

West Central Florida Council
Boy Scouts of America
SKYWAY DISTRICT CUB SCOUT DAY CAMP
Spy Camp 2007
JUNE 18-22

TO: PACK DAY CAMP COORDINATOR

It is Cub Scout Day Camp registration time. Thank you for serving as the Pack Day Camp Coordinator for your unit. Your job is to act as liaison between the Camp Director and your pack, and to process the registration for boys and adult applications in your pack. You will also help recruit adult volunteers from your pack to staff Day Camp. Space is limited to the first 125 campers, so be sure and get your registrations in as soon as possible.

APPLICATIONS

Enclosed you will find a copy of the Day Camp camper registration (including before/after camp care), information sheet, adult application, Tot-Lot registration, and Pack Reservation form. The Camper application and information sheet were sent to all Tiger & Cub Scouts registered at the time of mailing. It is helpful to make extra copies of the forms for those who may have misplaced theirs. You may also need additional adult and tot-lot applications for the volunteers.

BOY SCOUTS AND OTHER YOUTH VOLUNTEERS

An application for youth staff is also in your packet as a convenience. You may work with a Scout troop for recruiting Boy Scout volunteer staff. The applications may be turned in individually. *The Scoutmaster must approve the application before sending it in.* A health form is on the back of the youth application and must be filled out completely. All troops will receive information and application forms regarding Cub Scout Day Camp.

REGISTRATION

Camp registration is done at the **pack level**. All Cub Scouts register **through the pack** for Day Camp. Cub Scout campers are put into dens according to their rank with Cub Scouts from various other packs. Because of the number of boys and dens, it is impossible to meet requests that certain boys be together in a den. Day Camp is a great time for Cub Scouts to get acquainted with new friends and to bring new ideas to share.

VOLUNTEER STAFF

As explained in the brochures, at roundtables, den, and pack meetings, adult leadership is a necessity for a successful Day Camp Program. **As Pack Coordinator you will need to recruit 1 FULL-TIME (5 days) adult volunteer for every 5 Cub Scouts you register for Day Camp.** This does not include Tiger Cubs who require an Adult partner per Tiger Cub. When collecting the applications and at the pack meetings ask the parents if they could volunteer time to help provide a quality Day Camp experience for the Cub Scouts. **Please let them know that all placements are made at the discretion of the Camp Directors who will assign the staff where they are most needed.** There are also opportunities in program areas and various jobs needing additional assistance for those who cannot volunteer for the entire week, so please get their applications and attach with the others when sending them to the council service center. Part-time volunteers do not count as your 1 adult per 5 Cub Scouts, but are greatly needed to carry out the program. Adult volunteers must be 21 years of age and have a current (within 3 years) Youth Protection Training Certificate. Youth Protection will be

offered at the Camp Volunteer training days for those who may need it. Don't forget, full-time volunteer staff members receive a 30% discount on their son(s). Full-time staff members are those who work from 8:15am to 4:45pm every day.

T-SHIRTS

Full-time (5 days) volunteers and campers will receive one T-shirt that they are asked to wear daily. Additional shirts may be purchased per the registration form. Part-time volunteers will need to purchase a T-shirt. If there are part-time volunteers from a pack who will be working different days they may purchase one shirt and share. The Day Camp uniform is the T-shirt, shorts, socks, hat, and closed-toe shoes. We ask, for security purposes, that all campers and volunteers wear the camp T-shirt to distinguish camp personnel from the public who might walk into camp.

TRAINING

Full-time and part-time volunteers are required to attend one of the mandatory training sessions. The training session dates for Skyway Day Camp volunteers are currently being scheduled. Please pick one of the dates. Childcare will not be provided at either session.

TOT LOT

A TOT LOT will be available for use by the volunteers needing care for their Cub Scout's siblings. The minimum age is 2 years old and must be completely toilet trained and not older than 10 years old. All children attending must use the tot-lot form. The tot-lot child must have a parent at camp at all times. Qualified supervision is provided with a daily program of crafts, nature, outdoor play, snack and drink. All Tots must be pre-registered. T-shirts, although not required for the Tots, are available to purchase as per the application.

