

Cub Scout Day Camp 2008

Get ready for the 2008 Summer Olympics. Each week we will explore a different summer Olympic sporting event and a different continent through games, sports, crafts, and fun. Of course swimming, archery and BB shooting will be part of every week too. You may register for any number of weeks.



Camp Schedule

July 7 th – July 11 th	~	Baseball and North America
July 14 th – July 18 th	~	Badminton and Europe
July 21 st – July 25 th	~	Table Tennis and Asia
July 28 th – August 1 st	~	Volleyball and Africa
August 4 th – August 8 th	~	Soccer and South America

Wolf, Bear, and Webelos Scouts who will enter the 2nd – 5th grades in September 2008 are welcome to attend our full camp, Monday through Friday from 8:30 am– 4:00 pm and the campfire program Thursday evening beginning at 6:30 pm.

Tiger Cubs who will be entering 1st grade in September 2008 and their Adult Partner are welcome to attend our special programs on Fridays from 8:30 am – 12:00 noon.

Extended Day Care is available from 7:30 – 8:30 am and from 4:00 – 6:30 pm for \$40 per week or \$10 per day.

Camp will be held at
Will J. Reid Scout Park
4747 Daisy Avenue
Long Beach, CA 90807

Trading Post
Snacks, crafts, toys, Scout and theme related materials will be available for purchase during camp.

Calling all Volunteers! Cub Scout Day Camp needs you! Adult volunteers are vital to making the program safe and fun for your sons. Volunteer while your child is in camp and enjoy all the fun and bonding this amazing experience offers. Discounts and complimentary day care is available for parent volunteers!

EACH DAY: Come dressed in uniform shorts or solid dark color shorts or long pants and camp t-shirt (provided on Monday), socks, and closed toe shoes. Bring bathing trunks, beach towel, sunscreen, and water bottle. Bring a sack lunch everyday except Fridays. (Lunch will be provided on Fridays.) Do not bring games or toys from home. Optional: sunglasses and money for the Trading Post.
LABEL EVERYTHING WITH CHILD'S NAME

Please contact Valerie Adams at (562) 427-5300 or sadams4937@aol.com or Scott Oldenburg at (562) 427-0911 ext. 240 or scott.oldenburg@longbeachbsa.org for more information.

Registration applications for Cub Scout Day Camp can be returned to the Scout Service Center located at 401 E. 37th Street, Long Beach, CA 90807 or mailed to P.O. Box 7338, Long Beach, CA 90807.
Have friends who aren't in Cub Scouts yet? Call (562) 427-0911 to sign up today!

NOTE: Cubs who have a persistent problem with following the camp rules will be asked to leave without a refund of camp fees. Rules include, but are not limited to: respect of others including obeying staff instructions and no fighting or teasing; and respect of property including correct use of equipment.

Personal Health & Medical History

Long Beach Area Council Cub Scout Day Camp

First Name _____ MI _____ Last Name _____

Address _____ City _____ Zip _____

Mother/Guardian: _____ Father/Guardian: _____

Home Phone: _____ Daytime Phone: _____

Mobile Phone: _____ E-mail address: _____

Health/Accident Ins. Carrier _____ Policy # _____

Name of Personal Doctor _____ Telephone _____

Medical Condition YES NO _____ Child's Date of Birth: _____

ALLERGIES: (i.e.: food, medicines, insects, plants) YES NO List: _____

Life Threatening Allergies YES NO List: _____

Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fainting Spells	<input type="checkbox"/> YES <input type="checkbox"/> NO
High blood pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia	<input type="checkbox"/> YES <input type="checkbox"/> NO
Heart condition	<input type="checkbox"/> YES <input type="checkbox"/> NO	ADHD	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hemophilia	<input type="checkbox"/> YES <input type="checkbox"/> NO	Convulsions/Seizures	<input type="checkbox"/> YES <input type="checkbox"/> NO
Kidney Disease	<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO
Swimming/Sports Restrictions	<input type="checkbox"/> YES <input type="checkbox"/> NO	Autism/Asperger's	<input type="checkbox"/> YES <input type="checkbox"/> NO

Explain Yes Answers: _____

MEDICATION: List all medications & dosage taken at home _____

Are any medications to be taken at camp? YES NO Epi-Pen YES NO Inhaler YES NO

Time/dosage/administration instructions _____

List anything we should know including special needs (i.e. equipment, behavior, etc.): _____

Immunizations: (Month/Year) Tetanus toxoid ___/___ Measles ___/___ Polio ___/___ Diphtheria ___/___
Mumps ___/___ Pertussis ___/___ Rubella ___/___ Other _____

Emergency Contact: In case Parents or Guardians cannot be reached in an emergency, who else should be notified? This must be a local person who can pick the camper up if needed.

Name _____ Relationship _____ Daytime Phone _____

If anyone other than the parent/guardian(s) or emergency contacts listed above is **authorized to pick up your child from camp**, please list their names (including den/pack leaders, carpools, etc.)

Is there anyone who is **not allowed** to pick up your child from day camp (for example a custody issue)?

I give my permission for full participation in BSA programs, subject to limitations noted herein. IN CASE OF EMERGENCY, I understand every effort will be made to contact me. (if patient is an adult, my spouse or next of kin). In the event I cannot be reached I hereby give my permission to the licensed health care practitioner selected by an adult leader in charge to secure proper treatment including ambulance, hospitalization, anesthesia, surgery, or administration of medication for my child (or me, if an adult).
Signature of Adult/Parent/Guardian: _____ **Date** _____

