

FRONTIER DISTRICT CUB SCOUT WEEKEND DAY CAMP Celebrating 100 years of Scouting

Back to Basics!

JULY 23, 24, 25, 2010. South Gate Park, South Gate, Ca.

Friday Evening 5:00p.m. (registration and Cracker Barrel) Saturday 8:00 a.m.- 8:30 p.m.

(Including family Campfire) Sunday 8:00a.m.- 10:00a.m. (Closing)

Dear Camp Participants:

Welcome to our weekend day camp for Tigers, Wolves, Bears, and Webelos. This event will be held July 23 - 25, 2010 at South Gate Park, City of South Gate. The theme for this year's weekend Day Camp is "Back to Basics". The program will have lots of crafts, sports, academics and most of all – **FUN!!!** We are also providing a Saturday night Family campfire program which will include songs & skits, and showmanship by the camp participants. **We are celebrating the 100th Anniversary of Scouting in America. We will journey back in time and have the adventure of a lifetime. Join us at Back to Basic's Day Camp 2010.**

Remember this is a three day overnigher camp; Packs are to provide their own camping gear. Areas will be designated for Packs. For every **FOUR** scouts from your units, one adult leader/parent must attend the weekend day camp. **Each pack must provide its own signed *tour permit* – whether there are 30 Cubs attending from a single pack, or just one.** (Tour permits are available through your unit or at Roundtable each month.) Adult volunteers and Den chiefs please sign up by 6/15/10.

The early bird registration cost this year is **\$35.00 per participant** and \$20.00 for Volunteer Leaders, and \$10.00 for Den Chiefs. **The cost after July 4th is \$45 per participant.**

Camp does have to limit the number for registration – SO, **Sign-Up Now!!!!** Confirmation and Camper instructions will be mailed once we receive your application. Any questions prior to Camp can be directed to: Cathy Moreno (562) 943-2092

Make all checks payable to: **LAAC - BSA**

Mail the following forms: 1) Applications 2) Medical forms 3) Tour Permits to:

Registrar Name: **Rene Gutierrez**

Registrar Address: **4552 Fairhope Drive, La Mirada Ca 90638**

FRONTIER DISTRICT CUB SCOUT DAY CAMP JULY 23, 24, 25, 2010

CUB SCOUT REGISTRATION FORM

Date: _____

(Please PRINT legibly.)

Name: _____ Unit#: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____ Email: _____

WHAT RANK WILL YOUR SCOUT BE IN CAMP? (Advance to next rank from school year.)

Webelos 2nd Year _____ Webelos 1st Year _____ Bear _____ Wolf _____ Tigers _____

WHAT SIZE SHIRT DOES YOUR SCOUT WEAR? (Please circle one.)

Youth: M L Adult: S M L XL XX XXXL

Important Names and Phone Numbers

First Guardian Name: _____ Second Guardian

Name: _____

Home:() _____ Work:() _____

Cell/Pager:() _____

In case parents/gardian cannot be reached. Emergency Contact Numbers: *Number must be relative/guardian closest to Day Camp.

Name: _____ Relationship: _____

Phone:() _____

Physician: _____ Phone:() _____

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.

Name

Signature

Date

CAMP FEES

\$35.00 PER SCOUT. (\$45.00 after 7/5/10) Checks to "LAAC - BSA" Mail to Registrar Name: Rene Gutierrez
4552 Fairhope Drive ,La Mirada Ca 90638) **\$9.00 for each extra T-shirt** (One shirt and commemorative patch included with registration fee).

CUB SCOUT or BOY SCOUT
CLASS 1 PERSONAL HEALTH

In the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____
Name _____ Relationship _____ Telephone _____

Health/Accident Insurance Carrier

Policy#

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

Allergies: _____ Asthma _____

High Blood Pressure _____ Cancer/Leukemia _____

Heart Conditions _____ Hemophilia _____

Diabetes _____ Kidney Diseases _____

Convulsions/Seizures _____ Other _____

List any medication to be taken at Camp _____

List equipment, i.e. wheelchair, braces, glasses, etc. _____

List physical/behavior conditions that may effect or limit participation _____

Immunizations (give latest date of inoculation):

Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____ Other _____

I give my permission for full participation in BSA programs, subject to limitations noted above. In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as judgment of medical personnel dictates. **IN CASE OF EMERGENCY**, I understand every effort will be made to contact me. In the event I cannot be reached, I 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.

Date _____ Signed _____

Any additional medical notes are as follows:

Other:

California Penal Code §12552 – Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. **I give my permission for the above child to use a firearm as described above.**

I give my express permission for the child stated above to participate in the Day Camp **BB Gun**

Program: (Circle one) YES NO **(Our firearms are limited to archery.)**

Parent Signature _____

FRONTIER DISTRICT CUB SCOUT DAY CAMP JULY 23, 24, 25, 2010

DEN CHIEF/ BOY SCOUT REGISTRATION FORM

Date: _____

(Please PRINT legibly.)

Name: _____ Unit#: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____ Email: _____

What is your current rank in Boy Scouts (First Class and up)? _____

What official leadership positions have you held? _____

Have you attended Den Chief training? _____ J.L.T. TRAINING? _____

WHAT SIZE SHIRT DOES YOUR SCOUT WEAR? (Please circle one.)

