

NEUSIOK CUB SCOUT DAY CAMP

One Oath, One Law!

Wednesday, July 22 – Friday, July 24th, 2015

8:30 am – 12:00 pm for all 3 days!

At Smithfield Recreation & Aquatics Center

DAY CAMP INFORMATION

Our Program: Day Camp will operate Wednesday, Thursday and Friday from 8:30 a.m. until 12:00 p.m. Check-in will begin at 8:30 a.m. each day.

We are offering 3 half days of Day Camp for \$45/Scout! Cub Scouts in the new program will be participating in some of the new Cub Scout Adventures, Swimming and Archery. WEBELOS I Scouts in the new program will participate in some of the new Webelos Adventures such as, but not limited to: ***Cast Iron Chef, WEBELOS Walkabout*** and ***First Responder Adventures***.

WEBELOS IIs in the old program will have the opportunity to earn Activity Pins, as well as participating in various relays and competitions.

Trading Post: This year for the first time, we will be offering a trading post at Day Camp!

Who Can Attend: This Day Camp is for all registered Cub Scouts. One adult volunteer per every one to five boys from each participating Den or Pack is required. All Tiger Cubs must have an adult partner with them at all times. First Class Boy Scouts may volunteer as Den Chiefs for Cub Scout Day Camp. Register today!

Where: Smithfield Recreation & Aquatics Center, located at 600 Booker Dairy Road in Smithfield, NC

Cost:

- \$45 per Cub Scout. (Camp fee includes t-shirt, program supplies and event patch for each Cub Scout.)
- Registration deadline is July 8, 2015. A \$10.00 late fee will be incurred for any registrations after the deadline. In addition, T-shirts are not guaranteed to participants after this date.
- Adults can order a Cub Scout Day Camp t-shirt for \$10.00. Indicate name and size on the registration form.

How To Register: Send completed registration form, waiver and payment to:
Tuscarora Council BSA
316 E. Walnut St.
Goldsboro, NC 27530

What To Bring Each Day:

- Tennis shoes – No Flip Flops or open-toe shoes!
- Sunscreen
- Water Bottle and snack

For more information about Cub Scout Day Camp, please contact:

Mike Williams at (336) 707-8383, Michael.williams@scouting.org
OR Steve Peedin at (919) 665-7793, birdy1967@embarqmail.com

2015 Neusiok Cub Scout Day Camp Registration Form

Please Print

Cub Scout Name(s) _____ Pack # _____

Address _____ City _____ ZIP _____

Grade: (Fall 2015) (Indicate first names under grades if more than 1 Scout per family):

First Second Third Fourth Fifth

T-shirt Size: (circle one per Scout, Shirts for Adults are \$10)

Youth: S M L Adult: S M L XL XXL

FAMILY DAY

Adults _____; # Siblings/Children _____; \$10/Family

Emergency Contact:

Parent _____ Phone _____ Cell Phone _____

E-mail _____

Physician _____ Phone _____

Check all items that apply, past or present, to your health history:

Allergies: Food, medicines, insects, plants: Explain _____

Check all that apply:

<input type="checkbox"/> ADHD	<input type="checkbox"/> Convulsions/seizures	<input type="checkbox"/> Hemophilia
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Kidney Disease

Explain: _____

List any medications to be taken at camp: _____
(Must be in original medicine container. Only send needed quantities. Must be left with Camp Health Officer).

List any physical conditions, surgery, or behavioral conditions that may affect or limit full participation:

This Health History is current so far as I know, and the person herein described has my permission to engage in all activities, except, as noted by the physician and I. In the event I cannot be reached in an emergency, 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.

Date _____ Signature of parent/guardian _____

Camper Release Authorizations:

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp staff of the Tuscarora Council, Boy Scouts of America. In addition, to those mentioned above, parents or guardians signing this form, only those individuals listed below are authorized to remove the aforementioned individual from camp. **Please notify leaders if potential custody problems exist.**

1. _____ 2. _____ 3. _____