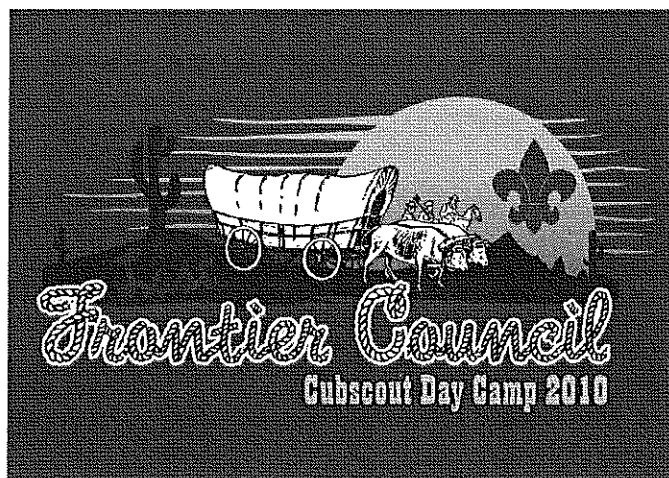


# 2010 EAGLE DISTRICT CUB SCOUT DAY CAMP "WILD WILD WEST"



June 14-18, 2010

Holy Trinity Lutheran Church

308 N.W. 164th (Between Western & Santa Fe)

Around Back Behind The Church

Edmond, OK

## Daily Schedule:

Check-in Begins: 1:30 P.M.

Program Begins: 2:00 P.M.

Program Ends: 8:00 P.M.

Friday 5:30pm Closing Campfire Activities

Walking Leader Orientation: Saturday June 12th from 10AM til 12PM

LAST FRONTIER COUNCIL



BOY SCOUTS OF AMERICA

On-line registration is available at: <https://www.lastfrontiercouncil.org>

## PROGRAM OVERVIEW

### Who may attend

Eagle District Cub Scout Summer Day Camp is designed as a program for Cub Scouts and leaders. The youth participants are Tiger Cubs, Cub Scouts (Wolf Cubs and Bear Cubs), and Webelos Scouts. Registered Boy Scouts and Venturers may attend as Den Chiefs, Den Aides, or Camp Staff. No BSA unregistered siblings or friends of Cub Scouts may attend the camp as participants. All parents and registered adult leaders may attend but are expected to take an active role in leading the camp experience by either serving as Walking Leaders or Camp Staff.

### Schedule

The daily schedule is listed on the front cover of this packet. Check-in begins at 1:30PM each day Monday thru Friday. Daily program begins at each program area promptly at 2:00 P.M. Program will run until 8:00 P.M., campers are encouraged to not leave early; however, all participants should be out of camp by 8:20 P.M. There will be "a campfire" Closing Ceremony on Friday, for all family members. Families can bring a picnic type meal Friday schedule is an abbreviated version of the rest of the week with the campfire event starting at 5:30 P.M. The campers will have the opportunity to perform skits for their parents and show their parents the camp facility.

### Activities

Activities Planned Include:

- B.B. guns
- Archery
- Webelos Friday Night Campout
- Crafts
- Games and Sports
- Nature Activities
- Friday Night Campfire

Each activity will be age-specific for Cub Scouts or Webelos Scouts, and many offer opportunities for rank advancement, arrow points, activity badges, and belt loops. Remember the main goal is to just have FUN, FUN, FUN in the great outdoors!

### Meals

All participants will be responsible for providing their own meal each day. Plan to provide your own coolers (those rolling ice chest/coolers are perfect) for perishable food and containers to protect food from insects and animals. Keep your meals healthy and portable.

