

# Cub Scout Day Camp 2009

"America Past & Present"

Coming soon to a location near you!!!

Central New Jersey Council will be offering a variety of Cub Scout Day Camp opportunities for your scout this coming summer! A great way for your scout to spend some time outdoors this summer, day camps offer a variety of activities such as games, crafts, sports, Scout skills, and much much more. The cost for this week of fun, exciting Cub Scouting is only \$175 (\$150 if paid on or before May 15<sup>th</sup>).

Day camp programs being held near you include:

**Round Valley Youth Center 1: July 13-17, 9-3:30**

**Round Valley Youth Center 2: July 20-24, 9-3:30**

**Mercer County Park (East 1): July 6-10, 9-3:30**

**Mercer County Park (East 2): July 13-17, 9-3:30**

**Merrill Park: August 10-14, 9-3:30**

**Yards Creek Scout Reservation: July 20-24, 8:30-4**

**Rosedale Park: July 20-24, 9-3:30**

**Johnson Park: July 20-24, 9-3:30**

**Each parent will be mailed an information packet upon receipt of their registration form, health form and camp payment.**

**Transportation:** Parents must provide transportation to and from the camp. Car pooling is encouraged.

**Trading post:** Each camp will have a camp store stocked with snacks, drinks, and other great Cub Scout items.

**What to bring:** The information packet that will be sent out via e-mail after your registration will include a detailed list of what to bring to camp. However, here are a few of the basics: a bag lunch, a snack, water bottle, rain gear, and a backpack. The Scouts should wear comfortable clothing; shoes or sneakers with socks must be worn. (Please be sure your e-mail address is clearly written on the registration form.)

**Medical forms:** Each Scout, leader, tot-lot participant, and Boy Scout Den Chief must have a completed medical history form (which is included in this packet). Please send this medical form in with your registration. We cannot accept a Scout into the camp without this medical form.

**Volunteer and your Scout attends camp for free!!!**

To qualify, day camp staff members must attend a mandatory staff orientation prior to camp, must attend the full week of camp, and have the camp director's approval.

(See the enclosed registration— one Scout per volunteer receives the free registration.)

**Tot-lot is available for non-Scout children of day camp adult leaders!** Tot lot is for the children of adult day camp volunteers **only**. Participants must be registered each day they are at camp. Children will have age appropriate activities each day, conducted by qualified day camp staff members. The fee for the tot-lot program is \$35.00 per family per week.

**Day camp refund policy:** The first \$25.00 of any fee paid is non-refundable. Full payments are transferable to other Scouts (with a note from the parents/guardians transferring the fee) until June 15<sup>th</sup>. The balance of the fee is refundable for the following reasons: illness requiring medical attention, summer school, or family emergency. Refund requests must be in writing and include proof. Send to the Central New Jersey Council, attention: Office Manager, no later than August 31<sup>st</sup>.

# 2009 Cub Scout Day Camp Registration Form

Check the location and week you want to attend. **If you are sending your son to more than 1 week, please submit a second registration form.**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Mercer County Park, East 1<br>July 6-10, 2009 - 9-3:30 | <input type="checkbox"/> Mercer County Park, East 2<br>July 13-17, 2009 - 9-3:30 | <input type="checkbox"/> Rosedale Park<br>July 20-24, 2009 - 9-3:30 | <input type="checkbox"/> Yards Creek Scout Reservation<br>July 20-24, 2009 - 8:30-4 |
| <input type="checkbox"/> Round Valley Youth Ctr 1<br>July 13-17, 2009 - 9-3:30  | <input type="checkbox"/> Round Valley Youth Ctr 2<br>July 20-24, 2009 - 9-3:30   | <input type="checkbox"/> Johnson Park<br>July 20-24, 2009 - 9-3:30  | <input type="checkbox"/> Merrill Park<br>August 10-14, 2009 - 9-3:30                |

*Please print neatly*

Cub's name \_\_\_\_\_ Pack # \_\_\_\_\_ District \_\_\_\_\_

Name of second Cub Scout attending from same family \_\_\_\_\_

**Please submit a second registration form.**

Street \_\_\_\_\_ Scout's grade in September? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Adult's name \_\_\_\_\_ Relationship, if other than parent \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

(please print clearly)

Emergency contact's name \_\_\_\_\_ Phone \_\_\_\_\_

*(other than adult listed above)*

### Camper T-Shirt Information

Each Scout camper will receive one free camp t-shirt on the first day of camp. This is their uniform for the entire week. Additional t-shirts are available to order prior to camp at a cost of \$10 each. The youth t-shirts run small, so please order accordingly. Please indicate the size and quantity below.

