

Lancaster Cub Scout Day Camp 2010

Get ready for

Blast Thru the Past

Dates: June 7 - 11, 2010

Andrew Jackson State Park

Daily from 9:00 a.m. - 4:00 p.m.

Parent/Leader orientation June 6th - First United Methodist Church in Lancaster at 3pm



"Blast Thru The Past"

This year's camp will be full of adventure for Cub Scouts of all ages! There will be BB's, Archery, Crafts, Games, Fishing, Hiking and MORE!

L & C District Day Camp will be held at Andrew Jackson State Park

This camp is designed for the following ranks as of **Fall 2010** Tigers (1st grade), Wolf (2nd grade), Bears (3rd grade), Webelos I (4th grade), and Webelos II (5th grade).

COST: \$55.00 per registered Cub Scout

NO registrations will be accepted after May 29th

All fees cover craft materials, Patch, T-shirt, program materials, accident insurance and liability insurance.

Scouts must bring a bag lunch each day. Scouts will need to have a non-perishable lunch with drink and to wear the Camp T-Shirt each day. Closed toe shoes must be worn (no crocs, sandals, or flip flops). Day Camp dens will be formed into *Mission Groups* by rank and have 10 - 12 Scouts. Boys from each Pack will be grouped together in their appropriate *Groups*. Campers will also have the opportunity to meet Scouts from other Packs.

Adult Leadership is a MUST!!!

Adult leadership is needed in several areas:

Program Staff is needed to lead activities such as crafts, nature, sports, archery, BB's and fishing each day.

Dens will be spending about 45 minute sessions at each station. Materials and program guidelines are provided and the program staff has the full support of the administrative staff.

Den Leaders are adult / parent volunteers assigned to each den to act as guides for the boys throughout the day. Every effort will be made to assign parents to their child's den but that is not always possible.

YOUTH PROTECTION TRAINING IS MANDATORY for all registered leaders, volunteers, and den chiefs who will serve in any capacity at L&C District Day Camp. (Training is required every year). A schedule for training, orientation and open house will be distributed to packs.

Please share this information so all can have the chance to experience the ***SURVIVOR ADVENTURE***.

Camp Leadership:

Camp Director	Tammie Funderburk	803-286-9413 or funderbt@mailbox.sc.edu
Camp Program	Lois Taylor	803-286-4572 or loistaylor2002@yahoo.com
District Executive	Art Harris	803-493-5969 or aharris@bsamail.org

2010 Cub Scout

Blast Thru the Past Day Camp Registration Form

Andrew Jackson State Park June 7th - 11th

Return this form with your payment to your Pack Registrar **Registration ends May 29th.**

Only One Person per Form (Please Print)

I am registering:

Name _____ Pack#: _____
 Cub Scout Boy Scout Staff Den Leader
 DOB _____ Grade (Fall 2010) _____ Rank (Fall 2010) _____
 Address _____
 City _____ Zip _____
 Phone # _____ Cell# _____

Parent/Guardian/Spouse Name _____

Days working in Camp: M T W TH F

Home # _____ Work # _____

Cell# _____ Pager # _____

First Aid Exp. Date _____ CPR Exp. Date _____

Email address: _____ YPT Training Date: _____

T-shirt Order—Please indicate how many of each size you need.

Registration includes one FREE shirt.

Youth		Adult			
M (\$8)		M (\$10)		2XL (\$12)	
L (\$8)		L (\$10)		3XL (\$14)	
XL (\$8)		XL (\$12)			

Who is authorized to pick up this camper? _____

Emergency Contact: if the Parent/Guardian/Spouse cannot be reached at the phone numbers given above

Name: _____

Phone#: _____ Cell#: _____

Day Camp Fee \$55.00 + Extra T-shirt Fees \$ _____ = Total attached \$ _____

Please make checks payable to Palmetto Council or you may pay by credit card below. Please mark one:

Name on Card: _____

Credit Card# _____ Exp _____



Health History (Please Print)

THIS INFORMATION MUST BE COMPLETELY FILLED OUT AND ON FILE FOR EACH PERSON

ATTENDING CAMP!

Asthma_____ Fainting Spells_____ Convulsions_____ Diabetes_____ Heart Trouble_____

Allergic to Bee Stings_____ Allergic to insect bites_____ ADHD _____

Other Allergies _____

Any recent Surgery or Hospitalization? YES _____ NO_____

If YES, Please Explain_____

Any Condition now requiring regular medication? YES _____ NO_____

If YES, Please describe _____

Name of Medications to be given at camp _____

(If your son or daughter will require regular medication at camp it must be turned into the Health Officer each morning in its original container with its instructions.)

Immunizations

For immunizations enter date of last booster, **DO NOT** write "CURRENT" for the date, we require a (month/year) date.

DPT_____ MMR_____ Oral Polio _____

HIBS_____ Tetanus_____ Chicken pox _____

(If over 21, only Tetanus date is required by South Carolina Health Dept.)

Physician's Name _____ **Phone #** _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event 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 (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

Mail all completed forms to:

Palmetto Council, BSA
420 S Church Street
Spartanburg SC 29307
864-585-4391

If you are paying by credit card, you may fax your registration with your credit card information to 864-585-7751