HOURS OF OPERATION

Day Camp hours are from 9:00 a.m. to 4:00 p.m. **We ask that volunteers arrive no later than 8:15am** so they can be available when their den of boys start to arrive.

BEFORE/AFTER PROGRAM

Before and after care will be offered to campers from 8-9 a.m., and 4-5 p.m. The cost for this is \$10 for the week and all campers using this service must be pre registered and paid in advance.

TRANSPORTATION

Transportation to and from camp is your personal preference; however, it is advisable to car pool. To ensure the safety of our boys we will provide carpool tags to the pack coordinators. **No boy will be released to a person other than his parent unless they have a carpooling tag.** Having a window sign displaying the names and camp assigned den number of the Cub Scouts they are picking up will help to expedite a smoother exit. Boy Scouts and adult volunteers will be ushering the Cub Scouts to and from the vehicles.

DEADLINE

The deadline for registrations to be into the council service center is Monday April 30th for Calusa Packs for early registrations. **Please note to guarantee that your Scouts receive a shirt your applications must be in by Monday April 30th.** Only complete packets with all forms and monies will be accepted and registered for camp. In order to offer a quality program at Day Camp and better prepare our volunteers, space is limited to the first 100 Scouts. **Applications will not be accepted after June 1, 2007.**

FEEES

The Day Camp fee for packs registering by **Monday April 30th** is **\$50**. **The Pack registration must be in the council service center by or on Monday April 30th**. All registrations received **after Monday April 30th**, will be charged **\$60.00**. Each Cub Scout will pay individually to the pack. As coordinator you will need to tally all the monies and obtain a pack check for the correct amount. **ONLY** a pack check for all fees will be accepted with the pack registration. Please do not send individual registrations to the council service center. You may take your camp reservation packet into the council service center at 11046 Johnson Blvd, Seminole, FL 33772. If mailing, allow enough time for it to reach the service center by the deadline date, **Monday April 30th, 2007**. Camp registration will be limited so please get your reservations in as soon as possible to ensure a place for your Cub Scouts. Make certain that all information is correctly and completely filled out. Incomplete reservation packets will not be accepted.

PLEASE NOTE: CAMP REFUND POLICY: All requests for refunds need to be made in writing and received in the council service center at least 2 weeks before camp begins. A 20% service charge will be assessed, unless the registration fees are transferred to another activity during 2007. Refund requests received after the 2-week deadline will be considered only if received within 10 days following camp and only for the following reasons.

-Personal Illness of camper

-A family emergency preventing attendance

The same service charges will apply.

PLEASE check the following items on the registrations / applications for ALL campers, adult volunteers and Tot Lot children:

- 1) Pack number is on the form.
- 2) **School grade as of September, 2007 and Den as of September, 2007, is indicated and correct.**
- 3) T-shirt size is marked.
- 4) All parental and health information is completely filled out.
- 5) Work / Cell number and an emergency contact phone number are on the registration.
- 6) Registration / application is signed by parent / adult.
- 7) Collect the correct amount of fees including registration, Tot Lot fees, before / after camp care and extra T-shirts.
- 8) Include 1 (one) FULL-TIME adult volunteer application for every 5 Cub Scouts registered.
- 9) Write one check for the entire amount payable to the B.S.A.

If you need any assistance or have any questions and/or concerns, please contact me.

Thank-you,

Debbie Turner
Camp Director
Home Phone: 727-488-4613
watermama72@yahoo.com

Scott MacFarlane
Program Director
Home Phone 727-502-9743

Skyway Day Camp Information 2007

Day Camp: A week filled with daily programs of outdoor activities, archery, sports, crafts, adventure, nature, skits, citizenship growth and lots of FUN.

