

Okefenokee Area Council Cub Scout **Day Camp**



Trail to Discovery

June 2009



Okefenokee Area Council
Boy Scouts of America
302 Screven Avenue
Waycross, GA 31501

Nonprofit Org
U.S. Postage Paid
Waycross, GA
Permit 99



NOTES TO PARENTS !!!



- The registration fee for the 5-6 day period covers: program supplies, equipment, supervision, medical supplies, liability and accident & sickness insurance, and a Day Camp patch.
- A Day Camp T-Shirt will be provided for your child at your Day Camp Orientation or First Day Check In for those registered by the “Pre-Registration” due date. For those registered after the “Due Date,” a T-Shirt will be ordered after the first day of your Day Camp.
- If 5 or more Scouts attend from the same Pack, adult volunteer leadership is needed from the same Pack.
- Day Camp and Program Directors are certified by the National Boy Scouts of America, National Camp School Training and Accreditation program.
- Each Den of 6-9 Scouts will be supervised by an adult or Den Aide.
- We will attempt to keep Cub Scouts from the same Packs together as determined by the amount of leaders available.
- Den Leaders and parents are encouraged to go with their Dens to Day Camp.
- For children not currently registered as Cub Scouts, an additional \$6.00 fee will be added to cover BSA registration.
- All participants will need to bring a “sack meal” for lunch/dinner.
- You can get a map to your Day Camp by down loading it from our web site: www.oacbsa.org or by calling the Council Service Center at 912-283-6016.

Day Camp Locations & Dates

Satilla District: 1st United Methodist Church, Blackshear, GA
June 8 - 12, 2009 - 8:30 am to 4:00 pm

Osprey District: Etowah Park, Kings Bay Naval Base, GA
June 8 - 12, 2009 - 8:30 am to 4:00 pm

Coastal District: Camp Tolochee, Brunswick, GA
Twilight Camp, June 1 - 5, 2009 - 5:00 pm to 9:00 pm
Saturday, June 6, 2009 - 9:00 am to 2:00 pm

CUB SCOUT DAY CAMP

What is Cub Scout Day Camp?

Cub Scout Day Camp is a FUN-FILLED Outdoor Program with exciting activities not regularly found in Den or Pack activities. These activities include Skills, Crafts, Games, BBs, Archery, Climbing, Advancements, and much more!

Who can attend Cub Scout Day Camp?

Any registered Cub Scout or male youth may attend as a day camper provided they will be entering grades 1-5 in the fall after Day Camp begins.

What can my Pack do to promote Day Camp?

Your Cubmaster can contact the Day Camp Staff or District Executive to arrange for a presentation to be made to the Scouts and parents. Each Pack should assign a Day Camp Coordinator who will be responsible for promoting and collecting your registration forms and fees and turning them in by the "Pre-Registration" due date.

Which Day Camp does my child attend?

Your child should attend the Day Camp in your District. If the dates and locations of another Day Camp are more convenient for you, your child can attend a different Day Camp.

How do I sign up my child for Day Camp?

Complete the Registration Form on the last page and mail or fax it to the Council Service Center along with the fees by the "Pre-Registration" due date for each Tiger Cub, Cub Scout, and Webelos Scout.

How can I help out at my child's Day Camp?

Parent and Adult Volunteers are needed to assist with the Day Camp in various roles. You can volunteer for a few hours, one day, multiple days, and the whole week too. Complete the Volunteer section of your child's Day Camp Registration when you send it in and your Day Camp and Program Directors will contact you so you can choose the role you wish to volunteer for.



2009 Cub Scout Day Camp
(One registration form per Scout)

Day Camp Attending (circle one): Osprey Satilla Coastal

Scout's Name: _____ Pack #: _____

Birth Date: _____ Age: _____ Grade Completed: _____

Address: _____

City/State/Zip: _____

Parent Day Time Phone #: _____

Parent Email: _____

T-Shirt Sz: Y-Sml / Y-Med / Y-Lg / A-Sml / A-Med / A-Lg / A-XL

Please check if you are willing to help out or serve on Staff _____

I can help out: All Week or M T W Th F S (please circle)

As a volunteer, I will have _____ siblings** attend with me.

****Siblings are non Cub Scout children of adults who are staffing Day Camp**

Name of Sibling(s)	Age	Sex
_____	_____	_____
_____	_____	_____

Participant Registration Fees: \$65.00 if paid by May 8th,
\$75.00 after May 8th. Siblings: \$20.00 if paid by May 8th,
\$30.00 after May 8th.

Participant Fee (\$65.00 or \$75.00) _____

Sibling Fee (\$20.00 or \$30.00) _____

2X to 4X T-Shirt (add \$2.00 per) _____

Extra T-Shirt (\$10.00) _____

Extra Patch (\$3.00) _____

Cub Scout Registration Fee (\$6.00) _____

Amount Due: _____

** Financial assistance is available on request through the Scout Office

Return completed form and payment to: Okefenokee Area Council, 302 Screven Ave, Waycross, GA, 31501 or fax to 912-283-6019 if paying by credit card.

Please make checks payable to: Okefenokee Area Council.

PERSONAL HEALTH and MEDICAL HISTORY

Parent/Guardian Name: _____

Home Address: _____

City/State/Zip: _____

Home & Business Phone: _____

If person named above cannot be reached in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Personal Physician: _____ Phone: _____

Health/Accident Insurance carrier: _____

Policy #: _____

Check all items that apply, past or present to Scout's history. Explain "YES" answers:

ALLERGIES: Food / Medicine / Insects / Plants (circle as required). Explain:

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
Asthma	___	___	Diabetes	___	___	High Blood Pressure	___	___
Cancer	___	___	Heart Trouble	___	___	Kidney Disease	___	___
Leukemia	___	___	Hemophilia	___	___	Seizures	___	___

Explain: _____

List **ANY** medications currently taking: _____

List **ANY** medications to be taken at Day Camp: _____

List physical or behavioral conditions that may affect or limit full participation in any of the Day Camp activities: _____

List any special equipment needed such as wheel chair, braces, glasses, etc.

In Case of an emergency, I understand every effort will be made to contact me, my spouse, or next of kin, in the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child, or for me, if and adult.

Parent Signature: _____ Date: _____