

Cub Scout Day Camp Staff Application

Dinosaur Adventure 2016

LaSalle Council: Potawatomi District

June 14-17, 2016 • Camp Popenebee • 377 N. Holmesville Rd, Michigan City

Questions: Camp Director • Bonnie Hodge • 269-449-4817 • Bonnyster@comcast.net

Personal Information

Name*: _____ Unit #: _____

Age*: _____ Grade in school Fall 2016 (youth only): _____

Address: _____ Phone: _____

City / State / Zip: _____ Alternative Phone: _____

Days at camp: Tuesday Wednesday Thursday 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

General Medical information (Scouts, Pixies, and Walkers):

Allergies: Food, medications, bee stings, insects or plants Yes No

If yes, please explain: _____

Physical, behavioral or medical conditions that walkers should be made aware of: Yes No

(ex. ADHD, asthma, convulsions/seizures, heart trouble, diabetes, fainting spells, hearing impairment)

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:

*****Required: BSA Health Form parts A & B completed for ALL persons (adults & youth) in camp.*****

Office only

For office use only:

Informed Consent: without restrictions with special considerations or restrictions

Release Agreement: Yes 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:

- 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

T-Shirt sizes Youth: YS, YM, YL Adult: AS, AM, AL, AXL, 2XL, 3XL, 4XL.

*T-shirt sizes cannot be guaranteed

Total Fees:

\$ free T-Shirt Staff 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

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 remianing 50% will be considered only for hardship and emergency cases on an individual basis.