Dates: June 18-22

Our Theme This Year: "Spy Camp 2007"

Who: All registered Cub Scouts and Webelos Scouts who have completed Kindergarten – 4th grades.

Registration: Complete at the pack level. Your pack Camp Coordinator will collect and process all registration forms and FEES. DO NOT send individual registrations or applications to the council service center.

Fees: Reservations made in the council service center before Monday April 30th is \$50.00 per Cub Scout (includes one camp T-shirt and patch.) After Monday April 30th, the FEE will be \$60.00. Please note, to guarantee that your Scout receives a shirt your application must be in by Monday April 30th, 2007. Make checks payable to your Pack. COMPLETE and SIGN all necessary forms. **No applications will be accepted after June 1.**

Location: Blessed Trinity Catholic Church, 1600 54th Avenue South, St. Petersburg, Florida.

Clothing: The Camp T-shirt, shorts and closed-toe shoes are the official uniform. All campers and volunteers are to wear the Camp T-shirt every day. A hat is also advisable.

Arrival Time: Camp is from 8:30 a.m. to 4 p.m. daily. Before-camp care at 8 a.m. and after-camp care until 5 p.m. is available for a fee of \$10.00 for the week if needed. If you wish this service you MUST pre-register. Check in with the Camp Director upon arrival for the extended care.

What to Bring: All campers MUST bring a LUNCH & DRINK each day. Lunches need to be brought in a large zip-lock bag with the camper's name printed on it. No coolers are permitted. (Lunches will be stored in the camp refrigerator.) A poncho or rain jacket would also be a good idea to have along.

Do Not Bring: Electronic games, Finger Bikes or Boards. POKEMON STUFF - cards, toys, etc., trading cards of any kind, comic books, radios, or knives. No Cub Scout or Webelos Scout is allowed to carry a knife.

Transportation: Each camper is responsible for their own transportation. It is advisable to form a car pool. **Space does NOT permit parking when bringing and picking up the campers.** Drivers will need to stay in their vehicles and drive around the pick-up circle. Please have a sign with the name(s) of camper(s) displayed in the windshield of your car.

Leadership: Each pack will provide 1 full-time adult for each group of five Cub Scouts registered for camp. Please know that all placements are made at the discretion of the Camp Directors who will assign staff where they are most needed. Pack reservations will NOT be accepted without the proper number of adult volunteers. Part-time volunteers are also

needed and appreciated. ADULT volunteers MUST be 21 years old and have a current Youth Protection card. ALL volunteers MUST attend one of the TRAINING SESSIONS at a time and location to be announced.

Tiger Cubs: All Tiger Cubs must have an Adult partner signed up with them, and to accompany them while they are at camp.

Tot Lot: Childcare for children of camp staff is available. Children using this service MUST be toilet trained and between the ages of 2 to 10 years. A parent must be at camp at all times. Tot lot campers will not be issued a camp T-shirt, but may purchase one if desired.

Medications: Any medications that are to be taken while at camp MUST be in the original prescription bottle with the child's name and the doctor's name on it and the instructions as to the time of day it is to be administered. (It is advisable to try to schedule doses at lunch-time when the camper is having lunch). **NO camper may carry his own medication.** The medication MUST be given to the medical officer on duty each morning.

EXCEPTION: Inhalers and epi-pens may be carried as long as the medical officer on duty is aware, and the Scout has a note from a doctor stating the need.

T-Shirts: Each camper will receive one T-shirt. Additional shirts may be purchased and paid for at the time of registrations. Full-time volunteers will receive one T-shirt and may purchase additional T-shirts. All part-time volunteers are required to purchase a shirt.

Campers who MUST leave camp early, or who may arrive late MUST report to the Camp Director/staff office before leaving camp or joining their den. A note MUST be written to the den leader to inform them of such early dismissals. Safety for the campers is our first concern.

