



# COME JOIN THE ADVENTURE OF A DAY CAMP NEAR YOU!

OUTDOOR ADVENTURE AND CUB SCOUT FUN AT THE

## ROBIN HOOD, SHERWOOD FOREST CUB SCOUT DAY CAMP 2011



**DAY CAMP!!** Check-out your district Cub Scout Day Camp! A week of outdoor FUN and programs not regularly found in Den or Pack activities; typical day camp activities include BB gun safety & shooting, archery, hiking and outdoor skills, as well as Crafts, Games, and Advancements.

### WHO CAN COME TO CAMP?

All registered Cub and Webelos Scouts are encouraged to attend Cub Scout Day Camp. Boys entering 1<sup>st</sup> Grade must be accompanied by an Adult Partner. You can attend any of the day camps listed.

### CAN I BRING A BUDDY?

Yes. If you have a friend that is Cub Scout age, but not registered in Scouting, bring them to camp and we'll get them registered in Cub Scouts and ready for a fun week of day camp. Your buddy's fee will be \$59, which includes a \$9 fee to join Cub Scouts if paid by May 2<sup>nd</sup>, 2011.

### HOW MUCH DOES IT COST?

The Early Bird fee for day camp is \$50.00 for all participants if paid by May 2<sup>nd</sup>, 2011 and \$75.00 after May 2<sup>nd</sup>, 2011. Registrations received after May 2<sup>nd</sup>, may not receive a t-shirt. There is no registration fee for walkers/den leaders or staff/area directors. Adults may pay the fee for the Day Camp T-shirt as extra items if they choose not to wear the official Scout Class A uniform.

### WHO PROVIDES TRANSPORTATION?

Parents are to provide transportation unless it is otherwise determined within the individual packs. Car pools are encouraged. Be sure to have permission slips and other information needed (as to who is to ride with whom) as car pools are being organized.

### WHAT DOES THE CUB/WEBELOS BRING TO CAMP?

Each camper must bring a lunch every day. His name should be boldly and clearly printed on his lunch. The official scout uniform is always encouraged but not required. Most scouts will wear the camp T-shirt and shorts. Closed-toe shoes are a must at all times for safety reasons. Scouts are encouraged to wear a cap for protection from the sun. Insect repellent and sunscreen are also suggested. Your son's name should be on everything he brings. Parents are asked to keep the number of items each child brings to camp to a minimum.

## THE CAMP CANNOT BE RESPONSIBLE FOR LOST ITEMS!

### WHAT DOES THE CAMP PROVIDE?

Each scout registered receives a camp T-shirt (if registered by May 2<sup>nd</sup>, 2011), mug, patch and a week of fun activities, crafts and games. Because walker/leaders are charged no fees, the camp T-shirt is optional if the official uniform is desired. Adults wanting a T-shirt should order them as extra items.

### HOW ABOUT EXTRA T-SHIRTS?

Extra shirts for scouts, walker/leaders, or others may be ordered on the registration form. Scouts receive one T-shirt (if registered by May 2<sup>nd</sup>, 2011) a patch and mug as part of the registration fee. Cost per extra T-Shirt is \$10.00.

### HOW DO I REGISTER?

Parents fill out the Registration/Health Information forms and return it to your Pack before May 2<sup>nd</sup>, 2011. After May 2<sup>nd</sup>, 2011, forms need to be sent directly to the Gulf Coast Council at:

Day Camp Registration  
Gulf Coast Council  
9440 University Parkway  
Pensacola, Florida 32514



## ADULT LEADERSHIP

Each day camp has trained directors and first aiders, as well as activity leaders. Each pack is expected to provide at least two walkers/leaders per day with every rank/den sent to camp. Walkers/leaders are either registered den leaders or family members or other interested adults. *Also, most Day Camps will offer child-care for all walkers and leaders. Check with individual Day Camp Directors for more information.*



