

2005 CUB SCOUT DAY CAMP

“75TH ANNIVERSARY OF CUB SCOUTING”

WHAT IS DAY CAMP?

Day Camp is a great summer activity for Cub Scouts. It is a week-long experience where Cub Scouts can shoot BB guns, bows and arrows, learn about nature, do leatherwork and crafts, play games, sing songs, and do lots more activities. Leaders and boys alike have a great time.

WHO CAN ATTEND DAY CAMP?

All registered Cub Scouts going into the 2nd grade but not yet finished with the 5th grade are eligible to attend. **Kids who will be starting the 1st grade in the fall are not eligible.**

WHEN AND WHERE IS DAY CAMP?

Twelve Day Camps will be conducted in June throughout the 25-county Lincoln Heritage Council. See application for exact dates and locations. Scouts and units can attend any camp that they choose. They can also attend more than one day camp.

HOW MUCH DOES DAY CAMP COST?

Cub Scouts and Webelos Scouts can attend for \$75. This fee includes a T-shirt, cup, patch, snacks, crafts, and all the fun possible. **Register by April 15th and receive a \$10 discount (Discount fee \$65).** Some camps charge an additional site fee or swimming fee. See the chart below:

Camp	Additional Fee
Tunnel Mill	\$5
Freeman Lake	\$5
Buffalo Trace	\$5
Creasy Mahan	\$5

EARLY BIRD PATCH IS FREE

Sign up by completing the adjacent application and paying the appropriate fees. Return this form with payment to the Council Office. **If paid on or before April 15th, Cub Scouts will receive an “early bird” patch.** A booth will be set up at Scout-O-Rama.

APPLICATIONS MUST BE IN NO LATER THAN 2 WEEKS BEFORE CAMP

STARTS!! WALK-IN'S WILL NOT BE ACCEPTED!

WHAT ABOUT LEADERSHIP?

Scouts should register with their pack. **Each pack must provide one adult for every five boys. (A minimum of two adults per pack.)** Five-day adults receive a free T-shirt and patch. All others may purchase these items. **No adults pay a fee.** Parents are encouraged to participate. Staff does not count in this total. Adults complete a separate application for medical purposes! If necessary, parents can alternate days in order to meet the adult requirements.

WHAT TO BRING?

Cub Scouts should bring a sack lunch each day; bring non-perishable foods only. Drinks will be provided. Bring rain gear if weather looks threatening, sunscreen and bug repellent. Everything else is provided. Adults may bring a chair and a small tarp for the boys to sit on. **No open toed shoes or sandals allowed at camp.**

INSURANCE

A special accident insurance policy will be provided. This is secondary insurance and will become effective after a family policy is exhausted. A \$100 deductible applies.

WHAT ABOUT YOUNGER CHILDREN?

A special area called the Pixie Camp or Lil' Buddy Camp is set up for younger children of adults who are serving as den leaders and staff members and are at camp on the days needed. These children can stay at the camp for a nominal fee of \$10.00 for the entire week or for any combination of days. Snacks and activities will be provided. **Children must be potty trained.** These children should bring a sack lunch also. Parents must a volunteer at camp while pixies are present. Be sure to pre-register Pixie.

NEED HELP?

Camperships are available for those who may need help with the fee. Contact your Cubmaster or the Scout Office at (502) 361-2624 for more information.

**One
Application
per Person**

"75th Anniversary of Cub Scouting"
2005 DAY CAMP APPLICATION FORM

For Office Use Only
Balance Due: _____

Early Bird: _____

DEADLINE 2 WEEKS PRIOR TO CAMP DATE

YOUTH ONLY

Please check rank as of
September after camp

_____ Wolf (2nd grade)
_____ Bear (3rd grade)
_____ Webelos (4th & 5th grade)

**Cub Scouts T-Shirt Size
Check Only One**

_____ Youth Large (14-16)
_____ Adult Small/Youth XL
_____ Adult Medium
_____ Adult Large
_____ Adult X-Large

ADULTS ONLY

Staff Position Held While At Camp

_____ Staff _____ Den Walker _____ Boy Scout

Adults/Staff/ Scouts Days Attending

M T W Th F CPR Card?

Y N (Circle One)

Do you have medical training? Yes No

What type? _____

(5 Day Leaders / Scouts Receive Shirt)

_____ Adult Small _____ Adult X-Large
_____ Adult Medium _____ Adult XX-Large
_____ Adult Large _____ Adult XXX-Large

I will be attending with:

_____ Wolf _____ Bear _____ Webelos

_____ **Pixie (Children
of Adult Helpers)**

**Parents must be at
camp for pixie to
attend. All Pixies
MUST be potty
trained!
\$10 for 1 day or 5
days**

LEADERSHIP

**Each Unit Must
Provide 2 adults for
every 5 Cub Scouts
and 2 adults for every
5 Webelos Scouts !**

Please Print

PACK #: _____ **DISTRICT:** _____ **E-Mail:** _____

NAME: _____ **PHONE #:** _____

ADDRESS: _____ **AGE:** _____ **BIRTHDATE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