Day Camp Director: Debbie Turner,
Home Phone: 727-488-4613
watermama72@yahoo.com

Program Director: Scott MacFarlane,
Home Phone 727-502-9743

PLEASE NOTE: CAMP REFUND POLICY:

All requests for refunds need to be made in writing and received in the council service center at least 2 weeks before camp begins. A 20% service charge will be assessed, unless the registration fees are transferred to another activity during 2007.

Refund requests received after the 2-week deadline will be considered only if received within 10 days following camp and only for the following reasons:

- *Personal illness of camper
- *A family emergency preventing attendance

The same service charges will apply.

**West Central Florida Council
Boy Scouts of America
Cub Scout Day Camp
Spy Camp 2007**

PACK RESERVATION SHEET

Twin Rivers: ___ June 4th-8th

Osceola: ___ June 18th - 22nd

Calusa: ___ June 4th-8th
 ___ June 11th- 15th

Skyway: ___ June 18th-22nd

PACK NUMBER _____
 PACK DAY CAMP COORDINATOR _____ PHONE # _____

CAMPERS: Camper registration forms for each Scout **MUST** be attached.

NAMES:	T-Shirt SIZE	# EXTRA T-Shirts	T-Shirt Fee	Before/After Care Fee	TOTAL	Den in as of September, 2007
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____

FULL TIME ADULT VOLUNTEER: (1 Adult required per 5 Campers. This does not include Tigers who require an Adult Partner per Tiger Cub). **Please note that your placement on staff is to be decided at the discretion of the Camp Directors.**
 NAME: _____

FULL / PART TIME ADULT VOLUNTEER: (please check which box that describes your volunteer's time status)
Please note that your placement on staff is to be decided at the discretion of the Camp Directors.

NAME:	FULL	PART
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

NON-CAMPER TOT LOT ATTENDING with FULL TIME VOLUNTEER PARENT:

1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

CAMPER FEES before Monday April 30th @ \$50.00 each.....X _____ = _____
 CAMPER FEES before Monday April 30th @ \$35.00 each.....X _____ = _____
 (Full time volunteer staff discount fee)
 CAMPER FEES after Monday April 30th @ \$60.00 each.....X _____ = _____
 CAMPER FEES after Monday April 30th @ \$42.00 each.....X _____ = _____
 (Full time volunteer staff discount fee)
 TOT LOT T-SHIRTS @ \$ 6.00 each.....X _____ = _____
 ADDITIONAL T-SHIRTS @ \$ 8.00 each.....X _____ = _____
 (XXL & XXXL T-shirts \$9.00).....X _____ = _____
 BEFORE/AFTER CARE @ \$ 10.00 week.....X _____ = _____

TOTAL ENCLOSED _____

*ALL registrations MUST be into the council service center by **Monday April 30th** to receive the \$50.00 camper fee. PLEASE include Cub Scout registrations, Adult applications, Tot Lot registrations and ALL fees.*

COUNCIL USE ONLY
EVENT CODE:

West Central Florida Council

Boy Scouts of America

Cub Scout Day Camp
2007 Spy Camp
CAMPER APPLICATION

Twin Rivers: ___ June 4th-8th

Osceola: ___ June 18th-22nd

Calusa: ___ June 4th-8th
___ June 11th-15th

Skyway: ___ June 18th-22nd

Please fill out both sides completely and return with the registration fee to your pack. You must register with your pack. Cub Scout Day Camp is for boys who have completed grades Kindergarten through 4th. You must be a registered Cub Scout to attend.

Please PRINT or TYPE:

Name _____ Pack _____

Street Address _____ District _____

City, State, Zip _____ Birth Date _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Parent's Name _____

Parent's Phone _____ (Home) _____ (Work) _____

School Grade as of September, 2007 _____ Den as of September, 2007 _____
(Tiger, Wolf, Bear, Webelos I, Webelos II)

T-shirt Size Child: M _____ L _____
Adult: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

My son has permission to attend Cub Scout Day Camp. I understand the camp fee is the same whether my son attends one day or every day. The registration fee is non-refundable. The cost of registration includes the cost of supplies, patch, T-shirt, insurance, and other camp program materials.

