MARIN COUNCIL
Boy Scouts of America

2015 Summer Day Camp for Cub Scouts "Mystery Island Adventures" Three separate weeks: July 6-10, July 20-24, and August 3-7

SAVE THIS INFORMATION FOR FUTURE REFERENCE

PLEASE READ ALL CAMP INFORMATION BELOW AS IT HAS INFO ON BUSES, WHAT TO BRING, WHAT FORMS ARE NEEDED TO COMPLETELY REGISTER CAMPER, ETC.

What is Day Camp? Summer Day Camp for Cub Scouts is a five-day-long program held at Camp Tamarancho for all boys entering 2nd grade through 5th grade in the fall of 2015. Boys will participate in age-related activities and be grouped in dens by school grade. The dens rotate daily through a variety of fun activities. Den size ranges from 6-9 youth and are led by a den chief who is a member of Boy Scouts of America.

Theme and Activities 2015 day camp theme is "Mystery Island Adventures." Activity areas may include: Archery, BB Gun, Field Sports, Handicraft, Nature, Scout Skills, and Waterfront (water play, swimming, canoes). The last day of each camp concludes with an afternoon campfire program for parents filled with songs and skits. **No Friday afternoon bus!**

Registration Forms **Your camper will not be considered registered for Day Camp until we receive the completely filled out registration form, completed Part A 1-page Informed Consent, Release Agreement, and Authorization form, and Part B 2-page health form, with all boxes checked, parent/guardian signature, date, and payment.**

Fees and Registration Fees for boys already registered in Cub Scouts is $220. Fees for non-registered campers are $240. Bus transportation is available for an additional fee of $45. We have a discount of $15 per camp week if completed registration forms and full fees are in our office, postmarked, or faxed by midnight March 14, 2015. Our camps fill quickly, please register early to guarantee your camper enjoys the benefits of Summer Day Camp and Cub Scout experiences. Upon receipt of your completed registration we will send out a confirmation card notifying you of your camper's placement in camp. Keep the card so you can refer to the dates and bus stop information.

Medical Requirements Every camper must submit a completed BSA Informed Consent, Release Agreement, and Authorization (Part A) and BSA health form (Part B) provided with this packet. NO physician appointment or physician signature is necessary. **Your camper cannot attend the camp without the completely filled out Part A & B forms.**

Part A is a 1-page Informed Consent, Release Agreement, and Authorization. If you do not want your camper to participate in certain activities during day camp check the appropriate box and list the restriction(s). NOTE: bottom of form must be signed by a parent/guardian and dated.

Part B is a 2-page health history & contact form. All medical information is kept confidential and the forms are shredded at the end of the camping season. No camper will be allowed in camp without a medical form. The camp health officer will review all the health forms and if necessary call to clarify information on the form. All medication brought to camp must be in the original container with instructions clearly noted. The medication will be locked up and dispensed when necessary. If your camper has severe allergies or other medical conditions that require him to carry medication please notate that on the health form and make sure he has the medication with him. Make sure that emergency contact section is completed and phone numbers listed will actually be answered.

Camp Newsletter Using your provided email a Day Camp newsletter and bus schedule will be sent out approximately one week before camp starts. Please look for this information in your email system. The newsletter will also be posted on the council website but the bus schedule will not appear on the website. cubcamp35@gmail.com is the only email to be use during camp operations and it is checked often. Do not use any other email as it will not be answered.

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What to Bring to Camp A water bottle, big lunch, snack food, hat, sun block, insect repellent, swim suit, towel, light jacket and close-toed shoes (no sandals allowed) and a day pack to carry all of it. Put your camper's name on all items brought to camp. The camp t-shirt is the "uniform" and should be worn each day. The camp t-shirt will be handed out the first day of camp and it is our way of identifying the campers. If at all possible wash it at least once during the week.

What Not to Bring to Camp NO SANDALS OR OPEN-TOED SHOES ALLOWED. No knives, cell phones, electronic games, matches or lighters, drugs, alcohol, fireworks, shooting sports equipment, bicycles, pets, or expensive jewelry should be brought up to camp. No Exceptions. If found these items will be confiscated and it may be cause for immediate removal from Day Camp; otherwise the items will be returned at the end of the week.

Arrival and Departure **NO FRIDAY AFTERNOON BUS** Bus service is available to and from camp—for an additional fee. Buses pick up all 5 mornings and drop off the first 4 afternoons of camp. The 5th afternoon has a camp fire program and parents are encouraged to come see their camper in songs & skits and depart at the conclusion of the program. Bus schedules, pick-up points, and times will be emailed with the camp newsletter. For campers being driven to camp please drop them off no earlier than 8:30 to 8:45am. Opening program/activities begin promptly at 9am. Our daily closing flag ceremony is around 3:30 to 3:45pm so plan to be at camp no later than that. On the last day the campfire program will finish around 3pm. **ALL DRIVERS**: you will need to wait until the buses have arrived before you drive back down the hill. **DO NOT USE COMPUTER MAPPING IT IS INCORRECT**—Follow directions listed in the cub scout camping section on our website.

