

CUB SCOUT CAMPING



Cub Scout Day Camp Theme

Cub Scout Sports - All American

CAMPING INFORMATION, REGISTRATION & MEDICAL FORM

SUMMER 2010



SEQUOIA COUNCIL, BOY SCOUTS OF AMERICA

PRESENTS

CUB SCOUT DAY CAMP 2010

For all Tiger, Wolf, Bear and Webelos Scouts

Please note: NO OPEN TOE SHOES ALLOWED AT DAY CAMPS

Bring a water bottle and a sack lunch each day.

All Tiger Cubs must be accompanied by an adult partner.

Chawanakee District

Reagan Elementary School

June 14 9:00 A.M. to 3:30 P.M.

June 15 – 18 9:30 A.M. to 3:30 P.M.

Webelos overnighter: June 18 – 19

Cost \$55.00

Questions? Please contact:

Camp Director: Sheila Maskovich 297-4039

jmasko@comcast.net or

Jim Horton

jimhorton62@yahoo.net

Program Director: Rusty Moon 260-9912

amoon@aol.com

Golden West District

VFW Post 8900 - Fresno

July 19-22, 3:00 P.M. to 8:00 P.M.

Cost \$55.00

Questions? Please contact:

Camp Director: Susie Hancock 271-5661

jnshan@att.net

Program Director: Vera Jackson 442-5839

v_jack2001@yahoo.com

Thunderbird District

Lion's Town & Country Park – Madera

June 21-25, 8:00 A.M. to 3:30 P.M.

C.I.T. Overnighter June 23-25

Webelos Overnighter June 24-25

Cost \$55.00

Questions? Please contact:

Camp Director: Pattie Horn 674-6329

pattie_674@yahoo.com

Program Director: James Dunn 675-1436

jmdunn10@sbcglobal.net

Mt. Whitney District

Hobbs Grove

July 9-12, 3:30 P.M. to 8:30 P.M.

Cost \$55.00

Questions? Please contact:

Camp Director: Ben Collins 356-3671

scouterboy17@yahoo.com

Kings River District

Location: Centennial Park –Shelter C

Hanford-Armona Rd Corner of 11th and 12th Ave

June 22-24

Cost \$30.00

Questions? Please contact:

Camp Director: Virginia Molina 732-3424

Live Oak District

Mooney Grove Park – Visalia

June 14 – 18, 8:00 AM to 12:30 PM

Cost \$55.00

Questions? Please contact:

Camp Director: Maggie Schimelpfening 740-8003

maggieschim@gmail.com

Program Director: Dawn Poole 936-8249

dawnpoole1996@yahoo.com

Bartlett Park – Porterville

July 7-10, 8:00 A.M. to 12:30 P.M.

Cost \$55.00

Questions? Please contact:

Camp Director: Susan Hill at 719-9781

shootinirons@sbcglobal.net

Program Director: Melanie Tyler 361-4287

pack116@live.com

For more information please visit our website at: www.seqbsa.org

2010 CUB SCOUT DAY CAMP

Individual Registration Form

Register on line at www.seqbsa.org

SEPARATE APPLICATIONS AND HEALTH FORMS ARE NEEDED FOR EACH ADULT VOLUNTEER, CUB SCOUT, OR DEN CHIEF, EVEN THOSE FROM THE SAME FAMILY

ALL PARTICIPANTS (YOUTH & ADULTS) MUST BE REGISTERED WITH THE BOY SCOUTS OF AMERICA.

This application is for: Cub Scout Den Chief Adult Volunteer

Last Name: _____ First Name: _____

Address: _____ City & Zip Code: _____

Home Phone: _____ Pack #: _____ District: _____

Which camp will you be attending (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Chawanakee District (June 14-18) (900152) | <input type="checkbox"/> Mt. Whitney District (July 9-12) (900042) |
| <input type="checkbox"/> Golden West District (July 19-22) (900155) | <input type="checkbox"/> Kings River District (June 22-24) (900047) |
| <input type="checkbox"/> Thunderbird District (June 21-25) (900158) | <input type="checkbox"/> Live Oak District (June 14-18) (900056) Visalia |
| | <input type="checkbox"/> Live Oak District (July 7-10) (900056) Porterville |

