

Northern Lights District Cub Activity Day Corcoran Community Park

20200 County Road 50, Corcoran, MN

Dinosaur Dig!

WHEN: **Monday, June 22, 2009**
Corcoran Community Park
Registration is at 8:30 a.m. Opening Ceremony starts promptly at 9:00 a.m., with the day ending at 4:00 p.m.

COST: Early bird registration fee is \$20 per Scout, and will be accepted until May 8th. From May 8th to June 1st, the fee is \$25.
No registrations will be accepted after June 1.

If you register through a pack, make checks payable to your pack. If you are registering on your own, please make checks payable to Northern Star BSA.

HOW TO REGISTER: Completely fill out the Registration/Health form and submit to your Pack Day Camp Coordinator, along with all fees, payable to your Cub Scout Pack as stated above in the Cost section. All registration materials should then be delivered to:

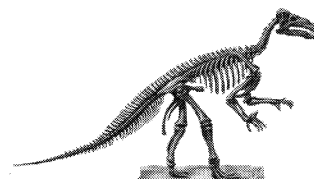


Northern Lights Cub Activity Day
Northern Star Council
5300 Glenwood Avenue
Minneapolis, MN 55422

ADULT LEADERSHIP: One adult per 8 Scouts with a minimum of 2 adults per group participating. In addition, each pack needs to provide an adult to help on Camp Staff the day of the event. (All youth must be registered with the Boy Scouts—no siblings please!)

WHAT TO BRING: Each Cub Scout and adult needs to bring a bag lunch labeled with your name & pack #. Wear sturdy shoes with socks (no sandals). Other useful items include a cap, rainwear if weather indicates, sunscreen, and insect repellent cream or lotion (NO sprays, please!). **Please label all items.**

QUESTIONS: Contact our volunteer Northern Lights Cub Activity Day Coordinator Leslie Byzewski at (763) 300-0187 or lbyzewski@comcast.net, or the Northern Star Council at (763) 231-7201. Information can be found by visiting northernlights.nsbsa.org under Activities and Events and clicking Day Camp. You can also find a map for directions to the park.





2009 Northern Lights Cub Activity Day

Pack Registration Form

Please submit mandatory registration/health form with pack registration for each person attending camp to:
Northern Lights Cub Activity Day, Northern Star Council 5300 Glenwood Ave, Golden Valley, MN 55422

Cost is \$20 by May 8th, or \$25 between May 8th & June 1st.

NO Registrations accepted after June 1st.

Each youth is provided with a t-shirt. Additional t-shirts may be purchased for \$7.00.

Camp staff (one from each pack) will also be provided with a t-shirt.

Youth T-shirt sizes: Youth 10-12 Youth 14-16 Adult Small Adult Medium

Pack #	Pack Camp Coordinator	Phone #	E-mail

NAME OF SCOUT OR ADULT (Please Print) All youth must be registered with the BSA—no siblings please	Health Form (Y/N)	T-shirt size (include \$7.00 for adult orders and additional shirts)	CURRENT RANK					Total Amount Paid
			A D U L T	T I G E R	W O L F	B E A R	W E B E L O S	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Name of Adult Camp Staff member:	Phone #	E-mail	T-shirt size

REGISTRATION/HEALTH INFORMATION FOR CUB SCOUTS & ADULTS



Name _____ Age _____ Pack No. _____
Address _____ Camp _____ D.O.B _____
City _____ State _____ Zip _____

IN CASE OF EMERGENCY NOTIFY:

Name _____ Relationship: Parent Guardian
Email address _____ Other _____
Address _____
Phone _____ Other Instructions _____
Area Code and Number
Cell Phone _____ 2nd Cell Phone _____
Area Code and Number Area Code and Number
Family Physician _____ Phone _____
Insurance Company _____ Policy # _____

HEALTH HISTORY

Have or subject to: (check if yes)

- Asthma Fainting Spells Convulsions Swimming or sport restrictions
 Diabetes Heart Trouble Allergies or reaction to any medication, food, or other
 Other _____ Describe _____
 Check here if none of above applies _____ Physical Handicap _____

Have difficulty with: (check if yes)

- Eyes Ears Nose Throat Lungs Digestion
 Any condition now requiring regular medication? _____ Name of medication _____
 Is medication with? If not, who has it? _____
 Any restriction of activity for medical reasons? _____ Explain: _____

IMMUNIZATIONS Please write the **date** of last inoculation or disease:

- *Tetanus Toxoid _____ Polio _____ Mumps _____
 Diphtheria _____ Pertussis _____ Measles _____
 Chicken Pox _____ Rubella _____

*** Mandatory immunization within 10 years**

CIRCLE T-SHIRT SIZE (Scout t-shirt is provided, adults may order a t-shirt for \$7.00)

Scout: Youth 10-12 Youth 14-16 Adult Small Adult Medium
Adult: Medium Large X-Large 2XL 3XL (add \$2.00 for 2XL & 3XL)

ADULT PARTICIPANT SIGNATURE _____
OR

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 me and the physician. 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 hereby release all pictures of my child taken by the Northern Star Council camp staff for promotional purposes and programming materials including the Northern Star Council website.

Parent or Guardian Signature _____ Date _____

Minnesota State Law requires written permission from a minor's parent
or guardian in order to shoot a BB gun.

I authorize my son to shoot BB guns under the supervision of trained camp staff.

Parent or Guardian Signature _____ Date _____

I **do not** authorize my son to shoot BB guns