Who Attends Activity Day

Tiger Cubs, Cub Scouts & Webelos Scouts

The summer of 2008 is going to be packed full of fun for your Cub Scouts.

Activity Day is a camping program for Tiger Cubs, Cub Scouts, and Webelos in your local area!

Cub Scouts arrive at camp with their Pack for the day of activities, crafts, nature, sports, and more. Cub Scouts will be involved in each of these activities.

The camp provides staff and all program materials. Also included in the fee is a camp patch and T-shirt.
Each boy will need to bring a sack lunch.

Please come prepared for an all day outdoor activity. Don't forget the sunscreen.
This summer's theme is **"Knights of the Roundtable in June and Go for the Gold in August".**

Each Pack needs to arrange for rides to camp and will also send adult leaders to help Cubs have a great time!

We are looking for 6-8 creative people who could assist in planning some of the activities
For More Details Contact Rachel Muntean
763- 424– 4568

COST: $20.00 if paid in full by May 31st

Each pack must provide 1 staff member to help staff a program station during the day. That person will receive a free staff shirt.

Pack Responsibilities

Each Pack is asked to select a Day Camp Coordinator. This person handles promotion, registration, coordinates transportation and recruits adults to provide leadership at Day Camp.

In order to ensure good attendance, each Pack needs to promote Day Camp at a Pack meeting. If needed, district Day Camp staff can make a presentation to your Pack.

Action Items

- Select Day Camp Coordinator.
- Collect sign ups, registration/health forms and fees.
- Recruit parents to serve as leaders at Day Camp and as drivers to provide transportation to and from camp.
- Turn in Pack registration forms, Cub Scout and Adult Health forms and a Pack check to cover fees.

❖ Health History

Each youth and adult must have a health history form filled out and on file with the Day Camp medical person. This is not a physical, just a health history. Completed forms should be sent in with your Pack reservation. Youth or adults that do not have a health history on file will not be allowed to participate in the Day Camp program. A sample Health form is located in the back of this brochure.

Orders for Medication

All medications can only be given with the permission of a parent or guardian. Cub Scouts that need medication given to them during camp must complete the "Orders for Medication" form and bring it with their medicine to the camp first aid person. The camp medical person will dispense all medication. A form can be found in the back of this brochure.

Orders for Medication

No medication may be given at Cub Scout Day Camp without written authorization and instructions from the parent. If your child requires medication during day camp hours, please fill out this form. This form must be given to the Day Camp Director prior to the start of camp. Thank you.

CHILD'S NAME: _____

PACK NUMBER: _____ ***AGE:*** _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME PHONE #: _____

TIME OF ADMINISTRATION: _____

POSSIBLE SIDE EFFECTS: _____

SPECIAL INSTRUCTIONS: _____

_____

PARENT'S SIGNATURE: _____

DATE: _____ ***AGE:*** _____

PHONE: (H) _____ ***(B)*** _____

- ***The medication listed was given as instructed on Orders for Medication form.***
- ***The medication was given at (time)*** _____ ***on(date)*** _____
- ***Nurse's Signature:*** _____
- ***Date:*** _____

HEALTH HISTORY INFORMATION FOR CUB SCOUTS
BOY SCOUTS OF AMERICA

Name_____ Grade_____ Age_____Pack Number_____
Address_____
City or Town_____State____Zip_____

FIRST YEAR CAMPER_____ SECOND YEAR CAMPER_____

T-SHIRT SIZE: YOUTH: SMALL(6-8) ____ MEDIUM (10-12)_____LARGE (14-16)____

ADULT: SMALL_____ MEDIUM_____OTHER_____

FEES PAID: $_____

IN CASE OF EMERGENCY NOTIFY:

Name_____Relationship: Parent____Guardian_____Other_____
Address_____
Daytime Phone ( )_____Other Instructions_____
Family Physician_____Phone _____
Personal Insurance Policy _____

HEALTH HISTORY

Have or subject to: (check if yes)
___Asthma ___Fainting Spells ___Convulsions ___Diabetes ___Heart Trouble
___Insect bites ___Swimming or sport restrictions
___Allergies or reaction to any medication, food, or other ___Describe_____
___Check if none of the above applies
Have difficulty with: (check if yes)
___Eyes ___Ears ___Nose ___Throat ___Lungs ___Digestion
___Any condition now requiring medication?_____ Name of medication_____
___Is his medication with him? If not, who has it?_____
____Any restriction of activity for medical reasons?
Explain:_____
_____

PARENT AUTHORIZATION:

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by the physician or myself. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

I give the Northern Lights District permission to allow the applicant to use a BB Gun and a Bow & Arrow under proper adult supervision.

Signature:_____ Date:_____
Parent or Guardian

Pack Reservation Form

Pack Number:_____

Pack Coordinator:_____

Address:_____

City,State,Zip;_____

Phone: (H)_____ (B)_____

Name of staff member provided for that day_____

Staff shirt size_____

We understand that one (1) adult from our Pack is required to be at camp for every eight (8) boys we send to Day Camp.

FEES: $20.00 per camper if <u>paid by</u> May 31st

_____NUMBER OF CAMPERS @ $20.00=_____

_____ Adult T-shirts @$7.00 =_____

TOTAL FEES DUE =_____

Make checks payable to Northern Star Council
Mail your Pack check, registration form and Health forms to:

Northern Star Council
5300 Glenwood Avenue
Minneapolis, Mn 55422
Code 163

Pack Reservation Roster

PACK NUMBER:_____

THIS FORM MUST BE TURNED IN WHEN REGISTERING YOUR PACK

NAMES OF CUB SCOUTS	***PHONE NUMBER***	***T-SHIRT SIZE***

NAMES OF ADULT SUPERVISORS	**PHONE NUMBER(S)**