

“SCOUT FRONTIERS”
2011 CUB SCOUT DAY CAMP APPLICATION

(check box next to camp of your choice)

CAMP DATES: July 11-15, 2011 July 18-22, 2011 July 25-29, 2011 FEES: \$80 before May 27 \$90 after May 27 Add'l \$9 for non-Scouts for insurance
LOCATION: Bkfld College Practice Field Tehachapi (location pending) St. John's Lutheran Church
TIMES: 5:30pm-8:30pm 5:00pm-8:30pm 8:30am-1:30pm

Day Camp Coordinators: Bakersfield College Camp Denise Wood please email: woodfamily3309@sbcglobal.net
Tehachapi Camp Chuck Schuyler 661-205-2524 cschuyler@creativewireless.net
St. John's Camp Sue Allred 661-831-5861 sueallred@gmail.com

One Person Per Form (Check One): Cub Scouts Non Scout* Boy Scouts/Den Chiefs Adult
Adults: If you can assist at camp, check here
*Non-registered youth must complete BSA youth application form.

PACK/TROOP UNIT # T-Shirt Size (circle one) Child's: L Adults: M L XL XXL XXXL

Cub Scouts (Check One): Rank as of June 20, 2011: Tiger, Wolf, Bear, 1st Yr Webelos, 2nd Yr Webelos

Name Grade as of Sept, 2011 DOB / /

Address City Zip

Telephone: Home # Work # E-mail

Father's Name: Contact Phone:

Mother's Name: Contact Phone:

Emergency Contact: Relationship Phone #

The following individual(s) are authorized to pick my son up at camp:

For St. John's Camp only: check box if early drop off at 8 a.m. is required

IN THE EVENT OF AN 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 authorize the camp personnel to make such arrangements as deemed necessary in regards to transportation and emergency medical treatment.

Physician Name Phone #

Allergies (Circle those applicable): Food Medicine Plant Insect If so, what?:

Convulsions YES NO Diabetes YES NO Asthma YES NO
Heart Trouble YES NO Kidney Disease YES NO High Blood Pressure YES NO
Hemophilia YES NO ADHD YES NO Cancer/Leukemia YES NO

Explain any YES answers

List medications to be taken at camp. Medication brought to camp MUST be in original container & will be dispensed by the Camp Health Officer.

Exceptions are epi pens and asthma inhalers, these are to be kept on the person it is prescribed for. Please include usage instructions on a separate sheet.

Immunization (give date of last inoculation): Tetanus

PHOTO RELEASE, I hereby authorize the reproduction, sale, exhibit, broadcast of pictures that will be taken at camp for use by the Boy Scouts of America for use in a camp photo album and for future camp promotions.
Check here: If you DO NOT want your child's photo used by the Boys Scouts of America.
Signature of Adult or Parent/Guardian X Date:
ARCHERY PERMISSION, I give permission for my son listed above to participate in all activities, including Archery range, of this Cub Scout Camp. I understand that these activities are organized by certified adult leaders.
Check here: If you DO NOT want your child doing ARCHERY.
Signature of Adult or Parent/Guardian X Date:

Adults: Please Circle Those That Apply:

Do you hold a current CPR card? YES NO Do you hold a current First Aid card? YES NO
EMT, Nurse, or Doctor? YES NO Registered Adult Scouter? YES NO

Fees: \$80.00 with registration form by May 27, 2011. After May 27, 2011 the fee will be \$90.00 Non-BSA registered youth to pay \$9.00 (for insurance purposes) along with registration fee and parents must fill out BSA youth application. Checks are made payable to BSA and sent to Southern Sierra Council, BSA, 2417 M Street, Bakersfield, CA. 93301. Indicate "BC Day Camp or "Tehachapi Day Camp" or "St. John's Day Camp" on memo line of check.