### Equipment

Each youth and adult should have or wear the following each day:

- Camp T-shirt (this is the official uniform and must be worn each day at all times)
- Walking shoes and socks (no sandals, mesh, or open-toed shoes)
- Hat with brim or bill (Official Scout hats are perfect)
- Full water bottle or Hydration System Backpack
- Portable meal (A sack lunch you would send with him to school with his name on it)
- Sunscreen and Insect repellent (Please apply sunscreen before arriving)
- Money (optional, we will have a trading post filled with neat Scout items)

# PARENT INFORMATION SHEET

*What do you need to do now?*

1. Complete Registration and Health Forms A and C (Remember to sign where needed).
2. Attach a check made out to: **Last Frontier Council**
3. Deliver the form and check to your Pack's Cub Scout Day Camp Coordinator.
4. Sit down with your Scout and review the following information.

**Important - Share this information with your Scout and make sure he understands all this information:**

All Scouts should bring a sack lunch, each Monday through Friday. Lunches must be packed in sacks. The Scout's name should be printed on sack.

**SODA POP IS NOT ALLOWED IN CAMP.** Water will be available at all stations throughout the day. Each Scout will need to bring a water bottle, cup or Hydration System Backpack (some have storage pockets). Scouts are encouraged to drink lots of water to prevent dehydration.

Proper protective footwear must be worn at all times. Proper footwear covers and protects the entire foot. **Aqua socks, Crocks and Sandals are NOT acceptable Footwear for obvious reasons.** If your Scout comes to camp without proper footwear, he will be required to sit in the camp office until a parent brings proper shoes or takes him home. **This protective footwear requirement also applies to All Adults.**

The camp uniform will consist of the official Day Camp T shirt, long or short pants, proper protective footwear, and a cap or broad brimmed hat. The hat is recommended for protection from the sun. Day camp hats will be available for purchase at trading post.

No matches, No lighters, No knives (even for Scouts who earned Whittling Chip).  
No swearing, obscene, abusive language or disrespect towards other campers and Adults.  
No throwing of anything, except as part of an ADULT lead game.

If a boy is to be released during the day to someone other than a parent or legal guardian, written permission and instructions must be presented to the Camp Director in advance from his parent or legal guardian.

**Your Pack should have a Day Camp Coordinator, who can answer your questions. If you can not contact this person, feel free to contact one of the following:**

Camp Director:	Maggie Hoffman	hd1200girl@cox.net
Program Director:	Cindy Andries	cindy.d.andries@gmail.com

## LEADER INFORMATION

### Who can be a leader?

Each Pack must provide one adult Walking Leader each day for every four youth and maintain that 1 to 4 ratio. Den Chiefs and Den Aides do not count toward this ratio. Keep in mind that some Cub and Webelos activities will be in separate areas. Each Tiger Cub (boys entering first grade) must be accompanied by an Adult Partner, that is a one to one ratio for Tigers.

All Walking Leaders, Campers, Boy Scouts and Venturers Staff, Volunteers, Camp Staff and Key Leaders, must wear the 2010 Summer Day Camp T-Shirt at all times while Summer Day Camp is in session. **NO EXCEPTIONS.**

T-Shirts will be provided for the following:

- 1) All registered campers
- 2) Walking Leaders that will attend all 5 days
- 3) All Camp Staff, Key Leaders, Boy Scouts and Venturers Staff and Volunteers

**Please Note:** All others see the Individual Registration Form in this packet for pricing

Boy Scouts and Venturers may qualify to be Den Chiefs, Den Aides or Camp Staff. Any Boy Scout may serve as a Den Chief for the den he serves outside of camp. A Boy Scout or Venturers 14 or older may volunteer to serve on camp staff. All youth must obtain approval of the Camp Director. All Boy Scout, Venturers, Cub Scout and all Adult Leaders must be registered with the BSA and adhere to BSA Policy at all times.

