

# Cub Scout Day Camp Application Dinosaur Adventure 2016

**LaSalle Council: Algonquian North District**

June 22-24, 2016 • Michiana Walleye Association • Mishawaka, IN

Questions: Camp Director • Georgia Gill-Elkins • 574-532-1678 • jorja51@aol.com

Personal Information	<input type="checkbox"/> <b>Cub Scout</b> <input type="checkbox"/> <b>Walker</b> <input type="checkbox"/> <b>Pixie*</b> <small>* must be potty trained children of staff/walker. Parent/guardian must remain in Camp. Not for friends or neighbors.</small> <b>Name*:</b> _____ <b>Pack #:</b> _____ <small>*if not Cub Scout - please indicate name of Cub Scout in camp</small> <b>Age*:</b> _____ <b>Grade in school Fall 2016 (youth only):</b> _____ <small>*age required for Cubs and Walkers</small> <b>Address:</b> _____ <b>Phone:</b> _____ <b>City / State / Zip:</b> _____ <b>Alternative Phone:</b> _____ <b>Parents' Email:</b> _____ <b>Cub Scout rank in FALL:</b> <input type="checkbox"/> Tiger* <input type="checkbox"/> Wolf <input type="checkbox"/> Bear <input type="checkbox"/> Webelos 1 <input type="checkbox"/> Webelos 2 <small>* Tigers require an adult Partner/Akela to walk with them each day.</small> <b>Days at camp:</b> <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Youth Only	Adults authorized to take youth to and from events: (must designate at least one adult with phone number) Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____ Adults NOT authorized to take youth to and from events: Name: _____
General Medical Information	<b>General Medical information (Scouts, Pixies, and Walkers):</b> Allergies: Food, medications, bee stings, insects or plants <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____ Physical, behavioral or medical conditions that walkers should be made aware of: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(ex. ADHD, asthma, convulsions/seizures, heart trouble, diabetes, fainting spells, hearing impairment)</small> If yes, please explain: _____ _____ Camp includes hiking and playing strenuous physical games/activities for Scouts, Walkers and Leaders. Include any conditions, special needs or equipment that may limit ability or full participation: <b>***Required: BSA Health Form parts A &amp; B completed for ALL persons (adults &amp; youth) in camp.***</b>
Office only	<b>For office use only:</b> Informed Consent: <input type="checkbox"/> without restrictions <input type="checkbox"/> with special considerations or restrictions Release Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Contact**

**In Case of Emergency, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Other Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

**Walker Agreement**

\*\*Reminder: Each Pack sending Scouts to camp must provide 2 adults to walk with all dens every day.

**Walk-Along Leader Agreement:**

- Completes a health form
- Adult 18 years of age or older of well-known good character and ability.
- Agrees to abide by all National BSA and State of IN and MI regulations
- Agrees to abide by all policies outline in the Day Camp Manual
- Understands this is a volunteer position to supervise/instruct Cub Scouts
- Agrees and follows the Scout Oath and Law
- Will be responsible to the day camp director
- Will be concerned for campers well being and safety
- Is knowledgeable of the Cub Scout program and willing to assist in the program as needed.

Terms of agreement with the LaSalle Council, BSA for the period including Day Camp 2016. The LaSalle Council BSA further reserves the right to terminate this agreement on verbal notification at any time because of unsatisfactory performance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cell Phone Number of Walker: \_\_\_\_\_

**Fees**

**Register early for best price!**

<b>by May 16</b> \$30.00	<b>May 17-May 30</b> \$35.00	<b>May 31- first day of camp</b> \$45.00
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T-Shirt sizes Youth: YS, YM, YL Adult: AS, AM, AL, AXL, 2XL, 3XL, 4XL.

\*T-shirt sizes cannot be guaranteed - shirts available for purchase for Walkers and Pixies

<b>Total Fees:</b>	\$ _____ Cub Scout fee (Includes patch & t-shirt) size: _____
	\$ _____ Pixies Fee (\$10 per day per child)
	\$ _____ T-Shirt (\$7) Walker size: _____
	\$ _____ T-Shirt (\$7) Pixie/Other size: _____
	\$ _____ Additional Patches \$1.50 each

**Make checks payable to : LaSalle Council BSA 1340 South Bend Avenue, South Bend, IN 46617**

\*one check can be attached to multiple registrations

**Parent/Guardian Signature**

Print: \_\_\_\_\_ Sign: \_\_\_\_\_

**Cancellation Policy**

- > 50% of the individual registration fee is considered non-refundable.
- > This amount is transferable to another person attending with the same unit for the same program in the same year.
- > A refund for the remaining 50% of the registration fee will be processed if written request is received at the service center at least 2 weeks prior to the start date of your camp week, activity, or event.
- > After that, refunds for the remaining 50% will be considered only for hardship and emergency cases on an individual basis.