

Get ready for

# ***Blast Thru the Past***

**Dates:** June 7—June 11, 2010

**Optimist Acres**—Pauline South Carolina

**Survivor** events happen Daily from 9:00 a.m. - 4:00 p.m.

*This year's camp will be full of adventure for Cub Scouts of all ages! BB and Archery range to sharpen your skills.*

Piedmont Cub Scout Day Camp will be held at Optimist Acres.

This camp is designed for the following ranks as of **Fall 2010** Tiger (1<sup>st</sup> grade) Wolf (2<sup>nd</sup> grade), Bears (3<sup>rd</sup> grade) and Webelos (4<sup>th</sup> and 5<sup>th</sup> grades).

**COST: \$70.00 per registered Cub Scout**

***NO registrations will be accepted after June 1st.***

All fees cover craft materials, Patch, T-shirt, Backpack, rain poncho, water bottle, program materials, accident insurance and liability insurance. Scouts need to register as a Pack and a Pack needs to turn in one registration and check.

**Friday is wet & wild day.**

**Scouts must bring a bag lunch each day.** Scouts will need to have non-perishable lunch with drink and afternoon snack each day. Scouts will be formed into Dens by age group / rank and have 10 - 12 Scouts. Boys from each Pack will be grouped together in their appropriate Dens. Campers will also have the opportunity to meet Scouts from other Packs.

**Packs need to send (1) adult for every 1-5 boys per RANK.**

**Adult Leadership is a MUST!!! Remember, your camp staff are volunteers.**

**Adult leadership is needed in several areas:**

**Tribe Leaders** are adult / parent volunteers assigned to each tribe to act as guides for the boys throughout the day. Every effort will be made to assign parents to their child's tribe 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 Day Camp. Staff training will be June 5th at 10:00am at the Palmetto Council office.

**No Wheelies and only wear closed toed shoes (no crocs, sandals, or flip flops).**

Please share this information so all can have the chance to experience ***a Blast Thru the Past***

Contact: Camp Director: Dot Long at [dotlong19411@aol.com](mailto:dotlong19411@aol.com) or 864-285-4428 or District Executive Ron Henderson at [rhenders@bsamail.org](mailto:rhenders@bsamail.org) or by phone at 864-585-4391 ext. 20



## 2010 Cub Scout Blast Thru the Past Registration Form

Optimist Acres - June 7 through June 11, 2010

Return this form with your payment to your Pack Registrar **Registration ends June 1**  
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: \_\_\_\_\_ YP 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 \$70.00 + 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 29306  
864-585-4391

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