### WHO DO I CALL FOR INFORMATION?

#### OKALOOSA COUNTY

Abundant Life Church 233 Hill Avenue NW, Fort Walton Beach

May 23<sup>rd</sup> – May 27<sup>th</sup>, 2011 from 8:30 am - 4:00 pm

**Contacts:** Angie Jordan (850) 830-3640 or [angie7jordan@cox.net](mailto:angie7jordan@cox.net)  
Laurie Bell (850) 651-6037 or [dlbell1@cox.net](mailto:dlbell1@cox.net)

Camp Euchee, Spanish Trail Scout Reservation, Defuniak Springs

June 6<sup>th</sup> - June 10<sup>th</sup>, 2011 from 8:30 am - 4:00 pm

**Contacts:** Mariane Behr (850) 398-2517 or [medbehr@cox.net](mailto:medbehr@cox.net)  
Lori Phillips (850) 499-9638 or [dgfc26@cox.net](mailto:dgfc26@cox.net)

#### BAY COUNTY

Bay County Fairgrounds, June 6<sup>th</sup> – 10<sup>th</sup>, 2011 from 8:00 am – 4:00 pm

**Contact:** Chuck Rexroad (850) 896-2229 or [charles.rexroad@l-3com.com](mailto:charles.rexroad@l-3com.com)

#### ESCAMBIA COUNTY

St. Anne's Catholic Church, 5200 Saufley Field Road, Pensacola FL 32526

June 6<sup>th</sup> – 10<sup>th</sup>, 2011 from 8:00 am - 4:00 pm

**Contacts:** Kathleen Elijah (850) 529-3942 or [ashersmom99@yahoo.com](mailto:ashersmom99@yahoo.com)  
Dawn Gunsley (850) 380-9065 or [gunsley@cox.net](mailto:gunsley@cox.net)

Jeff Bennett (850) 982-5443 or [cubscoutleader602@yahoo.com](mailto:cubscoutleader602@yahoo.com)

East Brent Baptist Church, 4801 North Davis Hwy, Pensacola FL 32503

June 13<sup>th</sup> – 17<sup>th</sup>, 2011 from 8:00 am – 4:00 pm

**Contacts:** Chris Moore (850) 529-6677 or [miconbra03@yahoo.com](mailto:miconbra03@yahoo.com)  
Denise Moore (850) 529-6677 or [mthreeb@yahoo.com](mailto:mthreeb@yahoo.com)

#### SANTA ROSA COUNTY

St. Sylvester Catholic Church, 6464 Gulf Breeze Pkwy, Gulf Breeze FL 32563

June 13<sup>th</sup> – 17<sup>th</sup>, 2011 from 8:00 am- 4:00 pm

**(DUE TO STAFFING CONSTRAINTS; THIS DAY CAMP WILL NOT ACCEPT APPLICATIONS AFTER JUNE 6<sup>th</sup>, 2011.)**

**Contact:** Marie Dabbs (318) 560-9872 or [lmdabbs@gmail.com](mailto:lmdabbs@gmail.com)

#### ALABAMA

Alabama Liberty Baptist Church, Brewton, Alabama

June 20<sup>th</sup> – June 24<sup>th</sup>, 2011 from 8:30 am – 2:00 pm

**Contact:** Jaye Jaye Hagan (251) 809-3055 or [jjhagan@escambia.k12.net](mailto:jjhagan@escambia.k12.net)



***Your son may attend any and all day camps listed!***



# Robin Hood, Sherwood Forest Cub Scout Day Camp 2011

Parents: Early registration fee is \$50 until May 2nd, 2011. Full fee is \$75 for registrations received after May 2<sup>nd</sup>, 2011. **Fill out Registration/Health Information forms and return to your pack before May 2nd, 2011.** After May 2<sup>nd</sup>, 2011 forms must be sent directly with payment to Gulf Coast Council, 9440 University Parkway, Pensacola, Florida 32514.

Every den **MUST** be accompanied daily by a minimum of two adults. Dens that do not have enough adult volunteers may be turned away. Registrations received after May 2<sup>nd</sup>, 2011 may not receive a T-Shirt.