### Walking Leader duties

- **Responsibility for campers:** All youth are the responsibility of the assigned Walking Leader. Ensure the boys follow the Cub Scout Promise and the Law of the Pack. Ensure that all youth check in and out with a responsible adult. Campers must use the buddy system and adhere to camp rules.
- **Scout spirit:** The camp T-shirt is the official uniform for the camp, and all participants must wear it at all times for camp spirit as well as security reasons. Actively participate in all activities and ensure each camper has a quality camp experience. Cooperate with the staff to pep up the campers and enjoy the program!
- **Information:** The Walking Leaders are the communicators between the camp staff and the campers and parents. They will need to coordinate schedules, transportation, check-in, check-out and walking around camp.
- **Set the example:** Please, absolutely **NO** use of any tobacco products is allowed around the campers. There is a designated smoking area, if needed. Please park in the designated area/lots. No personal firearms, fireworks, alcohol or controlled substances are allowed at the camp. If a problem occurs, contact a Camp Staff member for help.

## Walking Leader Orientation:

The Orientation is Saturday June 12<sup>th</sup> from 10AM until 12PM for all Walking Leaders and each Pack Day Camp Coordinator from Eagle District. During this, those in attendance will be instructed on their responsibilities and the layout of the camp, each program area, what to do and where to assemble during an emergency or weather event, those all important camp rules that have to be followed, and then everyone will be taken through a summary of a "typical day" and lastly a question and answer session. Please plan on attending this **ONE and ONLY** session so you can insure a smoothly run Summer Day Camp to keep your little campers, happy campers. Summer Day Camp T-Shirts will be distributed to the designated Pack Day Camp Coordinator who has turned in all their forms, pack rosters and Health Form A and C.

## HOW TO REGISTER:

Included in this packet are four forms:

1. Personal health and medical record Forms A & C
2. Individual registration
3. Pack summary
4. Campership application

Have each participant, youth and adult; complete an individual registration and personal health and medical records Forms A & C. Then, one leader from the Pack consolidates all the participants' forms onto the pack summary sheet. Also, if needed complete a campership applications for those campers. Then, bring or mail all the forms to the Scout Service Center with **ONE CHECK** payable to Last Frontier Council to complete your pack's registration. You may add additional individuals even after you submit these initial registrations.

The requested date for registration is May 17<sup>th</sup>. The reason for this is so that the camp staff can order the appropriate number of T-shirts, patches, program supplies and porta-potties. You may register later, but we can't guarantee your T-shirt size or a patch. Extra shirts are \$9 each depending on size. Please help us help you enjoy camp. Please know that after May 17<sup>th</sup>, the fee jumps to \$60 per youth from the regular \$50 to cover the expense of last-minute provisions. Final cut off date is June 7<sup>th</sup>.

## On-line Registration:

On-line registration is available at: <https://www.lastfrontiercouncil.org>

Please follow the instructions listed on LFC Website and remember we are Eagle District. If you have questions, LFC phone number is 840-1114 and they will be glad to answer all your questions about this process.



# 2010 PACK SUMMARY EAGLE DISTRICT DAY CAMP

JUNE 14 -18, 2010

ONE FORM PER PACK

District: \_\_\_\_\_ Pack: \_\_\_\_\_ Den(s): \_\_\_\_\_

Group Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Number of Youth \_\_\_\_\_ @ \$50 before May 17 = \_\_\_\_\_

\_\_\_\_\_ @ \$60 after May 17 = \_\_\_\_\_

Number of Adults attending all 5 days \_\_\_\_\_ @ \$0 = 0

Number of shirts needed by size for youth and adults attending all 5 days

YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ A XL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_ 4X \_\_\_\_\_

**Additional Shirts:** (Do not include Shirts that are included in the price of Youth registration or any free shirts for adults attending all five days.)

