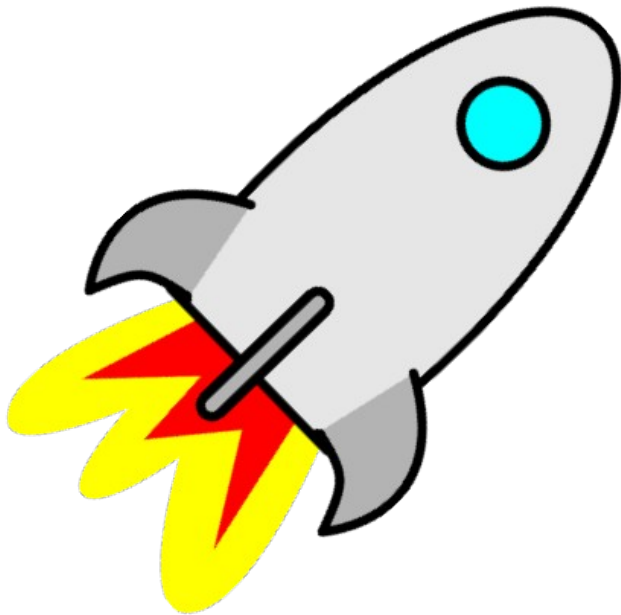


# Cubs in the Cosmos



Scan for camp info,  
registration instructions,  
and form downloads



or visit [ArrowheadLHC.org](https://ArrowheadLHC.org)

2022 Arrowhead District

June 13<sup>th</sup>-16<sup>th</sup>, 2022

7:45am-3:45pm

Sonora Park, Kennedale

For More Information:

Barbara Boettger

Camp Director

817-456-7226

[daycamp@ArrowheadLHC.org](mailto:daycamp@ArrowheadLHC.org)

# 2022 Arrowhead District Cub Scout Day Camp

June 13<sup>th</sup>, 2022 - June 16<sup>th</sup>, 2022 • 7:45AM – 3:45PM  
Sonora Park • 263 S. New Hope Road • Kennedale, TX 76060

## FEES:

**Note – All Grades are as of Fall 2022**

<b>\$125.00*</b>	Cub Scout Participants (Grades 1 <sup>st</sup> -5 <sup>th</sup> ) – Fee Includes 1 Camp T-Shirt & 1 Camp Hat – Register by <b>Sunday May 15<sup>th</sup></b> to receive the early-bird rate of only <b>\$100.00*</b>
<b>\$10.00</b>	Tot-Lot Participants ( <b>Potty Trained Pre-1<sup>st</sup> Graders of Adult Volunteers</b> ) – Fee Includes 1 Tot-Lot T-Shirt (NO OFFICIAL SHIRTS AVAILABLE)
<b>\$10.00</b>	Youth Volunteers (Grade 6 <sup>th</sup> & Up) – Fee covers cost of 1 Camp T-Shirt
<b>\$10.00</b>	Adult Volunteers (Ages 18 & Up) – Fee covers cost of 1 Camp T-Shirt

## DAY CAMP VOLUNTEER/STAFF TRAINING

- All ADULT & YOUTH VOLUNTEERS/STAFF are REQUIRED to attend Staff Training as follows;
  - Returning Adult Volunteers/Staff –  
6:30PM-7:30PM Tuesday May 10<sup>th</sup>, 2022 at Roundtable
  - New Adult Volunteers/Staff –  
9:00AM-12:00PM Saturday May 7<sup>th</sup>, 2022 at Sonora Park, Kennedale.
  - Youth Volunteers/Staff –  
9:00AM-12:00PM Saturday May 21<sup>st</sup>, 2022 at Kennedale Scout Hut (210 W. Broadway Street, Kennedale)
  - Make up training –  
6:00-7:30PM Friday June 10<sup>th</sup>, 2022 at Woodland West Church of Christ (3101 W Park Row Dr, Arlington)

## YOUTH PROTECTION TRAINING (Course Y01)

- All ADULT VOLUNTEERS are REQUIRED to certify in YOUTH PROTECTION TRAINING (Course Y01). This course is available at: <https://my.scouting.org/> for those who have never taken it or whose certification expires before June 13, 2022.
- Volunteers will provide proof of YPT certification with registration paperwork.

## DAY CAMP SETUP

- All ADULT & YOUTH VOLUNTEERS are requested to assist with setting up Camp at Sonora Park beginning at 9:00AM on June 12<sup>th</sup> until we're done. The more volunteers we have, the sooner we'll be done.