CUB SCOUT

Age: ____ Grade (in Sept): ____ Rank this Fall: Tiger , Wolf , Bear , Webelos

T-Shirt Size (circle one): Y-Sm Y-Med Y-Lg Adult Sm Adult Med Adult Lg Adult XL

DEN CHIEF

Troop: _____ Age: _____ Rank: _____

Hobbies, Special Skills & Interests: _____

T-Shirt Size (circle one): YSm Ymed YLg Adult Sm Adult Med Adult Lg Adult XL Adult XXL

ADULT VOLUNTEER

T-Shirt Size (circle one): Adult Small Adult Medium Adult Large Adult XL Adult XXL

Hobbies, Special Skills & Interests: _____

Position Desired: _____

NOTE: BSA Standards recommend a minimum of 2 adults be present and participating for the first 10 Cub Scouts and one additional adult for each additional 5 Cub Scouts.

Please Return All Applications to Fresno or Visalia Service Centers:

6005 N. Tamera Ave
 Fresno, CA 93711
 (559) 320-2100
 FAX: (559) 320-2114

230 NW 3rd
 Visalia, CA 93291
 (559) 732-3424
 FAX: (559) 732-0822

2010 CUB SCOUT DAY CAMP

Pack Registration Form

**SEPARATE HEALTH FORMS ARE NEEDED FOR EACH ADULT, DEN CHIEF OR CUB SCOUT,
EVEN THOSE FROM THE SAME FAMILY
ALL PARTICIPANTS (YOUTH & ADULTS) MUST BE REGISTERED WITH THE BOY SCOUTS OF AMERICA.**

This application is for: **Cub Scout Pack Number** _____ **District:** _____

Pack Primary Contact Information:

Last Name: _____ **First Name:** _____

Address: _____ **City & Zip Code:** _____

Home Phone: _____ **Cell Number:** _____ **Email address:** _____

Which camp will your Pack be attending (please check one):

- | | |
|---|---|
| <input type="checkbox"/> Chawanakee District (June 14-18) (900152) | <input type="checkbox"/> Mt. Whitney District (July 9-12) (900042) |
| <input type="checkbox"/> Golden West District (July 19-22) (900155) | <input type="checkbox"/> Kings River District (June 22-24) (900047) |
| <input type="checkbox"/> Thunderbird District (June 21-25) (900158) | <input type="checkbox"/> Live Oak District (June 14-18) (900065) Visalia |
| | <input type="checkbox"/> Live Oak District (July 7-10) (900065) Porterville |

Adults Attending: *Please print clearly*

Name _____	Phone Number _____	T-shirt size _____
Name _____	Phone Number _____	T-shirt size _____
Name _____	Phone Number _____	T-shirt size _____

Den Chief Attending: *Please print clearly*

Name _____	Troop # _____	T-shirt size _____
Phone # _____	Email address: _____	

Scouts Attending: *Please print clearly*

	Phone #	Fall Grade	T-Shirt Size
1. Name _____	_____	_____	_____
2. Name _____	_____	_____	_____
3. Name _____	_____	_____	_____
4. Name _____	_____	_____	_____
5. Name _____	_____	_____	_____
6. Name _____	_____	_____	_____
7. Name _____	_____	_____	_____
8. Name _____	_____	_____	_____
9. Name _____	_____	_____	_____
10. Name _____	_____	_____	_____
11. Name _____	_____	_____	_____
12. Name _____	_____	_____	_____

Total amount submitted: \$ _____ Amount deducted from unit account: \$ _____

Make additional copies of this form if necessary

Please return all applications to either the Fresno or Visalia Scout Service Centers:

6005 N. Tamera Ave
Fresno, CA 93711
(559) 320-2100
FAX: (559) 320-2114

230 NW 3rd
Visalia, CA 93291
(559) 732-3424
FAX: (559) 732-0822

**SEQUOIA COUNCIL, BOY SCOUTS OF AMERICA
CUB SCOUT DAY CAMP
HEALTH AND MEDICAL RECORD**

**This form to be
turned in at
camp**

**This form must be filled out for all participants
TO BE FILLED OUT BY A PARENT OR GUARDIAN. PLEASE PRINT IN INK!!!**

Child's Name: _____ **Date of Birth:** _____ **Age:** _____ **Grade:** _____

Name of Parent or Guardian: _____

Home Phone: _____ **Business or Emergency Phone:** _____

Home Address: _____ **City, State:** _____ **Zip:** _____

Business Address: _____ **City, State:** _____ **Zip:** _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name of Personal Doctor: _____ Phone #: _____

