

June 17-21 4:15 PM – 8:00 PM

Cost: \$50 before April 6th at Midnight EST\$70 April 7st – May 1st Midnight EST (No registration after May 1st)

Penryn 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: ____/____/____

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 OVERNIGHTERWebelos 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:

PERSONAL INFORMATION

Den Chief or Helpers LAST NAME:

FIRST NAME:

Age:

Phone #:

Parent's E-Mail:

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: ___/___/___

ADULT – 2008 TWILIGHT CAMP APPLICATION

June 17-21 4:15 PM – 8:00 PM

Cost: \$5 (includes shirt)

Penryn Park

PERSONAL INFORMATION

Pack #			
Last Name:		First Name:	
Home Phone:	Work Phone:	E-Mail:	
Current address:			
City:	State:	ZIP Code:	
Shirt Size: <i>circle one</i> 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: <i>circle</i>	EMT DOCTOR NURSE

EMERGENCY CONTACT

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

MEDICAL INFORMATION

Physician's Name:	Phone:	
Allergies: <i>circle one</i> 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 X _____ 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 **walk-about**, 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: ___/___/___