# CUB SCOUT DAY CAMP 2003

## *"SCOUTING THE SEVEN SEAS!"*
## *COMING SOON TO A LOCATION NEAR YOU!!!*

Central New Jersey Council will be offering a variety of Cub Scout Day Camp opportunities for your Scout this summer ! A great way for your Scout to spend some time outdoors this summer, Day Camps offer a variety of activities such as games, crafts, sports, scout skill, and much much more. The cost for this week of fun, exciting Cub Scouting is only $100.00.

Day Camp programs being held near you include:

**Johnson Park, Piscataway, July 7-11**
**Central NJ Council Service Center, July 21—25**
**Burke's Park, Sayreville, August 11-15**

**EACH PARENT WILL BE MAILED AN INFORMATION PACKET AFTER RECEIPT OF THEIR REGISTRATION FORM AND CAMP PAYMENT.**

**TRANSPORTATION:** Parents must provide transportation to and from the camp. Car pooling is encouraged.

**TRADING POST:** Each camp will have a camp store stocked with snacks, drinks and other great Cub Scout items.

**WHAT TO BRING:** The information packet that will be sent out after your registration will include a detailed list of what to bring to camp. However, here are a few of the basics: a bag lunch, water bottle, rain gear, and a backpack. The Scouts should wear comfortable clothing, shoes or sneakers with socks MUST be worn.

**MEDICAL FORMS:** Each Scout must have a completed Medical History Form (which is included in this packet). We will not accept a Scout into the camp without this form.

VOLUNTEER AND YOUR SCOUT ATTENDS CAMP FOR FREE!!!
DAY CAMP STAFF MEMBERS WHO ATTEND A STAFF ORIENTATION AND
A FULL WEEK OF DAY CAMP QUALIFY.
(SEE THE ENCLOSED REGISTRATION FORM).

**TAG-A-LONGS WELCOME FOR ADULT LEADERS!** Tag-a-longs are the non Cub Scout children of adult leaders in camp. They must be registered each day they are at camp. Tag-a-longs will have age appropriate activities each day, conducted by qualified Day Camp Staff members. The fee for the Tag-a-long program is $2.00 per child each day that they are in the program.

**Day Camp Refund Policy:** The first $25.00 of any fee paid is non-refundable. Payments are transferable to other Scouts (with a note from both parents) until June 28, 2003. The balance of the fee is refundable for the following reasons: illness requiring medical attention, summer school, or family emergency. Any request for refund must be in writing and sent to the Central New Jersey Council Service Center by August 31 2003. Refund requests will be processed and mailed by September 30, 2003.

# 2003 CUB SCOUT DAY CAMP REGISTRATION FORM

PLEASE CIRCLE THE LOCATION AND WEEK(S) THAT YOU WANT TO ATTEND:

| Johnson Park | Central NJ Council | Burke s Park |
|---|---|---|
| July 7-11 | July 21-25 | August 11-15 |

PLEASE P-R-I-N-T N-E-A-T-L-Y

CUB S NAME _____ PACK # _____ DISTRICT _____

STREET _____

TOWN _____ STATE_____ ZIP _____

PARENT S NAME _____

HOME PHONE _____ WORK PHONE_____

EMAIL ADDRESS _____

RELATIONSHIP, IF OTHER THAN PARENT _____

WHAT GRADE IS YOUR SCOUT GOING INTO IN SEPTEMBER? _____

EMERGENCY CONTACT NAME _____

CONTACT S HOME PHONE _____

Each Scout attending camp will receive one tee-shirt, additional shirts may be purchased.
# of additional tee-shirts needed _____ X $8.00 per shirt = _____

**Tee-shirt size (circle one) Youth Med Youth Lg Adult Small Adult Medium Adult Large**

**PAYMENTS: _____ $100 if paid in full by May 15, 2003**

**_____ $125 if payment is made after May 15, 2003**

**Make checks payable to: Central New Jersey Council, BSA**
**4315 US Highway 1, South**
**Monmouth Junction, NJ 08852**

**Please charge my credit card: ____ Visa ____ Master Card ____ Discover ____ American Express**
**Card Number _____ Expiration Date _____**

**Signature and Date _____**

(on-line registration 2003)

# 2003 CUB SCOUT DAY CAMP
# ADULT VOLUNTEER REGISTRATION FORM

The normal Cub Scout Day Camp fee of $100 will be waived for a limited number of adult leaders and parents who volunteer to serve as Day Camp Staff. To qualify, adult volunteers must complete this registration form, be approved by the Day Camp Director, be registered as an adult leader (complete the BSA Adult Application), attend a Day Camp orientation session with the Day Camp Director, and attend the full duration of a Day Camp (5 day program).