Parent or Guardian

This registration form must be returned to your pack. The camp fee is \$60 per Cub Scout. A discount of \$10 per Cub Scout is available if your pack pays before the early bird deadline of Monday April 30th, 2007. This early bird deadline is for all districts. Please note, to guarantee that your Scout receives a shirt your application must be in by Monday, April 30th, 2007. **Each pack must provide adequate leadership for Cub Scouts.**

- ___ My parent will be a full-time volunteer at camp. Staff application attached.
30% discount for children of full-time volunteers!
- ___ My parent will be a part-time volunteer at camp. Staff application attached.
Sorry, there is no discount.
- ___ I will take advantage of early drop-off at 8am and/or late pick-up at 5pm (not available at all camps; a separate fee of \$10 is required -- see accompanying materials).

Mon. AM ___ PM ___ Tues. AM ___ PM ___ Wed. AM ___ PM ___ Thur. AM ___ PM ___ Fri. AM ___ PM ___

___ I wish to purchase ___ extra T-shirts at a cost of \$8.00 per shirt (XXL and XXXL are \$9.00 ea.)

EMERGENCY INFORMATION- Youth

Name _____ Age _____ Pack/Troop _____ District _____
Address _____ City/Town _____ ZIP _____

In Case of Emergency, Notify (please provide two emergency contacts other than parent(s):

Name _____ Relationship _____
Address _____ Phone (H) _____ (W) _____ (C) _____
 Name _____ Relationship _____
Address _____ Phone (H) _____ (W) _____ (C) _____
Family Physician _____ Phone _____

Health History:

Have or subject (check if yes, describe any checked items):

_____ Asthma (is inhaler needed? _____) _____ Fainting Spells _____ Convulsions _____ Heart Trouble
_____ Diabetes _____ Sports Restrictions (specify) _____
_____ Allergy or reaction to any medication, food, insect, or other (specify) _____

Have difficulty with (check if yes): _____ Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion
Any condition requiring medication? _____

Name of medication(s) _____

(Medication must be in original pharmacy container and must be turned in to Camp First Aid Staff).

Medications to be dispensed at camp _____

Any restrictions on activity for medical reason? _____

BE SURE THAT YOU, THE PARENT, FILL OUT THE HISTORY IN FULL. IF YOUR SON HAS ANY CONDITION THAT WARRANTS REGULAR PHYSICIAN'S ATTENTION OR ANY RESTRICTIONS ON ACTIVITY, PLEASE HAVE YOUR DOCTOR REVIEW AND SIGN; OTHERWISE A PHYSICIAN'S SIGNATURE IS NOT REQUIRED.

This health history is correct so far as I know and the person herein described has my permission to engage in all prescribed activities, except as noted above by me and/or the physician.

Authorization for Medical and Dental Treatment:

I/We, the undersigned parent(s) or guardian having legal custody of Scout _____ a minor, age _____, who resides with me/us at the address set forth below, hereby authorize any of the adult leaders at Cub Scout Day Camp, West Central Florida Council, BSA, to procure and authorize any x-ray examination, anesthetic, hospitalization, injection, medications, surgery or other medical treatment for the above Scout as, in the judgement of the adult, the emergency situation may warrant to be rendered under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida, and consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by any dentist licensed to practice in the State of Florida. No adult leader incurs any financial responsibility to himself.

SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN

Father _____ Mother _____ Legal Guardian _____

Address _____ City/Town _____ ZIP _____

Emergency Phone Numbers (H) _____ (W) _____ (C) _____

The above named child is insured by (Name of Insurance Company) _____

Group Number _____ Policy Number _____

Physician's signature required only for those boys with activity restrictions or conditions that warrant regular Physician's attention or medication.

Physician's Signature _____ Date _____

Physician licensed to practice medicine in Florida

This completed form must be on file all week while the Scout is in attendance. He may not participate if this form is not on file or incomplete.