Youth Sizes: \_\_\_ S(6-8) \_\_\_ M(10-12) \_\_\_ L(14-16) Adult Sizes: \_\_\_ S \_\_\_ M \_\_\_ L

Payment: \_\_\_ \$150 per Scout if paid in full by May 15<sup>th</sup> *(waived if adult volunteers as day camp staff - 1 Scout per volunteer)*  
 \_\_\_ \$175 per Scout if payment is made after May 15<sup>th</sup> *(waived if adult volunteers as day camp staff - 1 Scout per volunteer)*  
 \_\_\_ Additional shirts @ \$10 per shirt *(Did you remember to supply the size? Each camper receives 1 free shirt.)*  
 \_\_\_ Total payment is enclosed in the amount of \$ \_\_\_\_\_.

Send payment to: Central New Jersey Council, BSA  
 Cub Scout Day Camp  
 2245 US Highway 130, Suite 106  
 Dayton, NJ 08810

**Make checks payable to:  
 Central New Jersey Council, BSA**

Payment method: \_\_\_ Check enclosed payable to CNJC \_\_\_ Visa \_\_\_ Master card \_\_\_ Discover \_\_\_ Am. Express

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

**Day Camp Refund Policy:** The first \$25.00 of any fee paid is non-refundable. Full payments are transferable to other Scouts (with a note from the parents/guardians transferring the fee) until June 15<sup>th</sup>. The balance of the fee is refundable for the following reasons: illness requiring medical attention, summer school, or family emergency. Refund requests must be in writing and include proof. Send to the Central New Jersey Council, attention: Office Manager, no later than August 31<sup>st</sup>.

**Day Camp Staff Volunteer?** \_\_\_ I need more information. \_\_\_ No \_\_\_ Yes, I have included my volunteer application and day camp medical form.



# Cub Scout Day Camp Volunteer Application 2009

The normal Cub Scout Day Camp fee of \$175.00 will be waived for a limited number of adult leaders and parents who volunteer to serve as Day Camp Staff. To qualify, adult volunteers must:

- ✓ Complete the Day Camp Volunteer Application
- ✓ Attend all required day camp orientation session(s) with the Day Camp Director
- ✓ Have up-to-date Youth Protection Training to cover the day camp period
- ✓ Attend the full duration of the day camp 5-day program
- ✓ Be approved by the Day Camp Director
- ✓ Be registered as an adult leader (complete the BSA Adult Application)
- ✓ Submit a completed Day Camp Medical Form for themselves and each child attending the tot-lot program

Please indicate day camp program you are applying for:

- Round Valley Youth Center 1: July 13-17, 9-3:30**
- Round Valley Youth Center 2: July 20-24, 9-3:30**
- Mercer County Park (East 1): July 6-10, 9-3:30**
- Mercer County Park (East 2): July 13-17, 9-3:30**

- Merrill Park: August 10-14, 9-3:30**
- Yards Creek Scout Reservation: July 20-24, 8:30-4**
- Rosedale Park: July 20-24, 9-3:30**
- Johnson Park: July 20-24, 9-3:30**

Volunteer's Name \_\_\_\_\_ Pack/Troop # \_\_\_\_\_ District \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Pack/Troop Leadership Position \_\_\_\_\_

Are you First-Aid certified? \_\_\_\_\_ CPR certified? \_\_\_\_\_ If yes, please attach copies of certification card(s).