Number of Shirts - Youth M \_\_\_\_\_ @ \$ 9 = \_\_\_\_\_

Number of Shirts - Youth L \_\_\_\_\_ @ \$ 9 = \_\_\_\_\_

Number of Shirts - Adult S \_\_\_\_\_ @ \$ 9 = \_\_\_\_\_

Number of Shirts - Adult M \_\_\_\_\_ @ \$ 9 = \_\_\_\_\_

Number of Shirts - Adult L \_\_\_\_\_ @ \$ 9 = \_\_\_\_\_

Number of Shirts - Adult XL \_\_\_\_\_ @ \$ 9 = \_\_\_\_\_

Number of Shirts - 2XL \_\_\_\_\_ @ \$11 = \_\_\_\_\_

Number of Shirts - 3XL \_\_\_\_\_ @ \$13 = \_\_\_\_\_

Number of Shirts - 4XL \_\_\_\_\_ @ \$15 = \_\_\_\_\_

Number of Extra Patches \_\_\_\_\_ @ \$ 3 = \_\_\_\_\_

**Total Camp Fees for Pack** \_\_\_\_\_

Less Camperships approved (if any) - \_\_\_\_\_

**Total Amount Due** \_\_\_\_\_

Should be paid to the service center in the form of one check

Payable to: ***Last Frontier Council***

Each PACK Unit is responsible for individual accounting.

Pack must include *individual registration* forms and *personal health and medical record* forms for each youth and adult attending the camp. Packs may add individual participants at a later date.



**CAMPERSHIP REQUEST FORM  
DISTRICT DAY CAMP**

Scholarship funds are available for Cub Scouts that cannot afford to pay the total fee for camp. Requests must be made in writing and returned to the packs cub master or to the scout center. Please allow several weeks for response. **Camperships limited to 50% of fee. Will accept applications until funds depleted.**

Cub Scout's Name \_\_\_\_\_ Pack \_\_\_\_\_

Address \_\_\_\_\_ District \_\_\_\_\_

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

Rank in Scouting \_\_\_\_\_ Date joined in Pack \_\_\_\_\_

Years attended Day Camp \_\_\_\_\_

Amount of campership needed: \_\_\_\_\_ (Limit 50% of fee)

Our pack is registered for the week of \_\_\_\_\_

Pack Leader Approval \_\_\_\_\_ Date \_\_\_\_\_

.....  
**FAMILY INFORMATION**

Parent or Guardian \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Financial Status:**

To give the camping committee a better understanding of the family's financial status, please provide the following information. The information will be held in the strictest confidence.

Total monthly income \$ \_\_\_\_\_ Number of family members \_\_\_\_\_

Previous campership awarded? Yes  No

Amount of previous Campership(s) \$ \_\_\_\_\_

Additional Information, which should be considered by the committee: \_\_\_\_\_  
\_\_\_\_\_

.....  
Camping Committee Approval \_\_\_\_\_ Date \_\_\_\_\_

Amount Awarded \$ \_\_\_\_\_

# Annual BSA Health and Medical Record

## Part A

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Male  Female   
 Address \_\_\_\_\_ Grade completed (youth only) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Unit leader \_\_\_\_\_ Council name/No. \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Social Security No. (optional; may be required by medical facilities for treatment) \_\_\_\_\_ Religious preference \_\_\_\_\_  
 Health/accident insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C).  
 IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."**

### In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home phone \_\_\_\_\_ Business phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Alternate contact \_\_\_\_\_ Alternate's phone \_\_\_\_\_

### MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

### Allergies or Reaction to:

Medication \_\_\_\_\_  
 Food, Plants, or Insect Bites \_\_\_\_\_

### Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and enter the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____

Exemption to immunizations claimed.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on [Scouting.org](http://Scouting.org).)

### MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.)  
 Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Reason for medication _____ Approximate date started _____ Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>

**NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.**

Emergency contact No.:

Allergies:

DOB:

Last name:

**Part C**

**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

Without restrictions.

With special considerations or restrictions (list)

\_\_\_\_\_

---

**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.

Yes  No

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**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**

  
**BOY SCOUTS OF AMERICA**  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



2008 Printing

**Part C**    **Last name:** \_\_\_\_\_    **DOB:** \_\_\_\_\_