PLEASE P-R-I-N-T N-E-A-T-L-Y

NAME _____ PACK # _____ DISTRICT _____

STREET _____

TOWN _____ STATE_____ ZIP _____

HOME PHONE _____ WORK PHONE_____

EMAIL ADDRESS _____

TEE-SHIRT SIZE (CIRCLE ONE) Adult Sm. Adult Med. Adult Lg. Adult XL Adult XXL

EMERGENCY CONTACT NAME _____

CONTACT S HOME PHONE _____

PLEASE CIRCLE THE LOCATION AND WEEK(S) THAT YOU WANT TO ATTEND:

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|---|---|---|
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I will be bringing a child and need to use the Tot-Lot.

Name _____

Age _____

Any medical/allergy conditions that the camp needs to be aware of:
_____

Fee for Tot-Lot is $2.00 per day

Total enclosed for Tot-Lot: _____

If you are bringing more than one tag along, please include name, age and any appropriate information on the back of this form.

**Return this form to:**
**Central NJ Council, BSA**
**4315 US Hwy 1, South**
**Monmouth Jct., NJ 08852**

# HEALTH INFORMATION FOR CUB SCOUT DAY CAMP

## CENTRAL NJ COUNCIL, BOY SCOUTS OF AMERICA

## PLEASE USE BLACK INK AND PRINT N E A T L Y

CUB S NAME_____ AGE_____ PACK # _____

STREET _____

CITY/STATE/ZIP _____

HOME AREA CODE+ PHONE _____

IN CASE OF EMERGENCY NOTIFY NAME _____

RELATIONSHIP PARENT [ ] GUARDIAN [ ] OTHER _____

ADDRESS _____

PHONE (AREA CODE & NUMBER) _____

OTHER INSTRUCTIONS _____

FAMILY PHYSICIAN _____ AREA CODE+ PHONE_____

HEALTH HISTORY HAVE OR SUBJECT TO: (CHECK IF YES)
[ ] ASTHMA [ ] FAINTING SPELLS [ ] CONVULSIONS [ ] SPORTS RESTRICTIONS
[ ] DIABETES [ ] HEART TROUBLE [ ] BLEEDING DISORDERS
[ ] ALLERGIES OR REACTIONS TO ANY MEDICATIONS, FOOD OR OTHER
[ ] ALLERGIC TO BEE STINGS [ ] OTHER _____
EXPLAIN HERE IF ANY OF THE ABOVE APPLIES: _____
_____
[ ] CHECK HERE IF NONE OF THE ABOVE APPLIES

IMMUNIZATIONS MONTH/YEAR OF LAST INOCULATION
TETANUS TOXOID _____ POLIO _____ MUMPS _____
PERTUSSIS _____ DIPHTHERIA _____ MEASLES _____
RUBELLA _____

HAVE DIFFICULTY WITH: (CHECK IF YES)
[ ] EYES [ ] EARS [ ] NOSE [ ] THROAT [ ] LUNGS [ ] DIGESTION

[ ] ANY CONDITION NOW REQUIRING REGULAR MEDICATION? _____

NAME OF MEDICATION _____

[ ] IS HIS MEDICATION WITH HIM? IF NOT, WHO HAS IT? _____

ANY RESTRICTION OF ACTIVITY FOR MEDICAL REASONS? _____

EXPLAIN _____

IS YOUR SON PHYSICALLY OR EMOTIONALLY CHALLENGED? _____

EXPLAIN _____

ADULT/PARENT AUTHORIZATION: THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL ACTIVITIES, EXCEPT AS NOTED BY ME AND THE PHYSICIAN. IN THE EVENT OF ILLNESS OR ACCIDENT IN THE COURSE OF SUCH ACTIVITY, I REQUEST THAT MEASURES BE INSTITUTED WITHOUT DELAY AS JUDGMENT OF MEDICAL PERSONNEL DICTATES.

SIGNATURE _____ DATE _____
ADULT/ PARENT OR GUARDIAN

**PLEASE BRING A COPY TO THE FIRST DAY OF THE DAY CAMP PROGRAM. SCOUTS WILL NOT BE PERMITTED TO STAY WITHOUT THIS FORM. PLEASE MAKE A BACKUP COPY.**