCY CONTACT

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

MEDICAL INFORMATION

Physician's Name:		Phone:
Allergies: circle one YES NO	Specify:	
Seizures: YES NO	Heart Trouble: YES NO	Hemophilia: YES NO
Diabetes: YES NO	Kidney Disease: YES NO	ADHD: YES NO
Asthma: YES NO	High Blood Pressure: YES NO	Cancer/ Leukemia: YES NO
Explain any YES answers:		

List medications to be taken at camp. **PRESCRIPTION MEDICATIONS ARE THE RESPONSIBILITY OF THE SCOUT AND/OR HIS PARENT OR GUARDIAN:**

List dates of last immunizations	Measles: ____/____/____	Polio: ____/____/____	Rubella: ____/____/____
Diphtheria: ____/____/____	Mumps: ____/____/____	Pertussis: ____/____/____	Tetanus: ____/____/____

EMERGENCY

In case of emergency, I understand every effort will be made to contact me or the Emergency Contact listed above. In the event I cannot be reached, I hereby give my permission for emergency personnel to treat my child listed above in my absence. Signature of Parent / Legal Guardian X _____
DATE: ____/____/____

PARENT PERMISSION

Check one: _____ I give permission for my son, listed above, to participate in all activities, **including Archery and BB gun range activities**, at this Cub Scout Camp. I understand that these activities are organized and supervised by certified adult leaders. _____ I do **NOT** give permission for my son to participate in **Archery and BB Gun activities**, but do allow him to participate in all other activities. Signature of Parent / Legal Guardian X _____
DATE: ____/____/____

Talent Release Form

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication. I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Circle one **YES NO**

CUB SCOUT SIGNATURE

As a Scout, I agree to DO MY BEST to behave in a manner suitable to the occasion and with respect for my Cub Scout Promise. Signature of Cub Scout: X _____ DATE: ____/____/____

WEBELOS OVERNIGHTER

Webelos are invited to spend the night with a parent on Friday, June 20th, AND will have activities continue on Saturday morning from 8:45 AM – 12:00 PM. Each Webelos MUST have a parent attend the overnighter and is responsible for his own meals.

Will you be camping overnight? Circle one YES NO	Name of camping parent:
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ADULT – 2009 TWILIGHT CAMP APPLICATION

June 16-20, 4:15 PM – 8:00 PM

**Cost: \$5 before April 7th at Midnight EST
\$10 April 8st – May 5th Midnight EST (No registration after May 5th)**

Van Maren LDS Park

PERSONAL INFORMATION

Pack #		
Last Name:		First Name:
Home Phone:	Work Phone:	E-Mail:
Current address:		
City:	State:	ZIP Code:
Shirt Size: circle one S M L XL XXL XXXL		
Do you hold a CPR card? YES NO		Do you hold a First Aid Card? YES NO
Are you a registered Scouter? YES NO		Are you a: circle EMT DOCTOR NURSE

EMERGENCY CONTACT

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

MEDICAL INFORMATION

Physician's Name:		Phone:
Allergies: circle one YES NO		
Seizures: YES NO	Heart Trouble: YES NO	Hemophilia: YES NO
Diabetes: YES NO	Kidney Disease: YES NO	ADHD: YES NO
Asthma: YES NO	High Blood Pressure: YES NO	Cancer/ Leukemia: YES NO

Explain any **YES** answers:

List dates of last immunizations	Measles: ___/___/___	Polio: ___/___/___	Rubella: ___/___/___
Diphtheria: ___/___/___	Mumps: ___/___/___	Pertussis: ___/___/___	Tetanus: ___/___/___

EMERGENCY

In case of 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 give my permission to administer emergency treatment. Signature _____ DATE: ___/___/___

VOLUNTEER INFORMATION

Tues 6/17 _____	Wed 6/18 _____	Thur 6/19 _____	Fri 6/20 _____	Sat 6/21 _____
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CAMP RULES (PLEASE INITIAL EACH & SIGN)

___ I will abide by all BSA and Camp Rules and understand that if I am a **walkabout**, I must complete "Youth Protection Training" prior to attending camp. ___ As a registered adult, I understand that I **MUST** wear my Twilight Camp t-shirt or a BSA uniform so I can be easily identified as belonging at this camp. ___ I understand that open-toed shoes are prohibited and that I will be asked to go home and change if this rule is broken. ___ I understand that children/siblings not registered for Twilight Camp are not allowed at Camp due to liability reasons.
 Signature: _____ DATE: ___/___/___

DEN CHIEF/SCOUT HELPERS – 2009 TWILIGHT CAMP APPLICATION

June 16-20, 4:15 PM – 8:00 PM

Van Maren LDS Park

PERSONAL INFORMATION

Den Chief or Helpers LAST NAME:		FIRST NAME:	
Age:	Phone #:	Parent's EMail:	
Current address:			
City:	State:	ZIP Code:	

Den Chief for Pack #**NOTE: Boy Scouts will be required to wear their Class A uniform to camp**

Father's Name:		Daytime Phone:
Mother's Name:		Daytime Phone:
List any individual(s) NOT authorized to pick up my boy from camp:		

EMERGENCY CONTACT

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

MEDICAL INFORMATION

Physician's Name:		Phone:
Allergies: circle one YES NO	Specify:	
Seizures: YES NO	Heart Trouble: YES NO	Hemophilia: YES NO
Diabetes: YES NO	Kidney Disease: YES NO	ADHD: YES NO
Asthma: YES NO	High Blood Pressure: YES NO	Cancer/ Leukemia: YES NO

Explain any **YES** answers:List medications to be taken at camp. **PRESCRIPTION****MEDICATIONS ARE THE RESPONSIBILITY OF THE SCOUT AND/OR HIS PARENT OR GUARDIAN:**

List dates of last immunizations	Measles: ____/____/____	Polio: ____/____/____	Rubella: ____/____/____
Diphtheria: ____/____/____	Mumps: ____/____/____	Pertussis: ____/____/____	Tetanus: ____/____/____

EMERGENCY

In case of emergency, I understand every effort will be made to contact me or the Emergency Contact listed above. In the event I cannot be reached, I hereby give my permission for emergency personnel to treat my child listed above in my absence.

Signature of Parent / Legal Guardian X _____ DATE: ____/____/____

BOY SCOUT SIGNATURE

As a Scout, I agree to DO MY BEST to behave in a manner suitable to the occasion and with respect for the Boy Scout Promise and the Scout Law.

Signature of Boy Scout: X _____ DATE: ____/____/____