Personal Health/Accident Insurance Carrier: _____ Policy #: _____

IMPORTANT INFORMATION

I give permission for full participation in the Cub Scout Day Camp program, subject to limitations noted herein. In case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner elected by the adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

I also give my permission for my child to participate in (please check): _____ Archery _____ BB Gun Shooting

I understand that blank boxes will prohibit my child from participating in these activities

I also give permission for photos of my son(s) to be used for publication Yes No

Date: _____ **Signature of Parent/Guardian:** _____

Check all items that apply, past or present, to your child's health history. Explain any "Yes" answers.

Allergies: Food, Medicines, Insects, Plants: Yes No Explain: _____
(Circle any that apply)

General Information:	Yes	No		Yes	No		Yes	No
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the last 30 days prior to arrival at day camp: _____

List any medication to be taken during Day Camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, hiking, or playing strenuous physical games: _____

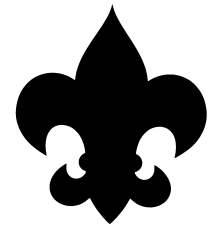
List equipment needed such as wheelchairs, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last shots)

Tetanus: _____ Measles: _____ Polio: _____

Diphtheria: _____ Mumps: _____

Pertussis: _____ Rubella: _____



2010 Webelos Adventure Camp

AN OUTDOOR PROGRAM FOR WEBELOS & PARENTS

Visit our website at www.seqbsa.org

THE ADVENTURE BEGINS

Get a jump-start on being a Boy Scout by participating in Webelos Adventure Camp, a 3-day/2-night adventure for Webelos and their parents and/or leaders. Boys and their parents will experience the outdoors in an actual Boy Scout camp setting at Camp Chawanakee on Shaver Lake. Don't miss out on the ultimate Webelos Adventure.

CAMP FEES

Deadline for sign-ups, June 4, 2010

- \$55 Per Webelos Scout
- \$75 Total for Webelos and one adult relative
- \$40 Per adult with his/her den/pack

Fees include all meals, lodging, program, patch and more.

Camp Dates

June 10-12

Check-in
Thursday 1:00 p.m.

Checkout
Saturday 10:00 a.m.

PROGRAM HIGHLIGHTS

Archery
BB Guns
Crafts
Nature
Boating
Swimming
Great Campfires
Trading Post

REGISTRATION

All boys and adult leaders must be registered with the Boy Scouts of America. All Webelos are eligible to attend. Parents of Webelos are encouraged to register. Packs may register as Dens.

For Additional Information please call 320-2100

Mail the registration form and fees to the Sequoia Council.

REQUIRED FORMS

Sequoia Council camps require that every youth and adult have a completed Personal Health and Medical Record form. **No physical exam is required.** These forms are available at the Council Service Centers and on the council website.

ACCOMMODATIONS & FOOD SERVICE

Upon arrival the Webelos will be placed into dens. Each den will be assigned a campsite. Campsites contain tents that accommodate two Scouts. There are also tents for parents and adult leaders. Shower times for youth as well as adult males and females will be posted.

Get ready for some great food. Thursday dinner through Saturday breakfast will be prepared and served by our experienced camp cooks. **Participants requiring special meals must bring their already prepared ready to serve meals with them to camp. Meal containers must be marked with the participants name and which meal it will replace. It must also state whether to microwave or oven heat the meal.**

WHAT TO BRING TO CAMP

- | | |
|--|--|
| <input type="checkbox"/> Uniform | <input type="checkbox"/> Sleeping bag |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Hat |
| <input type="checkbox"/> Rain Gear | <input type="checkbox"/> Change of clothes |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> First-Aid kit |
| <input type="checkbox"/> Camera & film | <input type="checkbox"/> Toothbrush & paste |
| <input type="checkbox"/> Spending money | <input type="checkbox"/> Towel & soap |
| <input type="checkbox"/> Medical form | <input type="checkbox"/> Mosquito repellent |
| <input type="checkbox"/> Closed toed shoes | <input type="checkbox"/> Swimsuit & towel |
| <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Prescription medication |