Bus Monitor job explanation: *Morning shift:* We need parents willing to be at bus stops in the morning to check in all the campers and let the camp director know who is and is not on the bus. *Afternoon shift:* We need parents willing to stay at the bus stop until all the children are picked up. If there are any "left-over" campers your job is to call the camp director who can track down the parents and find out why they haven't picked up their camper.

Check-in and Check-out Procedures Notify the Camp Director if your camper is coming late to camp or leaving camp early. If someone other than parents/guardians picks your camper up we must have written permission before the camper is released. Please check in with the Camp Director when you drop off or pick up your child.

Achievements/Electives Summer Day Camp for Cub Scouts is a time for our campers to experience the fun and excitement of Scout camp. Ask the boys about their day. As Akela, it is the parent/den leader responsibility to mark achievements and electives in their handbook. Ask your camper what he did each day and check off the information in his handbook. Each unit is responsible for providing youth the awards they have earned at camp.

Discipline In order to maintain a safe environment at Summer Day Camp for Cub Scouts, initial disciplinary controls will be handled by the den chief in charge of the campers. This may be necessary when immediate action is needed to maintain a sense of order so the rest of the campers can continue with their activity. All campers are under the charge of the den chief unless they are at an activity area or involved in camp-wide activities. Area directors will deal with any disciplinary issues for campers in their area. If necessary, the Program Director or Camp Director will become involved. Parents may be contacted if the issues cannot be resolved or the safety of other campers is affected. We make every effort to work with the camper but occasionally a camper is asked not to return.

We sign a contract with a bus company that also maintains a strict disciplinary code. Bus riders that do not listen to the bus drivers will be asked to leave the bus. No refunds will be made. Remind your camper that they are to remain seated, no teasing, no screaming, no hitting other campers, and keep hands to themselves.

Conditions and Refund Policy Your camper will not be considered registered until all registration forms (completed properly) and money are received in the office. Camps fill up quickly so make sure all forms are completed properly. No fees will be accepted at camp. **NO DROP-INS ALLOWED.** All campers must be pre-registered to attend camp. ***Fees are non-refundable after the registration deadline which is 30 days before the first day of each camp session but can be transferred from one camper to another with written notification if received by the registration deadline. Other refunds will be considered on a case-by-case basis. Discuss these with the Camp Director & Cub Camping Staff Advisor.

Marin Council, Boy Scouts of America

225 West End Ave., San Rafael, CA 94901-2645 (415) 454-1081 fax (415) 454-5511 www.boyscouts-marin.org

<u>2015</u> Registration form–Summer Day Camp for Cub Scouts at Camp Tamarancho

Campers will not be considered registered for this Day Camp until we receive the <u>completely</u> filled out registration form, and health form with <u>completed</u> Part A and <u>completed</u> Part B (informed consent/authorization/release and health form) with all boxes checked, parent/guardian signature, and date.

Camper Name: ____ Nickname: ____________________ Pack #: _______________

Mailing Address:____
Street, City, State, Zip

Additional Mailing Address: ____

Date of Birth: ______________ Current Grade: ____ **Grade in Fall 2015**______ School attending Fall 2015:______________________
(Boys must be in-coming second graders through in-coming fifth graders to attend day camp)

My camper would like to be placed in a den with:____
(Dens are organized by grades and friends must be in same grade)

<u>CAMPER T-Shirt Size</u>: _____Youth Small _____Youth Medium _____Youth Large _____Youth Extra Large/Adult Small _____Adult Medium ____Adult Large

I want to volunteer as a Bus Stop Monitor–>**<u>see explanation on information sheet</u>:** _____ Morning _____Afternoon _____Both

Bus pick-up/drop-off _____ Novato at Rowland Blvd. Park & Ride (north side of Park & Ride)

_____San Rafael High School Parking Lot

_____ Corte Madera–San Clemente Park, Paradise Drive

_____ Fairfax Market, parking lot on west side

_____ San Anselmo–Memorial Park/Log Cabin on Veterans Place

_____ Mill Valley Strawberry Shopping Center in front of WEST ELM home decor store (corner of Frontage Rd. & Belvedere Dr.)

