

# Cub Scout Day Camp 2006

*“Cubs of the Roundtable”*

## Dates, Times and Locations:

To assure that your Cub Scout gets into the camp of your choice  
**Register EARLY – Some weeks are limited in number of boys able to attend.**

### ANTELOPE VALLEY

Day - June 26 – 30, 2006  
 Location: McAdam Park  
 Camp Time: 8:30 – 3:30  
 Extended Care: 7:30 – 4:30  
 Twilight – August 7 – 11, 2006  
 Location: TBA

### BALBOA OAKS

Day – July 17 – 21, 2006  
 Location: Woodley Park  
 Camp Time: 8:00 – 4:00

### BILL HART

Day – June 19 – 23, 2006  
 Location: Castaic Lake  
 Camp Time: 8:30 – 3:30  
 Twilight – July 10 – 14, 2006  
 Location: San Francisquito Cyn  
 Camp Time: 3:00 – 8:15pm

### CAHUENGA

Twilight – July 24 – 28, 2006  
 Location: Woodley Park  
 Camp Time: 4:00 – 8:00 p.m.

### CRESCENT BAY

Day – June 26 – 30, 2006  
 Location: Gateway Park  
 Camp Time: 9:00 – 4:00

### LAS COLINAS

Day – July 10 – 14, 2006  
 Location: Pacific Boy’s Lodge  
 Camp Time: 8:00 – 4:00  
 Extended Care: 7:30 – 5:00



**CUB SCOUT DAY CAMP REGISTRATION**  
 Registrations in office by **May 31, 2006** is **\$105.00**  
 Post marked **June 1, 2006** or later is **\$125.00**  
**Rate for Extended Care: \$10. per day per camper**  
 Camperships available for up to 50% of the cost

**Mail your Check & Registrations to:**  
**NO REFUNDS!**

Western Los Angeles County Council, BSA  
 16525 Sherman Way, Unit C-8  
 Van Nuys, CA 91406

**Make Checks Payable to: WLACC**

**ONE APPLICATION PER BOY for each DAY/TWILIGHT CAMP attending!**

Please Check the Day/Twilight Camp that you would like to attend:

Antelope Valley Day Camp       *Antelope Valley, Twilight*       Balboa Oaks  
 Bill Hart Day Camp       *Bill Hart, Twilight*       *Cahuenga, Twilight*  
 Crescent Bay       Las Colinas       EXTENDED CARE

Cub Scout’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Pack #: \_\_\_\_\_ District: \_\_\_\_\_ Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Grade in Sept. 06: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ as of June 2006

**Circle rank Cub Scout will be in September 2006**

TIGER (1<sup>st</sup>)      WOLF (2<sup>nd</sup>)      BEAR (3<sup>rd</sup>)      WEBELOS 1 (4<sup>th</sup>)      WEBELOS 2 (5<sup>th</sup>)

Circle Cub Scout T-Shirt size:    Youth Small      Youth Medium      Youth Large

Adult Small      Adult Medium

Remittance:    Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_    VISA / Mastercard # \_\_\_\_\_ EXP. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acct #: 1-6701-116-21

# Cub Scout Day Camp 2006

## Cub Scout Day Camp Volunteer Opportunities

We are completely parent-volunteer run Day Camps. This enables us to keep our fees low and make available outdoor experience to all Cub Scouts. In order to present a fully accredited camping experience, we are required by National Standards to have one Full Time Adult Volunteer (each day!) for every three boys attending. We also encourage Boy Scouts, aged 14 and older, to volunteer at camp.

### Adult Volunteers:

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pack/Troop: \_\_\_\_\_ District: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Boy Scout Volunteers:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Troop: \_\_\_\_\_ District: \_\_\_\_\_ Email: \_\_\_\_\_

Scoutmaster: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

### I can volunteer for the following days (please circle):

ALL WEEK                      Monday                      Tuesday                      Wednesday                      Thursday                      Friday

### I would like to help as a DEN LEADER or ASSISTANT for:

TIGER (1<sup>st</sup>)    WOLF (2<sup>nd</sup>)    BEAR (3<sup>rd</sup>)    WEBELOS 1 (4<sup>th</sup>)    WEBELOS 2 (5<sup>th</sup>)

### Area Director or Assistant (please specify an area):

_____ Crafts Director/ Assistant	_____ Archery Range Master/ Assistant
_____ Administrative Assistant	_____ BB Range Master/ Assistant
_____ Tot Lot Director/ Assistant	_____ Aquatics Director/ Assistant
_____ First Aider	_____ Sports Director
_____ Quartermaster Coordinator	_____ Carpool

### I would like to help as a YOUTH DEN CHIEF: \_\_\_\_\_

### Please indicate expiration dates if you are currently trained:

Red Cross CPR card: \_\_\_\_\_ BSA BB-Range Master: \_\_\_\_\_

Red Cross First Aid card: \_\_\_\_\_ BSA Archery Range Master: \_\_\_\_\_

### Please check from the following list for all your areas of special interest or training:

_____ Cooking	_____ Swimming	_____ First Aid	_____ Skits/Song Leading
_____ Hiking	_____ Archery	_____ Knots	_____ Science
_____ Sports	_____ BB's	_____ Orienteering	_____ Botany
_____ Music	_____ Woodworking	_____ Games	_____ Magic
_____ Forestry	_____ Leather Craft	_____ Nature	_____ Crafts