Youth: L Adult: S M L XL XX XXXL

Important Phone Numbers

First Guardian Name _____ Second Guardian Name _____

Home: () _____ Work: () _____

Cell/Pager: () _____

In Case parents/guardian cannot be reached. Emergency Contact Numbers: *Number must be relative/guardian closest to Day Camp

Name: _____ Relationship: _____

Phone: () _____

Physician: _____ Phone: () _____

) _____

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.

Name

Signature

Date

CAMP FEES

\$10.00 PER SCOUT. Checks to "LAAC - BSA" Mail to Registrar Name: Rene Gutierrez -4552 Fairhope Drive, La Mirada Ca 90638) **\$9.00 for each extra T-shirt** (One shirt and commemorative patch included with registration fee).

BOY SCOUT
CLASS 1 PERSONAL HEALTH

In the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Health/Accident Insurance Carrier

Policy#

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

Allergies: _____ Asthma _____

High Blood Pressure _____ Cancer/Leukemia _____

Heart Conditions _____ Hemophilia _____

Diabetes _____ Kidney Diseases _____

Convulsions/Seizures _____ Other _____

List any medication to be taken at Camp _____

List equipment, i.e. wheelchair, braces, glasses, etc. _____

List physical/behavior conditions that may effect or limit participation _____

Immunizations (give latest date of inoculation):

Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____ Mumps _____

Pertussis _____ Rubella _____ Other _____

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Date _____ Signed _____

Any additional medical notes are as follows:

Other:

California Penal Code §12552 – Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. **I give my permission for the above child to use a firearm as described above.**

I give my express permission for the child stated above to participate in the Day Camp **BB Gun**

Program: (Circle one) YES NO (Our firearms are limited to archery.)

Parent Signature _____

FRONTIER DISTRICT CUB SCOUT DAY CAMP JULY 23, 24, 25, 2010

ADULT STAFF REGISTRATION FORM

Date: _____

(Please PRINT legibly.)

Name: _____ Unit#: _____

Address: _____ Date of Birth: _____

City: _____ Zip: _____ Email: _____

Circle Scout Training Completed:

- Cub Fast Start
- New Leaders Essentials
- Leader Specific Training
- **Youth Protection** Expires on _____**
** Mandatory – Training will be provided if you are not current
- Prior Day Camp Experience _____
- Woodbadge
- National Camp School
- CPR
- First Aid

Position Request:

Webelos Leader _____ Cub Den Leader _____ Crafts _____ Sports _____ Song & Skit _____

WHAT SIZE SHIRT WOULD YOU LIKE? (Please circle one.)

Youth: L Adult: S M L XL XX XXXL

Important Phone Numbers

Home:() _____ Work:() _____

Cell/Pager:() _____ Sitter:(
) _____

Emergency Contact Numbers: *Number must be relative/guardian closest to Day Camp

Name: _____ Relationship: _____

Phone:() _____

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.

Name

Signature

Date

Camp Fees:

\$20.00 per Adult Volunteer. Checks to "LAAC – BSA" (Registrar Name: Rene Gutierrez-4552 Fairhope Drive, La Mirada Ca 90638) **\$9.00 for each extra T-shirt** (One shirt and commemorative patch included with registration fee).

ADULT LEADER/ ADULT VOLUNTEER
CLASS 1 PERSONAL HEALTH

In the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____
Name _____ Relationship _____ Telephone _____

Health/Accident Insurance Carrier _____ Policy# _____

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

Allergies: _____ Asthma _____

High Blood

Pressure _____ Cancer/Leukemia _____

Heart

Conditions _____ Hemophilia _____

Diabetes _____ Kidney Diseases _____

Convulsions/Seizures _____ Other _____

List any medication to be taken at

Camp _____

List equipment, i.e. wheelchair, braces, glasses,
etc. _____

List physical/behavior conditions that may effect or limit participation

Immunizations (give latest date of inoculation):

Tetanus

toxoid _____ Measles _____ Polio _____ Diptheria _____ Mumps _____

Pertussis _____ Rubella _____ Other _____

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Date _____ Signed _____

Any additional medical notes are as follows:

ADULT
CLASS 1 PERSONAL HEALTH

In the event of an emergency, notify:

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Health/Accident Insurance Carrier

Policy#

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

Allergies: _____ Asthma _____

High Blood

Pressure _____ Cancer/Leukemia _____

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Conditions _____ Hemophilia _____

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Date _____ Signed _____

Any additional medical notes are as follows:

FRONTIER DISTRICT CUB SCOUT DAY CAMP JULY 23, 24, 25, 2010

SIBLING REGISTRATION FORM

Date: _____

(Please PRINT legibly.)

Name: _____

Unit#: _____

Address: _____ Date of

Birth: _____

City: _____ Zip: _____

WHAT SIZE SHIRT DOES YOUR CHILD WEAR? (Please circle one.)

Youth: S M L

Important Phone Numbers

First Guardian Name _____ Second Guardian Name _____

Home:() _____ Work:() _____

Cell/Pager:() _____ Email: _____

In case parents/guardian cannot be reached. Emergency Contact Numbers: *Number must be relative/guardian closest to Day Camp

Name: _____

Relationship: _____

Phone:() _____

Physician: _____ Phone:() _____

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Name

Signature

Date

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Name: Rene Gutierrez 4552 Fairhope Drive ,La Mirada Ca 90638 **\$9.00 for each extra T-shirt** (One shirt and commemorative patch included with registration fee).

SIBLING

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Name _____ Relationship _____ Telephone _____

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High Blood

Pressure _____ Cancer/Leukemia _____

Heart

Conditions _____ Hemophilia _____

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Convulsions/Seizures _____ Other _____

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