West Central Florida Council
Boy Scouts of America
Cub Scout Day Camp
Spy Camp 2007

ADULT VOLUNTEER APPLICATION

Twin Rivers: June 4th-8th

Osceola: June 18th-22nd

Calusa: June 4th-8th
June 11th-15th

Skyway: June 18th-22nd

NAME: _____
(first name) (middle name) (last name)

ADDRESS: _____ City _____ State _____ Zip _____

PHONE # _____ EMERGENCY # _____

CELL PHONE: _____ E-MAIL: _____

PACK or TROOP Affiliation _____ Position _____

NAME of SCOUT(s) attending Day Camp _____

FULL TIME (full week) volunteers receive one Camp T-shirt. Please select the size:

ADULT SM. _____ MED. _____ LG. _____ X-LG. _____ XX-LG. _____ XXX-LG. _____

If you are a part time volunteer or would like additional shirts at \$8.00 each, please indicate (XXL & XXXL @ \$9.00): # Shirts _____ X \$8.00 = _____.

Please indicate if you are PART-TIME (mark days attending): M _____ T _____ W _____ Th _____ F _____

TOT LOT CHILDREN attending camp:

NAME: _____ AGE: _____

NAME: _____ AGE: _____

Please complete Adult Emergency Information Form on back

MEDICAL INFORMATION: Have or Subject to the following: (check if yes)

Asthma _____ Fainting Spells _____ Convulsions _____ Diabetes _____ Heart Trouble _____
Prosthesis _____ Migraine Headaches _____ Bleeding Disorders _____ Ear Infections or Aches _____
Stomach Problems _____ and/or Other _____

ALLERGIES to food, medicine, plant, animal, insect, other _____

MEDICAL CONDITIONS requiring care, medication or diet _____

MEDICATIONS currently being taken and dosage _____

I am at least 21 years of age and agree to volunteer my time to help staff Cub Scout Day Camp. I am aware that my placement on staff is to be decided by the Camp Directors. I am aware that I will not receive payment for this position. I also agree to attend the STAFF TRAINING SESSION and to follow the policies of BSA and those outlined at the training. I am aware that I MUST have a current Youth Protection Card and agree to if necessary attend the Youth Protection Course. I understand that I will be under the direction of the Camp Directors at all times during camp.

Signature _____ Date _____

MANDATORY Training Session dates for camp staff in all Districts:

Twin Rivers: Saturday May 19th 9:00am-3pm at the Griffin Park Civic Association, or Sunday June 3rd 2pm on Camp setup day

Calusa: Wednesday May 2nd 6:00pm-9:00pm or Wednesday May 16th 6:00pm-9:00pm at Camp Soule Dining Hall.

Osceola: Thursday May 10th 6:00-9:00pm Camp Soule Dining Hall or Saturday, June 9th 9am-2pm Blessed Sacrament Parish Center (11501 66th Avenue North, Seminole, FL 33772

Skyway: To be announced

-----Please Note Training Is Required To Work Camp-----

Youth protection is available online at www.wcfbsa.org and is required for all adults.

EMERGENCY INFORMATION- Adult

Name _____ Age _____ Pack/Troop _____ District _____
Address _____ City/Town _____ ZIP _____

In Case of Emergency, Notify (please provide two emergency contacts:

① Name _____ Relationship _____
Address _____ City _____ State _____
Phone (H) _____ (W) _____ (C) _____

② Name _____ Relationship _____
Address _____ City _____ State _____
Phone (H) _____ (W) _____ (C) _____

Family Physician _____ Phone _____

Health History:

Have or subject (check if yes, describe any checked items):

____ Asthma (is inhaler needed?) _____ Fainting Spells _____ Convulsions _____ Heart Trouble
____ Diabetes _____ Sports Restrictions (specify) _____
____ Allergy or reaction to any medication, food, insect, or other (specify) _____

Have difficulty with (check if yes): _____ Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion

Any condition requiring medication? _____

Name of medication _____
Medication must be in original pharmacy container and must be turned in to Camp First Aid Staff.