Any physical limitations that might affect your ability to function at camp? \_\_\_\_\_

Volunteers receive one free t-shirt which serves as their camp uniform. Additional t-shirts are available for purchase and must be ordered in advance. Free t-shirt size needed \_\_\_\_\_.

### **Tot-Lot Program**

Tot-lot is available for non-scout children of adult volunteers. Participants must be registered each day they are at camp. Children will have age-appropriate activities each day, conducted by qualified day camp staff members. A day camp medical form including immunization dates must be submitted for all children in the tot-lot program prior to the first day of camp.

The fee for the tot-lot program is \$35 per family per week and includes one free youth t-shirt per child in the program. Additional shirts are available for \$10 each and must be ordered in advance. Please indicate shirt size(s) and quantity for each size. The youth t-shirts run small, so please order accordingly. Youth Sizes: S(6-8) M(10-12) L(14-16)

Child's name	Free Shirt Size	Add'l Shirt Qty	Medical Form	Date of birth	Child's name	Free Shirt Size	Add'l Shirt Qty	Medical form	Date of birth
1.					3.				
2.					4.				

### **Payment:**

\$ \_\_\_\_\_ Tot-lot fee (\$35 per family for 5-day camp program – **non-refundable and not pro-rated**)

\$ \_\_\_\_\_ Additional tot-lot t-shirt – youth sizes: \_\_\_ S \_\_\_ M \_\_\_ L (\$10 per t-shirt)

\$ \_\_\_\_\_ Additional volunteer t-shirt – adult sizes: \_\_\_ S-\$10 \_\_\_ M-\$10 \_\_\_ L-\$10 \_\_\_ XL-\$12 \_\_\_ 2XL-\$12 \_\_\_ 3XL-\$14

\$ \_\_\_\_\_ Total payment – Send application and payment to: CNJC · 2245 US Hwy 130, Suite 106 · Dayton, NJ 08810

Payment method: \_\_\_ Check enclosed payable to CNJC \_\_\_ Visa \_\_\_ Mastercard \_\_\_ Discover \_\_\_ Am. Express

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Expiration date

Physical Fitness: I am in good physical condition and have provided the required medical information. I understand that a volunteer's appearance must reflect the good taste and Scout-like image which is expected of those who represent the Central New Jersey Council (CNJC). I assert all statements on this application are true and I authorize CNJC to confirm all supplied information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Health Information for Cub Scout Day Camp (Youth and Adult)

Central New Jersey Council, Boy Scouts of America

Please use black ink and print n-e-a-t-l-y

Name \_\_\_\_\_ Age \_\_\_\_\_ Pack # \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home area code + phone \_\_\_\_\_

In case of emergency notify: Name \_\_\_\_\_

Relationship: Parent [ ] Guardian [ ] Other \_\_\_\_\_

Address \_\_\_\_\_

Phone (area code + number) \_\_\_\_\_

Other instructions \_\_\_\_\_

Family physician \_\_\_\_\_ Area Code + Number \_\_\_\_\_

Health history - have or subject to: (check if yes)

[ ] asthma [ ] fainting spells [ ] convulsions [ ] sports restrictions

[ ] diabetes [ ] heart trouble [ ] bleeding disorders

[ ] allergies or reactions to any medications, food or other

[ ] allergic to bee stings [ ] other \_\_\_\_\_

Explain here if any of the above applies: \_\_\_\_\_

[ ] Check here if none of the above applies

Immunizations (must include month and year)

Tetanus Toxoid \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_ Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_

Rubella \_\_\_\_\_

Have difficulty with: (check if yes)

[ ] eyes [ ] ears [ ] nose [ ] throat [ ] lungs [ ] digestion

[ ] Any condition now requiring regular medication? \_\_\_\_\_

Name of medication \_\_\_\_\_

[ ] Is his medication with him? If not, who has it? \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_

Explain \_\_\_\_\_

Is your son physically or emotionally challenged? \_\_\_\_\_

Explain \_\_\_\_\_

Adult/parent authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all activities, except as noted by me and the physician. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult / Parent, or Guardian

Please submit this form along with your day camp registration form. Scouts will not be permitted to stay at camp without this form. Please keep a copy.