

**Indian Nations Council
Neosho District
4295 S Garnett Road
Tulsa, Oklahoma 74146**

Non-Profit Organization
U.S. POSTAGE PAID
Tulsa, Ok
Permit #67

Don't Miss the Fun!!!!!!

2009

**Neosho District
Cub Scout Day Camp**

**Muskogee Civitian Park
June 3-5, 2009
Camp Fred Darby
June 11-13, 2009**



INFORMATION PAGE - PLEASE KEEP THIS PAGE

Neosho District 2009 Cub Scout Day Camp

Registration, Health Form and Payment should be turned into:
Indian Nations Council at 4295 S Garnett. Tulsa, OK, 74146

Registration should be turned in by Friday, May 22, 2009. Registration will be accepted after this date; however the cost will be **\$45** instead of \$35 for a single camp or **\$65** instead of \$55 for both camps. Campers will get only one T-shirt, even if attending both camps.

Day Camp Program

Check-in each day is 8:15 to 8:30am. Lunches are gathered by Dens or put in refrigerator. Check-in each day through Walking Den Leader is 8:30 at Flag Ceremony. Dens will rotate about every 45 minutes. Daily Activities will include: BB Range, Archery, Crafts, Nature and Games.

Each Camper should bring: a sack lunch (preferably non-perishable).

The Day Camp T-shirt is the Official uniform for the week. The camper needs to wear shorts or jeans with belt loops so they can carry their cup. A cup will be provided (there is a cooler at each activity), **NO GLASS CONTAINERS. PLEASE wear a hat and sunscreen. WEAR COMFORTABLE PLAY SHOES, No Sandals or flip-Flops please!** Please label all belongings and Campers should be sprayed for insects before camp.

Small children of the staff and walking Den Leader's will be in the Papoose area. Please fill out a Health Form for each small child.

Be prepared to pick up your child at 3:30. Belongings need to go home each day. Boys will be checked out through their Walking Den Leader each day. If your child needs to leave early or arrive late, please check-in with the Camp Director or Program Director.

On Friday, June 12th there will be an opportunity to fish &/or camp out with your child at Camp Darby. That evening will be a campfire program.

There will be turtle racing and a zipline program at Camp Darby. Saturday is Parent Day for parents/guardians to participate in activities with their sons. Adults are invited to come with their sons any day.

Please have Campers drink plenty of water the day before Day Camp. Campers need to drink water before coming to camp and in the evenings. Remember pop/soda is a diuretic and takes water out of their system.

For more information call Becky Knox Program Director at 981- 931-7436 or Richard Goforth, Camp Director at 918-456-6067.

2009 Cub Scout Day Camp

Turn your Registration Forms, Health Forms and Payment in to **The Scout Service Center**.
 Register Early! **Early Bird Registration Deadline is May 22, 2009**
 Registration limited to first 100 cub scouts per camp.

A Class 1 Health form MUST be ATTACHED for EVERY person registering.

Cubs and Adults are required to wear the camp T-shirt as part of camp security measures.

Tiger Cubs MUST have an Adult Partner with them at all times. This is BSA Policy

_____ June 3-5, 2009 @ Muskogee, Civitan Park and/or _____ June 11-13, 2009 Camp Fred Darby

Check the date(s) you will be attending

<p>CUB SCOUT (Fee includes 1 camp T-shirt) Pack# _____ Name: _____ Parent/Guardian: _____ Home Phone: _____ Other Phone: _____ Address: _____ City/Zip: _____ E-mail: _____ Age: _____ Rank: (Circle one) Tiger Wolf Bear Webelos Rank is based on the grade that the scout will be entering Fall of 2009 T-Shirt included w/Registration: (circle one) YM YL AS AM AL</p>	<p>Registration Fee (includes one T-shirt) ___ \$35 (by May 22nd) Or ___ \$45 (after May 22nd) Both Camps ___ \$55 (by May 22nd) Or ___ \$65 (after May 22nd)</p>
<p>ADDITIONAL YOUTH T-SHIRTS (Youth shirts will be different adult shirts) Please write in the number of additional shirts you are ordering to the left of the sizes _____ YM _____ YL _____ AS _____ AM _____ AL</p>	<p>_____ x \$5 = _____ # of shirts</p>
<p>ADULT WALKING LEADER or TIGER CUB PARTNER Name: _____ If the address is the same as above please write same or complete below Address: _____ City/Zip _____ Home Phone: _____ Other Phone: _____ E-Mail: _____</p>	<p>Fee ___ \$5 (AS - XL) Or ___ \$7 (2XL - 3XL)</p>
<p>ADDITIONAL ADULT T-SHIRTS (Youth shirts will be different adult shirts) Please write in the number of additional shirts you are ordering to the left of the sizes _____ AS _____ AM _____ AL _____ XL _____ 2XL _____ 3XL</p>	<p>_____ x \$5 = _____ # of shirts _____ x \$7 = _____ # of shirts</p>
<p>PAPOOSE CAMP CHILD (for On-Site Walking Leaders and Staff Only) (Kid Depot Siblings Do Not Wear Camp Shirt) Name: _____ Age: _____ Male or Female (please circle) On-site Parent _____ Pack # _____ Days in Camp (circle) Week 1 (Civitan) Wednesday Thursday Friday Week 2 (Darby) Thursday Friday Saturday</p>	<p>NO FEE</p>
<p>EVENT # 6356</p>	<p>TOTAL = \$ _____</p>

PERSONAL HEALTH AND MEDICAL RECORD
CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY
 (Annually by all participants)

To be filled out by parent, guardian, or adult participant. **Please print in ink.** District: _____ PACK # _____

Name _____ Date of Birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone (H) _____ & (B) _____

Home address _____ City _____ St _____ Zip _____

Business address _____ City _____ St _____ Zip _____

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

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health /accident insurance carrier _____ Policy No. _____

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

ALLERGIES: Food, medicines, insects, plants: Yes No Explain: _____

GENERAL INFORMATION:

	Yes	No		Yes	No		Yes	No
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"/>
Convulsion/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>			

Explain _____

List any medications to be taken at camp: _____

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

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

Immunizations: (give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____ Diphtheria _____

Mumps _____ Pertussis _____ Rubella _____

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached. I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child (or for me, if an adult). Some hospitals require the parent/ guardian to be notarized. Check with your BSA local council.

Signature of parent/guardian or adult _____ Date: _____

ONLY FILL OUT SECTION BELOW IF SCOUT WILL NEED TO TAKE MEDICATION WHILE AT CAMP

AUTHORIZATION TO ADMINISTER MEDICATION

I, _____, parent/guardian of _____ hereby request that the Cub Scout Day Camp Health Officer administer the following medication to my child.

Medication Name _____	Dosage _____	Circle days to be given	M	Tu	W	Th	F	Time(s) _____
Medication Name _____	Dosage _____	M	Tu	W	Th	F	Time(s) _____	

I also release the Cub Scout Day Camp staff and BSA from all liability whatsoever that may result from my child taking this medication

Parent/Guardian Signature: _____ Date: _____