Any restrictions on activity for medical reason? _____

Be sure that you fill out the history in full. If you have any condition that warrants regular physician's attention or any restrictions on activity, please have your doctor review and sign; otherwise a physician's signature is not required. This health history is correct so far as I know. I can engage in all prescribed activities, except as noted above by me and/or the physician.

Authorization for Medical and Dental Treatment:

I _____ the undersigned who resides at the address set forth below, hereby authorize any of the adult leaders at Cub Scout Day Camp, West Central Florida Council, BSA, to procure and authorize any x-ray examination, anesthetic, hospitalization, injection, medications, surgery or other medical treatment for me, as in the judgment of the adult leader, the emergency situation may warrant to be rendered under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida, and consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered by any dentist licensed to practice in the State of Florida. No adult leader incurs any financial responsibility to himself.

SIGNATURE _____

Address _____ City/Town _____ ZIP _____

Emergency Phone Numbers (H) _____ (W) _____

I am insured by (Name of Insurance Company) _____

Group Number _____ Policy Number _____

This completed form must be on file all week while in attendance. You may not participate if this form is not on file or incomplete.

West Central Florida Council
Boy Scouts of America
Cub Scout Day Camp
Spy Camp 2007

YOUTH VOLUNTEER APPLICATION

Twin Rivers: ___ June 4th-8th

Osceola: ___ June 18th- 22nd

Calusa: ___ June 4th- 8th
___ June 11th-15th

Skyway: ___ June 18th-22nd

Please fill out completely and return with the Youth Emergency Information form to the council service center.

Please PRINT or TYPE:

Name _____ Troop _____

Street Address _____ District _____

City, State, Zip _____ Age _____

Home Phone _____ Cell Phone _____ Grade as of September, 2007 _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Parent's Name _____

Parent's Phone (Home) _____ (Work) _____ (Cell) _____

Boy Scout/Youth Rank _____ Position (If any in Troop) _____

T-shirt Size Adult: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

*Please note each full time Youth Volunteer will receive (1) free Staff T- Shirt for the week that they work. Due to how dirty we can get at camp, it is suggested that you may wish to buy an additional shirt.

All Youth Staff must be wearing a Staff Camp Shirt to work in Camp.

_____ Extra T-shirt (size) _____ @ \$8.00 ea (\$9.00 for XXL & XXXL) = _____

My son has permission to attend Cub Scout Day Camp as a Boy Scout/Youth staff member. If the youth is 14 years or younger, they may be assigned as a den chief.

Parent or Guardian

I recommend this Boy Scout/Youth as a staff member for Cub Scout Day Camp. In my opinion, he/she has the maturity necessary to be a good example to the Cub Scouts at camp

Scoutmaster

I volunteer to be a staff member this summer at Cub Scout Day Camp. I promise that I will uphold the ideals of Scouting while at Day Camp, as stated in the Scout Oath, Law, and Motto.

Boy Scout

Training Session dates for camp staff in all Districts:

Twin Rivers: Saturday May 19th 9:00am-3pm at the Griffin Park Civic Association, or Sunday June 3rd 2pm on Camp setup day

Calusa: Wednesday May 2nd 6:00pm-9:00pm or Wednesday May 16th 6:00pm-9:00pm at Camp Soule Dining Hall.