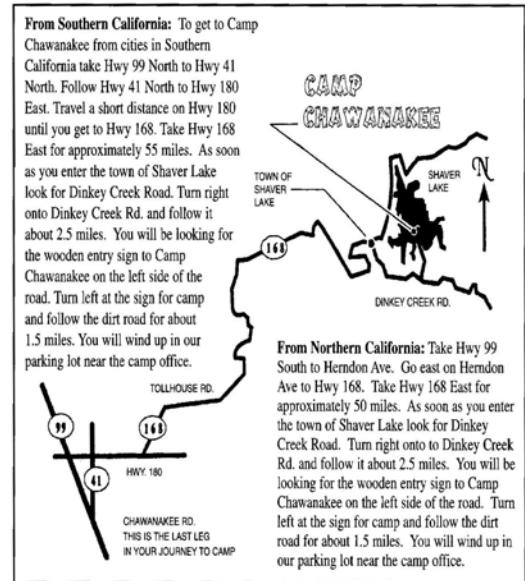
Visit our website at www.seqbsa.org

REFUND POLICY

Camp fees may be transferred to another named Webelos Scout and parent or refunded with a **written explanation two weeks** prior to the beginning of camp.

TRANSPORTATION

Each person is responsible for his or her own transportation to and from Camp Chawanakee. Dens traveling together must have an approved tour permit on file with the Council Office prior to arriving at camp.



-----cut and mail-----

REGISTRATION FORM FOR

2010 WEBELOS ADVENTURE CAMP

Please print

Pack # _____

Webelos name: _____

Adult partner: _____

Address: _____

City: _____ Zip: _____

Phone: Daytime _____

Evening _____

VISA/MC/Discover #: _____ Exp: ___/___ V-code: _____

Signature: _____

Registration Deadline: June 4, 2010 at Fresno or Visalia Service Centers

	By 6/4	After 6/4	
Fees: Webelos	\$55.00	\$70.00	\$ _____
Webelos/Adult	\$75.00	\$95.00	\$ _____
Leader	\$40.00	\$50.00	\$ _____
Total			\$ _____

Make checks payable and mail to:
Sequoia Council, BSA
6005 N Tamera Ave
Fresno, CA 93711

1-6701-901-21
 Account # 900059

CLUB CHAWANAKEE 2010

Session I August 27-29

Session II September 3 – 6



Visit our website at www.seqbsa.org

Once again our beautiful Camp Chawanakee will be open for two weekends this summer.

The cost per person Session I is \$65, and children 5 years old and under are free.

The cost per person Session II is \$75, and children 5 years old and under are free.

A very relaxing way to wind up your summer! We have a great camp with an excellent staff ready to serve you plus get ready for some great food! That's right meals are included with your camp fees from. Session I meals begin with breakfast on Saturday and conclude with lunch on Sunday, Session II meals begin with breakfast on Saturday and conclude with lunch on Monday. Please submit your \$15 deposit per person with this form. We ask that your registration form with deposit be in four weeks prior to camp. If for some reason you are unable to make it to camp: all refund requests must be in writing. If received 30 days prior to camp, fees paid will be refunded in full. If received only two weeks prior to your session, 50% of fees paid will be refunded. No refunds will be made for cancellations less than two weeks prior to camp, or for "no shows". Please complete the registration form below and return it to the Fresno Scout Service Center.

If you have any questions please call Mike Gerardi at 559-320-2100 or e-mail him at mgerardi@bsamail.org.

We will send you a camp information booklet once we receive your deposit.

-----Please detach and mail in-----

Club Chawanakee 2010

_____ Session I August 27-29

_____ Session II September 3-6

Name: _____ Telephone Number () _____

Address: _____ City _____ Zip _____

Credit Card: Visa Master Card Discover Card Number: _____

Exp. Date: ___/___ V- code: _____ (last 3 digits on the back of the card)

Signature: _____

Deposit:

Number of people attending _____ x \$15 = \$ _____

*Number of children under 5 years old _____

*Children 5 years old and under are free

Please mail to: Club Chawanakee
Sequoia Council, B.S.A.
6005 N Tamera Ave
Fresno, CA 93711

1-6701-903-21
Acct # 900107