Every Adult Volunteering and Den Chief/Boy Scout Volunteering for 3 or more days will receive one free camp T-shirt. (Circle T-shirt Size)

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

Would you be interested in carpooling? Y / N      If yes, how many seat belts are available: \_\_\_\_\_

Can other parents in your area contact you? Y / N

# CAMPERSHIP APPLICATION FOR CUB SCOUT DAY CAMP 2006

(All information is kept confidential)

One Campership per scout

Camperships are awarded to scouts whose families have a low income, a scout who has special needs and/or a family who is sending several scouts to camp. Only one Campership is awarded per scout in any calendar year. This would comprise all forms of income from all sources. It would include the income of both parents if both parents have been working. It would also include child support being paid by an absent parent.

Applications must be received by the Western Los Angeles County Council Office by the end of May. On the first working day in June Scholarships will be awarded. Every line of the form must be fully completed and accompanied by substantiating documents. Additional paper may be used if needed. Camperships may be approved for up to half the camping fee. If the scout is awarded a campership and does not attend camp the campership is withdrawn. Camperships are not transferable to another scout.

## **This section to be completed by Parent or Unit Leader:**

Name of Scout: \_\_\_\_\_ Age: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Scout Leader: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

Pack No.: \_\_\_\_\_ District: \_\_\_\_\_ Cost of Camp: \$ \_\_\_\_\_ Day Camp attending: \_\_\_\_\_

## **This section to be completed by Parent:**

Cultural Background of the scout:  Hispanic  African America  American Indian  
 Asian  Caucasian  Other (specify) \_\_\_\_\_

Does camper earn money for his own use or for his family? (Explain) \_\_\_\_\_

How does camper help at home, in the Pack, etc.: \_\_\_\_\_

## **Family Information**

Who does scout live with:  Father  Mother  Both  Other

Income providers:  Father  Mother  Both  Other

Number of Brothers and Sisters living with scout: \_\_\_\_\_

How many scouts will be attending Cub Scout Day Camp this year: \_\_\_\_\_

Does family receive aid, welfare or other government help?  Yes  No

Describe home conditions, neighborhood, lack of money, family environment, circumstance that has led to financial assistance: (if applicable) \_\_\_\_\_

## **Family Income**

Father's Name: \_\_\_\_\_ S.S#: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ S.S#: \_\_\_\_\_

\*You must attach some documentation to this form. Either a photocopy of your W2 or recent paystub or unemployment check, court documents, etc. Please enter information for both parents/ guardians below

W-2 Form for 20\_\_ / 20\_\_ (year) Paycheck Stud for \$ \_\_\_\_\_ / \$ \_\_\_\_\_

Father: (Pay period 1 week/ 2 weeks / 1 month) Mother: (Pay period 1 week/ 2 weeks / 1 month)

Father's Yearly Gross Income: \$ \_\_\_\_\_ Mother's Yearly Gross Income: \$ \_\_\_\_\_

If father/mother presently unemployed please state reason: \_\_\_\_\_

Unemployment Insurance # \_\_\_\_\_ Workman's Compensation # \_\_\_\_\_

Amount of Campership needed: \$ \_\_\_\_\_ (You may request up to half of the camp fee)

How much can the family afford? \$ \_\_\_\_\_ Can the Pack help? \_\_\_\_\_ If yes, how much: \$ \_\_\_\_\_

**PERSONAL HEALTH, MEDICAL RECORD  
And Photo Release**

**Identification**

Scout's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Name of parent or guardian (Please Circle) \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
E-mail: \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**Physician Information**

Name of personal physician \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Personal health/accident insurance carrier \_\_\_\_\_  
Policy No. \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_  
Name of personal dentist \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
Personal health/accident carrier (if different from above) \_\_\_\_\_  
Policy No. \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Date of last Tetanus shot/ DTP: \_\_\_\_\_ (Required information)

Does applicant have any of the following:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies – Medications	<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies – Food	<input type="checkbox"/> Current medications
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Allergies – Insects	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Sporting Restrictions	<input type="checkbox"/> Allergies – Plants	<input type="checkbox"/> Other (Explain below)

Does applicant have difficulty with any of the following:

Eyes                       Ears                       Other  
 Throat                       Lungs

Please indicate all medications being taken currently:

\_\_\_\_\_

Please list any allergies and restrictions:

Any additional comments:

\_\_\_\_\_

**Parent or Guardian's/ Volunteer Authorization**

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, expect as noted by me. In case of emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship \_\_\_\_\_

**Photo Release**

I understand that my son's picture maybe taken during camp. I realize that these photos may be used in future publicity for Cub Scout Day Camp. I agree to the possibility that his picture may be used.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship \_\_\_\_\_