CAMP DATES AND LOCATIONS

(CHECK YOUR CAMP CHOICE)

Metro Camp Only

_____ Extended Day Program \$15
_____ Bus Transportation \$15

_____ 6/6-6/10 Metro 1 Watkins UMC, Louisville

_____ 6/6-6/10 Camp Carlson, Ft. Knox

_____ 6/13-6/17 Metro 2 Watkins UMC, Louisville

_____ 6/13-6/17 Tunnel Mill, Charlestown, IN

_____ 6/13-6/17 Creasey Mahan, Goshen

_____ 6/20-6/24 Metro 3 Watkins UMC, Louisville

_____ 6/20-6/24 Cub World, Old Ky Home Scout Res.

_____ 6/20-6/24 Miller Park, Campbellsville

_____ 6/20-6/24 Clear Creek Park, Shelbyville

_____ 6/27-7/1 Freeman Lake, Elizabethtown

_____ 6/27-7/1 Buffalo Trace, Palmyra, IN (GRC)

_____ 6/27-7/1 Metro 4 Watkins UMC, Louisville

Camp fee is \$75. All Scouts who submit applications and fees by April 15th earn an Early Bird patch and can pay the discount fee of \$65. Adults Do Not Pay a Fee.

Camps with Additional Fees, Due with Camp Fee

Tunnel Mill \$5.00 Buffalo Trace \$5.00 Creasey Mahan \$5.00 Freeman Lake \$5.00 Pixie \$10.00

SCOUTS CAN ATTEND ANY CAMP SESSION THAT THEY WISH WITH ADULT LEADERSHIP.

Please Complete Both Sides of Application

Participant Name: _____ Unit #: _____

IN CASE OF AN EMERGENCY NOTIFY: _____ Phone #: _____

Cell Phone # _____ OR: _____ Phone #: _____

Everyone must complete this section – Youth or Adult

HEALTH HISTORY

Is Medication turned into
nurse? ___Yes ___No

PLEASE DEFINE THE SEVERITY OF ANY AND ALL MEDICAL PROBLEMS IN FULL DETAIL.

HAVE TROUBLE WITH: ___EYES ___EARS ___NOSE
___LUNGS ___THROAT ___DIGESTION

HAVE OR SUBJECT TO: ___ASTHMA ___HEART TROUBLE
___DIABETES (Type I or Type II) ___FAINTING SPELLS

___ALLERGIES (PLEASE LIST BELOW)

___OTHER **EXPLAIN:** _____

HAVE REACTION TO ANY MEDICATION, FOOD, OR OTHER? PLEASE DESCRIBE: _____

ANY CONDITION REQUIRING MEDICATION? _____

NAME AND DOSAGE OF MEDICATION: _____

PARENT AUTHORIZATION

This health history is correct as far as I know and the person herein described has permission to engage in all prescribed activities, except as noted by the physician and me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Check here if there are special custodial arrangements for this child. Additional information will be requested in the future.

SIGNATURE: _____ DATE: _____

PLEASE MAKE SURE FORM IS SIGNED!!!
Yes, I agree to allow my son's photo to be used in publicity shots, newspapers and TV spots.

IMPORTANT NOTICE: This health form is required for admittance to Camp. Trained First Aiders will be on duty at Camp to give assistance. Medical insurance is included in the fee.

Return with payment to: Lincoln Heritage Council, BSA, P.O. Box 36273, Louisville, KY 40233-6273.

CAMPERSHIP APPLICATION

(To be completed by the parent/legal guardian of registered Scouts only)

For Day Camp/Resident Camp Application MUST be Attached

Applying for:

Cub Scout Day Camp Cub Resident Camp Webelos Resident Camp Boy Scout Camp

PACK# _____ TROOP# _____ DISTRICT: _____

Dates Attending: _____ Camp Location: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: ____ / ____ / _____ COUNTY _____

**ALL CAMPERSHIP REQUESTS MUST BE IN THE
SCOUT SERVICE CENTER BY MONDAY, MAY 3, 2004.**

Return to Lincoln Heritage Council BSA
Attn: Camperships
P.O. Box 36273
Louisville, Kentucky 40233-6273

Office Use Only

Amount of camp fee requested for this Scout is: _____ 1/4 _____ 1/2 _____ 3/4

Reason for need of Campership Funds: _____

Number of people in household: _____ Annual Household Income: \$ _____

Does the family participate in the Free/Reduced Lunch School Program? Yes No

Does the Scout have a diagnosed disability? Yes No Please explain: _____

(Additional funds have been designated for this group)

Single Parent Family Yes No

Other Scouts or family members attending camp: _____

Parent/Legal Guardian's Signature: _____

Parent/Legal Guardian's Place of Employment

Job Title or Description

Mother: _____

Father: _____

Guardian: _____

ALL INFORMATION WILL REMAIN CONFIDENTIAL.