Camp Location \_\_\_\_\_ Date \_\_\_\_\_ Pack # \_\_\_\_\_

### One Person per Form

(Please Print)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade (Next Year) \_\_\_\_\_ Rank (Next Year) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

People authorized to pick up this camper:  
\_\_\_\_\_

### Adult Information and what day(s) you plan on volunteering

|                                       |  |
|---------------------------------------|--|
| PARENT / Guardian / Spouse Name _____ | Days you wish to volunteer at camp: M T W TH F _____ |
| Home # _____ Work # _____             | First Aid Expiration Date _____                      |
| Cell Ph # _____ Pager # _____         | CPR Expiration Date _____                            |
| Email address(es) _____               | YPT Training Date _____                              |

### T-Shirt Order

### BUY EXTRA T-SHIRTS: \$10.00 EACH

Free T-shirt: Each Cub Scout gets one shirt free!

**Registrations received after May 2<sup>nd</sup>, 2011 may not receive a T-Shirt**

Cubs: YS (6-8) \_\_\_\_\_ YM (10-12) \_\_\_\_\_ YL (14-16) \_\_\_\_\_  
AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Cubs: YS (6-8) \_\_\_\_\_ YM (10-12) \_\_\_\_\_ YL (14-16) \_\_\_\_\_  
AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

Adult: AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ 2X \_\_\_\_\_ 3X \_\_\_\_\_

**TOTAL Extra T-shirt Fees: \$ \_\_\_\_\_**

### Health History (Please Print)

**THIS INFORMATION MUST BE FILLED OUT AND ON FILE FOR EACH PERSON ATTENDING CAMP!**

Asthma \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Trouble \_\_\_\_\_ Allergic to Bee Stings \_\_\_\_\_ Allergic to insect bites \_\_\_\_\_ Allergies \_\_\_\_\_

Explanation for any checked conditions: \_\_\_\_\_

Any recent Surgery or Hospitalization? Please Explain \_\_\_\_\_

Any Condition now requiring regular medication? Please describe \_\_\_\_\_

Name of Medications to be given at camp \_\_\_\_\_

(If your son or daughter will require regular medication at camp it must be turned into the Health Officer each morning in its original container with its instructions).

### Immunizations

For immunizations enter date of last booster, DO NOT write "CURRENT" for the date, month/year date is required.

DPT \_\_\_\_\_ MMR \_\_\_\_\_ Oral Polio \_\_\_\_\_ HIBS \_\_\_\_\_ Tetanus \_\_\_\_\_ Chicken pox \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Emergency Contact:** If the Parent/Guardian/Spouse cannot be reached at the phone numbers given above contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
(Please Print) (Please Print) (Please Print)

This Health History is correct to the best of my knowledge. The person described herein has permission to engage in all prescribed activities except as noted by the physician or me. In the event I cannot be reached in an emergency for my son or am unable to speak for myself, I hereby give permission to the physician selected by the adult leader in charge to provide any emergency medical/dental care deemed appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Day Camp Fee \$ \_\_\_\_\_ + Extra T-shirt Fees \$ \_\_\_\_\_ = Total attached \$ \_\_\_\_\_

**CREDIT CARD INFO:** Print neatly!!! Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_

V- Code (3 or 4 digit number on card) \_\_\_\_\_ Authorized amount to charge \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Part C**

**Parental Informed Consent and Hold Harmless/Release Agreement**

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge 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.

Without restrictions.

With special considerations or restrictions (list)

\_\_\_\_\_

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**Talent Release Form**

I hereby assign and grant to the local council and the Boy Scouts of America the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby 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 Boy Scouts of America, and I specifically waive any right to any compensation I may have for any of the foregoing.

Yes  No

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**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.**

Participant's name \_\_\_\_\_

Participant's signature \_\_\_\_\_

Parent/guardian's signature \_\_\_\_\_  
(if under the age of 18)

Date \_\_\_\_\_

**Attach copy of insurance card (front and back) here. If required by your state, use the space provided here for notarization.**



BOY SCOUTS OF AMERICA  
1325 West Walnut Hill Lane  
P.O. Box 152079  
Irving, Texas 75015-2079  
<http://www.scouting.org>



2008 Printing

**Part C , Last name: \_\_\_\_\_ DOB: \_\_\_\_\_**