

Cub Scout Day Camp 2008

"Island Adventures"

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 \$150.00 (\$125 if paid before May 15th).

Day camp programs being held near you include:

CNJC Office: July 14-18, 9-3:30

Round Valley Youth Center - 1: July 14 - 18, 9-3:30

Round Valley Youth Center - 2: July 21 - 25, 9-3:30

Mercer County Park (East - 1): July 7 - 11, 9-3:30

Mercer County Park (East - 2): July 14 - 18, 9-3:30

Merrill Park: August 11 - 15, 9-3:30

Yards Creek Scout Res: July 21 - 25, 8:30-4

Rosedale Park: July 21 - 25, 9-3:30

Johnson Park: July 21 - 25, 9-3:30

Each parent will be mailed an information packet after the receipt of their registration 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 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.

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!!!**

Day camp staff members, with the camp director's approval,

Who attend a staff orientation and a full week of day camp qualify.

(See the enclosed registration-- if more than 1 Scout is enrolled, only 1 Scout receives the free registration.)

Tot-lot is available for non-Scout children of adult leaders! 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 \$25.00 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, 2008. 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 Service Center no later than August 31, 2008.

2008 Cub Scout Day Camp Registration Form

Check the location and week(s) you want to attend:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Mercer County Park, East 1
July 7-11, 2008 - 9-3:30 | <input type="checkbox"/> Mercer County Park, East 2
July 14-18, 2008 - 9-3:30 | <input type="checkbox"/> Rosedale Park
July 21-25, 2008 - 9-3:30 | <input type="checkbox"/> Yards Creek Scout Reservation
July 21-25, 2008 - 8:30-4 |
| <input type="checkbox"/> Round Valley Youth Ctr 1
July 14-18, 2008 - 9-3:30 | <input type="checkbox"/> Round Valley Youth Ctr 2
July 21-25, 2008 - 9-3:30 | <input type="checkbox"/> Johnson Park
July 21-25, 2008 - 9-3:30 | <input type="checkbox"/> Merrill Park
August 11-15, 2008 - 9-3:30 |
| <input type="checkbox"/> CNJC Office
July 14-18, 2008 - 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 2008? _____

City _____ State _____ Zip _____

Adult's name _____ Relationship, if other than parent _____

Home phone _____ Work phone _____

E-mail address _____ Day camp staff volunteer? yes no maybe, need more info.

Which camp are you volunteering at? _____ Volunteer's name _____

Phone _____ E-mail address _____

Emergency contact's name _____ Phone _____

(other than adult listed above)

The normal Cub Scout day camp fee will be waived for a limited number of adult leaders and parents who volunteer to serve as day camp staff (1 Scout per volunteer). To qualify, adult volunteers must complete this registration form, be approved by the day camp director, be registered as an adult leader (complete the BSA adult application), attend a day camp orientation session with the day camp director and attend the full duration of a day camp (5-day program). **Adult must also submit a completed day camp medical form.**

Tot-lot registration: The tot-lot is available to volunteers only! If you are bringing other children and need to use the tot-lot, please include the day camp medical form with immunization dates for all children in tot-lot.

Child's name	Medical Form	Date of birth	Child's name	Medical form	Date of birth
1.			3.		
2.			4.		

Scouts, adult volunteers and tot-lot children attending camp each receive one free t-shirt. Please indicate size and any additional shirts to be purchased at \$8 each. If you are volunteering to serve on staff, please also note your shirt size and tot-lot size. Shirt sizes: youth: YS, YM, YL, adult: AS, AM, AL, AXL, A2XL, A3XL

Camper's name	Indicate: tot (t), volunteer (v), Scout (s)	# of add'l shirts \$8 each for each person	Total # shirts for each person	Shirt size including whether it is youth (y) or adult (a) size

Payment: _____ \$125 per Scout if paid in full by May 15, 2008 *(waived if adult volunteers as day camp staff - 1 Scout per volunteer)*
 _____ \$150 per Scout if payment is made after May 15, 2008 *(waived if adult volunteers as day camp staff - 1 Scout per volunteer)*
 _____ \$25 tot-lot fee per family per week
 _____ Additional shirts @ \$8 per shirt *(Did you remember to supply the size? Each camper/adult volunteer/tot-lot child receives 1 free shirt.)*

send payment to: Central New Jersey Council, BSA
 Cub Scout Day Camp
 4315 US Highway 1, South
 Monmouth Junction, NJ 08852

**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 _____

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Health Information for Cub Scout Day Camp (Youth and Adult)
Central NJ 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.