

Colonial Virginia Council

Cub Scout Day Camp

Summertime Fun!!!



2014

Registration Booklet

Description

Cub Scout Day Camp is designed to offer Cub Scouts a daily outdoor experience that includes activities such as simple cooking, exciting games, fishing, archery and BB gun instruction. Scouts will also have the opportunity to earn Belt Loops that coincide with the Cub Scout Academics and Sports program along with other requirements toward their Tiger Cub, Wolf, Bear or Webelos rank.

All registered Cub Scouts entering the 1st through 5th Grades this fall may attend Day Camp.

Each Day Camp is full of fun and adventure. Cub Scouts will receive a Camp t-shirt for themselves. Registered Den Walkers will receive a t-shirt to be worn during Day Camp. The adult shirt may not be substituted for an additional child shirt. Scouts will receive a 2014 "The Days of Knights" Day Camp patch, craft projects, and a recognition certificate at the conclusion of Day Camp. **EVERYONE** attending camp must bring a bag lunch, with drinks and a day pack. (Food should be placed inside zip lock bags, inside cooler preferred) Also be sure to bring plenty of **Cub Scout Spirit** each day!!

Cost

The cost of each Day Camp is \$80.00. If any registration is received after May 30, 2014, the registration fee will be \$85.00 and due to preparations, t-shirts will not be guaranteed. Rising 1st Graders (Tigers) do not have to pay \$5.00 late fee due to being recruited in the Spring. The Day Camp fees include the entire week! If a scout can only attend certain days of the entire week, no pro-rated fee is available.

Day Camp is a rain or shine event!!!

Fees are only refundable for the following circumstances:

- Death in the immediate family of the Scout
- Serious illness or injury of the Scout that prevents attendance. (requires a physician's letter)
- Scouts is required to attend summer school (requires a letter from school)
- Scout's family is military and is transferred from area (requires copy of orders).
- Any refunds issued will not be payable until September 2, 2014

Adult Supervision Requirements

Each Cub Scout Pack must provide a minimum of 1 Den Walker per day for each 1-4 boys attending camp. This 1:4 ratio will be strictly enforced. **Each Cub Scout Pack must provide at least 1 Den Walker that is currently registered with Boy Scouts of America and have completed Youth Protection Training.** Boys that are rising 1st Graders (Tigers) must have an adult of at least 18 years of age to accompany them the entirety of the Day Camp in order to attend.

- Den Walker description:
- at least 18 years of age
 - turn in completed Medical form 680-001
 - at least 1 Den Walker registered and Youth Protection Trained each day of camp
 - must attend Den Walker training for the respective camp attending



"The Days of Knights" Colonial Virginia Council Day Camp

General information:

| District | Camp Dates | Camp Hours | Registration Deadline | Camp Location | Camp Director | Phone | Email Address |
|------------------------------|--|---------------|-----------------------|--------------------------------------|------------------|--------------------------------------|-------------------------------|
| Chesapeake Bay & James River | June 16 th -20 th | 9:00am-3:00pm | May 30, 2014 | Newport News Park (Newport News) | Katrina Harrison | 757-812-0663 | jrcbdaycampdirector@gmail.com |
| Colonial Trail | June 16 th -20 th | 9:00am-3:00pm | May 30, 2014 | Nike Park (Carrollton) | Rick Rose | (h) 757-394-1051 (c) 301-395-8338 | ctdaycampdirector@gmail.com |
| First Colony | June 16 th -20 th | 9:00am-3:00pm | May 30, 2014 | New Quarter Park (Williamsburg) | Ken Bouchard | 757-810-0124 | 1stcolonydaycamp@gmail.com |
| Heritage | June 23 rd - 27 th | 9:00am-3:00pm | May 30, 2014 | Gosnold's Hope Park (Hampton) | Zachary Struhs | 757-270-9457 | heritagedaycamp@gmail.com |
| Siouan Rivers | June 23 rd - 27 th | 9:00am-3:00pm | May 30, 2014 | The Bronco Rod & Gun Club (Franklin) | Rhonda Vick | 757-556-5584 | srdaycampdirector@gmail.com |

If you have any questions concerning any of the camps, please contact the directors of that location.

Newport News Park: 13560 Jefferson Ave., Newport News, VA 23603

New Quarter Park: 1000 Lakeshead Dr, Williamsburg, VA 23185

Nike Park: 13036 Nike Park Rd, Carrollton, VA 23314

The Bronco Rod & Gun Club: 31040 Delaware Road, Franklin, VA 23851

Gosnold's Hope Park: 901 Little Rockwell Way, Hampton, VA 23669



Medical Forms

Boy Scouts of America Medical Form 680-001 Parts A & B should be turned in at the time of registration. However, it will be accepted up until the opening day of camp but early submission of medical forms prevent complications during the opening day check-in process.

****Each Den Walker must also turn in a completed medical form****

A copy of the Medical form is included in this booklet and also may be download from www.scouting.org.

