ORANGE DISTRICT CUB SCOUT DAY CAMP

Date: June 14-18, 2004
Monday thru Friday 8:30am to 3:00pm
Family Camp-out on Thursday June 17, 2004
Camp Parent Orientation Sunday, June 13, 1:30pm.

Location: Camp Chestnut Ridge (20 minutes west of Chapel Hill; 10 minutes from Hillsborough)

Contact: District Executive: Mike Byerley
Phone: 872-4884
Email: mbyerley@bsamail.org

Our camp is staffed with volunteers and without adequate parental assistance our camp could not function. Please join the fun by volunteering to help with camp on one or several days. No experience is necessary and there are a wide variety of positions that need to be filled.

Fee / Deadline: $85.00 per scout; for each day a parent volunteers, $5 will be deducted from the camp fee. $50 late fee is required for registration after May 15th. No registration accepted after June 7th. Camperships (financial assistance) are available. Please contact Mike Byerley. (mbyerley@bsamail.org / 872-4884).

Pixie Camp: We provide a special camp for the children, ages 2-5 years old, of the all-day, on-site, volunteer staff. Our Pixie Director will keep your little ones busy all day with activities designed for them.

**Scouts and Volunteers need to bring lunch every day except Friday**

After you have completed the application, please cut along the dark line and KEEP this section for your records. Mail the application and registration fee to the council office. Please make all checks out to BSA.

MAIL APPLICATION to: Orange District Cub Scout Day Camp
BSA - Occoneechee Council
PO Box 41229
Raleigh, NC 27629-1229
MEDICAL / EMERGENCY INFORMATION FORM
Must be filled out completely or scout may not be able to participate in activities.

Scout Name: _________________________________________________________       Pack #: _________________________________________________________
Father / Stepfather: ____________________________________________________________   Work Phone: _____________________________________________
Place of Business:_____________________________________________________________  Cellular/Car Phone: ________________________________________
Mother / Stepmother: __________________________________________________________    Work Phone: _____________________________________________
Place of Business:_____________________________________________________________ Cellular/Car Phone: ________________________________________

EMERGENCY CONTACT – Other than parents. This is VERY important.
Name:__________________________________________________ Relationship:____________________________ Phone # _________________________________
Physician of Choice: ________________________________________________________     Phone #: _______________________________________________
Scout has difficulty with the following – circle if YES
Asthma   Diabetes   Digestion   Ears   ALLERGIES:______________________________________  
Epilepsy   Eyes   Fainting   Heart   ________________________________________________
Lungs   Nose   Throat   Date of Last Tetanus Shot: __________________________________  
Other / Physical Restrictions/ Behavioral Characteristics we should be aware of: (Please explain) __________________________________________________________
_______________________________________________________________________________________________________________________________________

Daily Medication TO BE GIVEN AT CAMP: ________________________________ Time: __________________________
NOTE: All medications are to be turned in to the Day Camp Nurse and administered by the nurse. All medications must be CLEARLY LABELED with CHILD’S NAME, DOSAGE AMOUNT, DOSAGE TIME, DOCTOR’S NAME AND PHONE NUMBER. It must be in the original prescription container.

CERTIFICATION STATEMENT
This health information is correct as far as I know. This Cub Scout herein described has my permission to engage in all camp activities, except as noted by me on the above form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader in charge to treat my child as the emergency so requires, whether it be by injection, x-ray, anesthesia, hospitalization or surgery.

Signature of Parent or Guardian: ____________________________________________

GENERAL INFORMATION
ELIGIBILITY: To participate in an Occoneechee Council’s Cub Scout Day Camp, a boy must be registered with a pack as a Cub Scout. No person or groups of race, color, national origin or hardship will be excluded from participation in Cub Scout Day Camp.

COST: $85.00 per scout before May 14th. For each day a parent volunteers, you can deduct $5 off of the camp fee. A $50 late fee will be required for registration after May 14. This includes a T-Shirt, camp patch, craft materials and insurance. No registrations accepted after June 7th. Camperships (financial assistance) are available. Please contact Mike Byerley. (mbyerley@bsamail.org / 872-4884)

HEALTH RECORD: Each Cub that attends camp must have the attached health form completed and signed by his parent or legal guardian before he can participate in Day Camp. This form should be on the backside of the Registration form you submit to the council office with your payment.