

## York District Cub Scout Day Camp 2010

Get ready for

# Blast Thru the Past

Dates: June 21 - 25, 2010

Anne Springs Close Greenway, Fort Mill, S.C.

Adventures Happen Daily from 9:00 a.m. - 4:00 p.m. Monday - Thursday. Wet & Wild day will be at the Fort Mill YMCA in Baxter Village (drop off & pick up) on Friday from 9:00 am - 1:00 pm with award ceremony following. All parents are encouraged to attend the award ceremony.

**Prepare yourself a Blast Thru the Past. Practice your skills at the BB gun range and the Archery range and much more!**



York District Day Camp will be held at Anne Springs Close Greenway off Hwy 21 in Fort Mill.

This camp is designed for the following ranks as of **Fall 2010**

Wolf (2<sup>nd</sup> grade), Bears (3<sup>rd</sup> grade) And Webelos 1 (4<sup>th</sup> grade).

**COST: \$75.00 per registered Cub Scout**

**Registrations submitted after May 29<sup>th</sup> will have an additional \$15.00 fee. NO Registration will be accepted after June 12, 2010.**

All fees cover craft materials, Patch, T-shirt, Backpack, rain poncho, water bottle, program materials, accident insurance and liability insurance.

**Scouts must bring a bag lunch each day.** Scouts will need to have non-perishable lunch with drink and afternoon snack each day. Closed toe shoes must be worn (no crocs, sandals, or flip flops). Day Camp Dens will be formed 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.

## 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 60 minutes 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.

**Tot-Lot Leaders** are adults 18 and over in charge of the care for volunteer's children (ages 3 and over). It is essential that we maintain a 5:1 child to adult ratio for safety and quality of care. Aids / assistants (14 and over) may assist.

**Scouts whose parent is volunteering all 5 days may attend camp at no cost.**

**YOUTH PROTECTION TRAINING IS MANDATORY** for all registered leaders, volunteers, and den chiefs who will serve in any capacity at York 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 a Blast Thru the Past!

For more information, please contact Debra Heidenreich at 803-802-5776 or email at [mshiesto@fmtc.net](mailto:mshiesto@fmtc.net).

### 2010 Cub Scout

## Blast Thru the Past Day Camp Registration Form

Anne Springs Close Greenway June 21nd - 25th

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 \$75.00 + 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