(only Part A & B less than 72 hr version)



Colonial Virginia Council Cub Scout Day Camp Registration 2014

[illegible]

My Scout will attend Colonial Virginia Council Cub Scout Day Camp at this location: (CHECK ONE)

☐ James River/Chesapeake Bay ☐ Colonial Trail ☐ First Colony ☐ Heritage ☐ Siouan Rivers
 (Newport News Park) Nike Park New Quarter Park Gosnold's Hope Bronco Club
 Event Code =217 Event Code =417 Event Code =317 Event Code =117 Event Code=517

| | |
|--|-------|
| In the Fall of 2014, my scout will be entering the | grade |
|--|-------|

Cub Scout Day Camp Registration Fees

Registration Includes 1-Youth T-Shirt: Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Adult Walker shirt provided to registered Den Walkers: ADULT: Small _____ Med _____ LG _____ XL _____ 2XL _____ 3XL _____

Extra T-Shirts \$9.00 each- write in size(s) here: _____ \$
(TOTAL EXTRA SHIRTS x \$9.00)

\$80.00

In the event that my scout's Pack is unable to recruit enough Den Walkers I understand that my scout

may not be able to attend until that ratio is met. PARENT/GUARDIAN SIGNATURE _____

TOTAL ENCLOSED \$ _____

Colonial Virginia Council Cub Scout Day Camp Registration 2014

[illegible]

Are you a registered BSA Adult? _____ When did you complete YOUTH PROTECTION TRAINING? Mo/YR _____

Are you First Aid trained? _____

Have you had CPR training? _____

YOU MUST TURN IN A BSA MEDICAL FORM no. 680-001 A & B

Please circle which days you will be present at Day Camp as a Den Walker:

I agree to serve as a Den Walker, as assigned by the Camp Director and/or Program Director for the Colonial Virginia Council Day Camps. I further agree to serve as a volunteer, in a manner consistent with the Cub Scout Promise and law of the Pack, and National Standards of Cub Day Camping. Once all applications are received, the Director and Program Director will assign Den Walkers accordingly. The First interest of our staff is the boys. The camp exists and operates for them. In order to ensure that there is adequate coverage among all the Dens, I am aware that the Directors will do their best to assign me to my child's den, but they cannot always guarantee this. As a Day Camp Den Walker, I am expected to arrive by 8:45 am and must stay with my Den through the course of the day.

Signed:

Date:

Part A: Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.



NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.



List participant restrictions, if any: _____

☐ None

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____

Name: _____

Telephone: _____

Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____

Name: _____

Telephone: _____

Telephone: _____



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____



Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.



In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

| Yes | No | Condition | Explain |
|--------------------------|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | Last HbA1c percentage and date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hypertension (high blood pressure) | |
| <input type="checkbox"/> | <input type="checkbox"/> | Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Family history of heart disease or any sudden heart-related death of a family member before age 50. | |
| <input type="checkbox"/> | <input type="checkbox"/> | Stroke/TIA | |
| <input type="checkbox"/> | <input type="checkbox"/> | Asthma | Last attack date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lung/respiratory disease | |
| <input type="checkbox"/> | <input type="checkbox"/> | COPD | |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear/eyes/nose/sinus problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | Muscular/skeletal condition/muscle or bone issues | |
| <input type="checkbox"/> | <input type="checkbox"/> | Head injury/concussion | |
| <input type="checkbox"/> | <input type="checkbox"/> | Altitude sickness | |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychiatric/psychological or emotional difficulties | |
| <input type="checkbox"/> | <input type="checkbox"/> | Behavioral/neurological disorders | |
| <input type="checkbox"/> | <input type="checkbox"/> | Blood disorders/sickle cell disease | |
| <input type="checkbox"/> | <input type="checkbox"/> | Fainting spells and dizziness | |
| <input type="checkbox"/> | <input type="checkbox"/> | Kidney disease | |
| <input type="checkbox"/> | <input type="checkbox"/> | Seizures | Last seizure date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal/stomach/digestive problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | Thyroid disease | |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive fatigue | |
| <input type="checkbox"/> | <input type="checkbox"/> | Obstructive sleep apnea/sleep disorders | CPAP: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | List all surgeries and hospitalizations | Last surgery date: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | List any other medical conditions not covered above | |



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Part B: General Information/Health History

Full name: _____

DOB: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

| Yes | No | Allergies or Reactions | Explain | Yes | No | Allergies or Reactions | Explain |
|--------------------------|--------------------------|------------------------|---------|--------------------------|--------------------------|------------------------|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | Medication | | <input type="checkbox"/> | <input type="checkbox"/> | Plants | |
| <input type="checkbox"/> | <input type="checkbox"/> | Food | | <input type="checkbox"/> | <input type="checkbox"/> | Insect bites/stings | |

List all medications currently used, including any over-the-counter medications.

☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.

☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

| Medication | Dose | Frequency | Reason |
|------------|------|-----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions: _____

Administration of the above medications is approved for youth by: _____

Parent/guardian signature

MD/DO, NP, or PA signature (if your state requires signature)



Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.



Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

| Yes | No | Had Disease | Immunization | Date(s) |
|--------------------------|--------------------------|-------------|--|---------|
| <input type="checkbox"/> | <input type="checkbox"/> | | Tetanus | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Pertussis | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Diphtheria | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Measles/mumps/rubella | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Polio | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Chicken Pox | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Hepatitis A | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Hepatitis B | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Meningitis | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Influenza | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Other (i.e., Hib) | |
| <input type="checkbox"/> | <input type="checkbox"/> | | Exemption to immunizations (form required) | |

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX

Review for camp or special activity

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____



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