



Mawat District Cub Scout Day Camp
June 15th – 19th 2009
8:30 am – 4:00 pm

- Location:** Forest Hills Park on University Drive in Durham. We will be on the east side of park.
- Activities:** Archery, BBs, sports, crafts, skits, songs, and other fun-filled activities.
- Registration Deadline:** **May 10, 2009** (All applications must be received by council on this date)
Mail application and **\$90** registration fee to:
Mawat District - Cub Scout Day Camp
BSA – Occonechee Council
PO Box 41229
Raleigh, NC. 27629-1229
- Confirmation:** Confirmation letters and other camp details will be sent at a later date. Your scout(s) will not be registered until all **completed** forms and monies are received.
- Volunteers**
Please give at least one day. Camp is growing and we need your **HELP**. This is the only way to be successful.
- Camp T-Shirt**
This camp is **fully staffed by VOLUNTEERS** and without adequate parental assistance our camp could not function. Volunteers are also needed for camp setup and camp breakdown. No experience is necessary and there are a wide variety of positions that need to be filled. There are also positions available for Boy Scouts as **Den Chiefs** or other support staff.
- Camp T-Shirt**
The T-shirt **MUST** be worn every day at camp. Previous year(s) T-shirts may **NOT** be worn because the color changes each year. **Extra** T-shirts may be ordered for **\$5.00 per shirt**. Please include this amount in your registration fee and send to council (we suggest you purchase an extra).
- Orientation:**
(mandatory)
Sunday, June 14th at Forest Hills Park (**Shelter area**) anytime between **2:00 pm – 5:00 pm**. All campers are **required** to come to orientation the Sunday before camp starts to receive their T-shirt(s), Den assignments and meet some of the Den Leaders and Camp Staff.
- We will be offering After Camp Care from 4:00 pm – 5:30 pm for an additional charge. If needed, Parents will pay at orientation. (\$5 per scout per day CASH only)**
Do **NOT** send this money to council.
Betsy Bagley @ 471-9087
Email: im4duke@verizon.net
- Contact information:**

See you at Day Camp!

Send this back with Registration Form

1) If you have a Den Chief please circle here and papers will be sent for him.
(must be at least 1st Class) YES NO

2) If you will be volunteering and will be bringing a pixie please circle and papers will be sent for him/her. (must be out of diapers) YES NO

3) If you will be volunteering and will be bringing a scout who has just moved up to Boy Scouting and would like to be a Den Helper...
(This only applies for a week volunteer) YES NO

4) I will send in the following supplies:

ICE: on MON TUE WED THUR FRI
(Circle whatever applies)

SODA: Both diet and regular would be appreciated.
Please bring this to open house. YES NO
(Individual cans or bottles only please)

JUICE BOXES: These need to be individual. YES NO
Please bring to open house.

WATER BOTTLES: These need to be individual YES NO

SNACKS: on MON TUE WED THUR FRI
(These are for the staff and Den Chiefs so individually wrapped items are best)

Morning food for staff meeting:

Bagels w/cream cheese: _____

Donuts: _____

Orange Juice: _____

Anything else you'd like: _____

Gift Cards to any of the stores for us to purchase supplies:

Thank you
Day Camp Staff



Mawat District Cub Scout Day Camp Registration Form



Mail application and **\$90** registration fee to:

Mawat District - Cub Scout Day Camp

PO Box 41229

Raleigh, NC. 27629-1229

Scout's Name: _____ Nick Name: _____ Birth Date: _____ Pack # _____

Address: _____ City and Zip: _____ Home Phone: _____

Email: _____ School Grade completed June 09 _____

Select Scout's rank at the "END" of May 09: Tigers (1st grade) Wolf (2nd grade) Bear (3rd grade) Webelos 1 (4th grade)

Select Scout's "NEW" Rank as of Aug 09: Tigers (1st grade) Wolf (2nd grade) Bear (3rd grade) Webelos 1 (4th grade) Webelos 2 (5th grade)

- TIGER to camp: Your child MUST be currently registered as a Cub Scout (summer of 2009) to attend AND an upcoming 1st grader in fall of 2009

Each scout will receive one free T-shirt for camp (included in registration fee). The T-shirt MUST be worn every day at camp. Previous year(s) T-shirts may NOT be worn because the color changes each year. Extra T-shirts may be ordered for \$5.00 per shirt. Please include this amount in your registration fee and send to council.

Select T-shirt size: YM YL AS AM AL AXL AXXL Additional T-Shirts Ordered: _____ @ \$5.00 each

(Shirt sizes tend to run small.)

CAMP DEN PLACEMENT: Cub Scouts will be placed in Camp Dens according to their Pack # and Rank. Please make sure your son's current Pack # is indicated above. If you have a request for your son's Camp Den placement, please provide below. There's **NO** guarantee, but we will do our very best!

Request 1: _____ Request #2: _____

ADULT VOLUNTEER SIGN-UP FORM

Name: _____ Relationship to camper: _____ Phone # and best time to call: _____

(Please fill out ONE form per scout attending camp. Please **PRINT** all information and fill out COMPLETELY)

Select the DAY(S) you can **VOLUNTEER**: Set up Sat (June 13th @ noon) MON TUES WED THURS FRI (Break down Friday @ 4pm)
If you selected a full week of camp, **PLEASE call Betsy Bagley @ 471-9087** before mailing this form.

Select your area of interest: Den Leader (Needed) Den Co-Leader (Needed) Crafts Sports Range - Archery or BB's First Aid

VOLUNTEER T-SHIRT: Other than ONLY setting up and breaking down you will receive ONE T-shirt. This shirt WILL need to be worn everyday!
Select T-shirt size: AS AM AL AXL AXXL AXXXL **(Shirt sizes tend to run small.)**

Total Amount sent to Council \$_____ (Must include \$5.00 per extra T-shirt ordered.). If camper-ship is needed please call Betsy Bagley @ 471-9087.

Mawat District Day Camp "HEALTH" Form for "Cub Scout" Only

Essential Medical & Emergency Information
This form MUST be completed for day camp registration

Scout's Name: _____ Age: _____ Home Phone _____

Father/Guardian: _____ Place of Business: _____ Wk _____ Cell# _____

Mother/Guardian: _____ Place of Business: _____ Wk # _____ Cell # _____

Emergency Contact: _____ Relationship: _____ Phone # _____ Cell # _____

Physician of choice: _____ Group Name: _____ Phone # _____

My /Our Scout has difficulty with the following (circle all that applies) ADD ADHD Allergies Asthma Convulsions Diabetes

Digestion Ears Eyes Feet Heart Trouble Lungs Nose Throat Other
(explain) _____

Allergic to: _____ Physical Restrictions: _____

Date of last Tetanus shot _____ Behavioral characteristics we should be aware of _____

Medication taken before camp _____ Will this be given again at camp? Yes No
(Please tell us in case of an emergency should occur and EMT's need to know)

Other Medication to be given at camp? Yes No
_____ Time(s) _____

If "YES" a Request for administration of medication form MUST be completed and signed by your child's physician. We MUST be able to keep this on file.

NOTE: All medication MUST be turned in DAILY to the CAMP NURSE and will be administered by the nurse ONLY. All meds MUST be CLEARLY labeled w/child's name. Dosage amount, Dosage time, Doctor's name and phone number. It must be in original prescription container.

CERTIFICATION STATEMENT

This health information is correct as far as I know. The 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/Guardian _____ Date: _____ 2009