



2016 Summer Day Camp for Cub Scouts “Pirates of Tamarancho” Three separate weeks: June 27-July 1, July 11-15, and July 25-29



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 2016. 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 2016 day camp theme is “Pirates of Tamarancho.” Activity areas may include: Archery, BB Guns, Field Sports, Nature Crafts, Scout Skills, and Waterfront (water play, swimming, canoes).

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 \$235. Fees for non-registered campers are \$255. Bus transportation is available for an additional fee of \$50. 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, 2016. 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 No physician appointment or physician signature is necessary. 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. 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 note 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 used during camp operations and it is checked often. Do not use any other email as it will not be answered.



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 Bus service is available to and from camp—for an additional fee. **Buses pick up all 5 mornings and drop off all 5 afternoons of camp.** 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 programs 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.

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.

New this year: There will be bus service Friday afternoon. Campfire Program is for campers only this year due to congestion on the road to camp. For those not using the bus, please pick your camper up at 3:30 per usual.

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 campers 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. Buses run every day morning and afternoon including Friday afternoon.

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 a parent/guardian 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's/den leader's 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

2016 Registration form-Summer Day Camp for Cub Scouts at Camp Tamarancho

Camper will not be considered registered for this Day Camp until we receive the completely filled out registration form, and health form with completed Part A and completed 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 2016 _____ School attending Fall 2016: _____
(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)

CAMPER T-Shirt Size: _____ Youth Small _____ Youth Medium _____ Youth Large _____ Youth Extra Large/Adult Small
_____ Adult Medium _____ Adult Large

I want to volunteer as a Bus Stop Monitor->see explanation on information sheet: _____ 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 behind Safeway at Strawberry Shopping Center Golden Gate Bus stop on Reed Blvd.

Custodial Parent/Guardian contact information-please print clearly

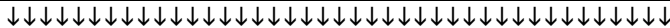
#1 Name: _____ #2 Name: _____

Best number to call: _____ Best number to call: _____

Secondary number: _____ Secondary number: _____

Email: _____ Email: _____

emails will be used to send out informational camp newsletter and bus schedule=please print neatly



Note that camps fill up quickly. Sign my camper up for the follow week(s):

_____ #1: June 27--July 1 (Mon-Fri) _____ #2: July 11-15 (Mon-Fri) _____ #3: July 25-29 (Mon-Fri)

Table with 3 columns: Description, Amount, and Line. Rows include Registered Cub Scout Camper (\$235.00), Non-Registered Camper (\$255.00), Bus Transportation (\$50.00), and Early-Bird Discount (-\$15.00).

Checks payable to Marin Council, BSA or fill in credit card information below: TOTAL FEE _____

_____ Master Card _____ Visa _____ 3-Digit Security Code _____ Zip Code

Card #: _____ Expiration Date: _____

Name on card: _____ Sig nature: _____

I agree to pay for the total fee in accordance with my credit card agreement.

Part A: Informed Consent, Release Agreement, and Authorization

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

Full name: _____

High-adventure base participants:

Expedition/crew No.: _____

or staff position: _____

DOB: _____

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 <input type="checkbox"/> No <input type="checkbox"/>
		List all surgeries and hospitalizations	Last surgery date:
		List any other medical conditions not covered above	



Part B: General Information/Health History

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)	Please list any additional information about your medical history:
			Tetanus		
			Pertussis		
			Diphtheria		
			Measles/mumps/rubella		
			Polio		
			Chicken Pox		
			Hepatitis A		
			Hepatitis B		
			Meningitis		
			Influenza		
			Other (i.e., HIB)		
			Exemption to immunizations (form required)		

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

Reviewed by: _____

Date: _____

Further approval required: Yes No

Reason: _____

Approved by: _____

Date: _____