Custodial Parent/Guardian contact information–<u>please</u> <u>print</u> <u>clearly</u>

#1 Name: ____

Best number to call: _________________________________

Secondary number: _________________________________

Email: ____

#2 Name: _______________________________________

Best number to call: ______________________________

Secondary number: _______________________________

Email: ____

<u>emails will be used to send out informational camp newsletter and bus schedule</u>=please print neatly
↓↓
Note that camps fill up quickly. Sign my camper up for the follow week(s):

_____#1: July 6-10 (Mon-Fri) **_____#2: July 20-24 (Mon-Fri)** **_____#3: August 3-7 (Mon-Fri)**

Registered Cub Scout Camper	$220.00	____________
Non-Registered Camper	$240.00	____________
Bus Transportation (Round trip between bus stop and Camp Tamarancho)	$ 45.00	____________
Early-Bird Discount if paid in full by March 14, 2015	*-$ 15.00*	____________
Checks payable to Marin Council, BSA or fill in credit card information below:	**TOTAL FEE**	____________

______Master Card ______Visa _____**3-Digit Security Code**

Card #: ____ Expiration Date: __________

<u>Name on card:</u> ____ <u>Signature:</u> ____
I agree to pay for the total fee in accordance with my credit card agreement.

Part A: Informed Consent, Release Agreement, and Authorization

A

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

!

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

!

List participant restrictions, if any: ☐ **None**

_____

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. If I am participating at Philmont, Philmont Training Center, Northern Tier, Florida Sea Base, or the Summit Bechtel Reserve, I have also read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health-care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: _____ Date: _____

Parent/guardian signature for youth: _____ Date: _____

(If participant is under the age of 18)

Second parent/guardian signature for youth: _____ Date: _____

(If required; for example, California)

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:

You must designate at least one adult. Please include a telephone number.

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Adults NOT Authorized to Take Youth To and From Events:

Name: _____ Name: _____

Telephone: _____ Telephone: _____

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Age: _____ Gender: _____ Height (inches): _____ Weight (lbs.): _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Unit leader: _____ Mobile phone: _____

Council Name/No.: _____ Unit No.: _____

Health/Accident Insurance Company: _____ Policy No.: _____

! **Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.** **!**

In case of emergency, notify the person below:

Name: _____ Relationship: _____

Address: _____ Home phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

Yes	No	Condition	Explain
☐	☐	Diabetes	**Last HbA1c percentage and date**:
☐	☐	Hypertension (high blood pressure)	
☐	☐	Adult or congenital heart disease/heart attack/chest pain (angina)/heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
☐	☐	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
☐	☐	Stroke/TIA	
☐	☐	Asthma	**Last attack date**:
☐	☐	Lung/respiratory disease	
☐	☐	COPD	
☐	☐	Ear/eyes/nose/sinus problems	
☐	☐	Muscular/skeletal condition/muscle or bone issues	
☐	☐	Head injury/concussion	
☐	☐	Altitude sickness	
☐	☐	Psychiatric/psychological or emotional difficulties	
☐	☐	Behavioral/neurological disorders	
☐	☐	Blood disorders/sickle cell disease	
☐	☐	Fainting spells and dizziness	
☐	☐	Kidney disease	
☐	☐	Seizures	**Last seizure date**:
☐	☐	Abdominal/stomach/digestive problems	
☐	☐	Thyroid disease	
☐	☐	Excessive fatigue	
☐	☐	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ☐ **No** ☐
☐	☐	List all surgeries and hospitalizations	**Last surgery date**:
☐	☐	List any other medical conditions not covered above	

Part B: General Information/Health History

B

Full name: _____

DOB: _____

High-adventure base participants:
Expedition/crew No.: _____
or staff position: _____

Allergies/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ **CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.**

☐ **IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.**

Medication	Dose	Frequency	Reason

☐ **YES** ☐ **NO** **Non-prescription medication administration is authorized with these exceptions:** _____

Administration of the above medications is approved for youth by:

_____ / _____

Parent/guardian signature **MD/DO, NP, or PA signature (if your state requires signature)**

! **Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.** **!**

Immunization

The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

Yes	No	Had Disease	Immunization	Date(s)
☐	☐	☐	Tetanus	
☐	☐	☐	Pertussis	
☐	☐	☐	Diphtheria	
☐	☐	☐	Measles/mumps/rubella	
☐	☐	☐	Polio	
☐	☐	☐	Chicken Pox	
☐	☐	☐	Hepatitis A	
☐	☐	☐	Hepatitis B	
☐	☐	☐	Meningitis	
☐	☐	☐	Influenza	
☐	☐	☐	Other (i.e., HIB)	
☐	☐	☐	Exemption to immunizations (**form required**)	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX
Review for camp or special activity.

Reviewed by: _____

Date: _____

Further approval required: ☐ Yes ☐ No

Reason: _____

Approved by: _____

Date: _____