Osceola: Thursday May 10th 6:00-9:00pm Camp Soule Dining Hall or Saturday, June 9th 9am-2pm Blessed Sacrament Parish Center (11501 66th Avenue North, Seminole, FL 33772

Skyway: To be announced

-----Please Note Training Is Required To Work Camp-----

EMERGENCY INFORMATION- Youth

Name _____ Age _____ Pack/Troop _____ District _____
Address _____ City/Town _____ ZIP _____

In Case of Emergency, Notify (please provide two emergency contacts other than parents):

Name _____ Relationship _____
Address _____ Phone (H) _____ (W) _____ (C) _____
 Name _____ Relationship _____
Address _____ Phone (H) _____ (W) _____ (C) _____
Family Physician _____ Phone _____

Health History:

Have or subject (check if yes, describe any checked items):

_____ Asthma (is inhaler needed? _____) _____ Fainting Spells _____ Convulsions _____ Heart Trouble
_____ Diabetes _____ Sports Restrictions (specify) _____
_____ Allergy or reaction to any medication, food, insect, or other (specify) _____

Have difficulty with (check if yes): _____ Eyes _____ Ears _____ Nose _____ Throat _____ Lungs _____ Digestion
Any condition requiring medication? _____

Name of medication(s) _____

(Medication must be in original pharmacy container and must be turned in to Camp First Aid Staff).

Medications to be dispensed at camp _____

Any restrictions on activity for medical reason? _____

BE SURE THAT YOU, THE PARENT, FILL OUT THE HISTORY IN FULL. IF YOUR SON HAS ANY CONDITION THAT WARRANTS REGULAR PHYSICIAN'S ATTENTION OR ANY RESTRICTIONS ON ACTIVITY, PLEASE HAVE YOUR DOCTOR REVIEW AND SIGN; OTHERWISE A PHYSICIAN'S SIGNATURE IS NOT REQUIRED.

This health history is correct so far as I know and the person herein described has my permission to engage in all prescribed activities, except as noted above by me and/or the physician.

Authorization for Medical and Dental Treatment:

I/We, the undersigned parent(s) or guardian having legal custody of Scout _____ a minor, age _____, who resides with me/us at the address set forth below, hereby authorize any of the adult leaders at Cub Scout Day Camp, West Central Florida Council, BSA, to procure and authorize any x-ray examination, anesthetic, hospitalization, injection, medications, surgery or other medical treatment for the above Scout as, in the judgement of the adult, the emergency situation may warrant to be rendered under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in the State of Florida, and consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by any dentist licensed to practice in the State of Florida. No adult leader incurs any financial responsibility to himself.

SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN

Father _____ Mother _____ Legal Guardian _____

Address _____ City/Town _____ ZIP _____

Emergency Phone Numbers (H) _____ (W) _____ (C) _____

The above named child is insured by (Name of Insurance Company) _____

Group Number _____ Policy Number _____

Physician's signature required only for those boys with activity restrictions or conditions that warrant regular Physician's attention or medication.

Physician's Signature _____ Date _____

Physician licensed to practice medicine in Florida

This completed form must be on file all week while the Scout is in attendance. He may not participate if this form is not on file or incomplete.

West Central Florida Council
Boy Scouts of America
Cub Scout Day Camp
Spy Camp 2007

TOT LOT APPLICATION

Twin Rivers: ___ June 4th-8th

Osceola: ___ June 18th-22nd

Calusa: ___ June 4th-8th
___ June 11th-15th

Skyway: ___ June 18th-22nd

Please fill out both sides completely and return with your Adult application to your pack. You must register with your pack. Tot Lot is for children of adult volunteers. Children must be between the ages of 2 and 10. All children must be fully toilet trained.

Please PRINT or TYPE:

Name _____ Pack _____

Street Address _____ District _____

City, State, Zip _____ Age _____

Home Phone _____ Cell Phone _____

Parent's Name at camp _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Name of Scout attending camp _____

I will be a full or part-time volunteer, and my non-camper child has permission to attend Tot-Lot and participate in activities with the Tot-Lot personnel.

Parent or Guardian

_____ I wish to purchase _____ T-shirts for my child in Tot Lot
@ \$6.00 ea. For a total of = _____

**Please note that T-shirts are recommended for your child's safety and to help the staff in identifying where your child belongs.

T-shirt Size Child: S _____ M _____ L _____
Adult: S _____ M _____