If you have any questions, do not hesitate to contact me:

**Barbara Boettger**

daycamp@ArrowheadLHC.org • Camp Director • 817-456-7226

# HOW TO SUCCESSFULLY REGISTER FOR DAY CAMP

## STEP #1 – DESIGNATE AN ADULT TO SERVE AS REGISTRAR FOR YOUR UNIT

- This person is responsible for ensuring that all registration steps are completed in full for all youth and adults participating in 2022 Day Camp.

## STEP #2 – DETERMINE THE NUMBER OF YOUTH AND ADULTS ATTENDING DAY CAMP

- Cub Scout Participants will be assigned to Dens based on their Grade Level as of Fall 2022.
- Each day of Camp, your Pack **MUST provide 1 ADULT CHAPERONE FOR EVERY 5 YOUTH PARTICIPANTS PER DEN (Grade Level)**. Note that this is a Den-level requirement. *Example: If your Pack sends two (2) Wolves/2<sup>nd</sup> Graders, two (2) Bears/3<sup>rd</sup> Graders and one (1) Webelos/4<sup>th</sup> Grader to Camp, your Pack MUST also send three (3) Adult Chaperones; 1 Adult per every block of up to 5 Youth per Den.*

### *The Only Exception...*

*Every Tiger/1<sup>st</sup> Grader MUST have a Parent/Adult Guardian in Camp each day they attend.*

*Every sibling (male/female) under age 18 not registered with either BSA have a Parent/Adult Guardian in Camp each day they attend.*

- Adult Volunteers not serving as Chaperones are needed to serve as Camp Staff in various positions.
- Youth Volunteers (Grades 6<sup>th</sup> & up) are needed to serve as Den Chiefs or Junior Staff.
- Children of Adult Volunteers too young to begin 1<sup>st</sup> Grade in Fall 2022 may participate in Tot-Lot, so long as the child is potty trained and ONLY on days the parent is in Camp serving as a volunteer.

## STEP #3 – GATHER REQUIRED DOCUMENTATION

- YOUTH PARTICIPANTS/YOUTH VOLUNTEERS: Obtain completed copies of each of the following;
  - ☐ Youth Registration Form
  - ☐ BSA Annual Health & Medical Record Parts A & B (dated no later than June 1<sup>th</sup>, 2022).
  - ☐ Immunization Records: Attached copy of immunization record is acceptable. **Note:** Month/Year date of immunizations is required by Texas Department of State Health Services. The last booster may be listed on Part B of the BSA Annual Health and Medical Record. **DO NOT write "CURRENT" for the date.**
  - ☐ Copy of Medical Insurance Card
  - ☐ Campership Form (only required for those Cub Scouts needing financial assistance)
    - Form and \$62.50 fee must be submitted to the CAMP DIRECTOR by 5:00PM on May 15<sup>th</sup>, 2022.
  - ☐ Youth Volunteer Contract
- ADULT VOLUNTEERS: Obtain completed copies of each of the following;
  - ☐ Adult Registration Form (copy of BSA Membership Card **and** signed character references required)
  - ☐ BSA Annual Health & Medical Record Parts A & B (dated no later than June 13<sup>th</sup>, 2022).
    - ☐ Immunization Records: Attached copy of immunization record is acceptable. **Note:** Month/Year date of immunizations is required by Texas Department of State Health Services. The last booster may be listed on Part B of the BSA Annual Health and Medical Record. **DO NOT write "CURRENT" for the date.**
    - ☐ For adults 21 years and over, only last Tetanus date is required.
    - ☐ Copy of Medical Insurance Card
    - ☐ Copy of Online Youth Protection Training Card/Certificate (Course# Y01), dated after 06/2021.
    - ☐ Adult Volunteer Contract

## STEP #4 – PAY YOUR CAMP FEES

Go online to <https://scoutingevent.com/662-49368>

- sign-up your unit for **Arrowhead District Day Camp** and pay your Camp fees.
- ❖ NOTE – **Online registration DOES NOT complete your registration for Camp.** It is solely for the purpose of paying your camp fees. **You MUST complete Step #5 below to complete your Day Camp registration.**

## STEP #5 – SUBMIT REQUIRED DOCUMENTS TO COMPLETE REGISTRATION

- Submit documents gathered in Step #3 above to **Camp Director, Tuesday May 10<sup>th</sup>** at Arrowhead Roundtable. If you are unable to meet at Roundtable, please contact Camp Director to make arrangements to deliver paperwork.
- Last day to register is May 31<sup>st</sup>. Registrations submitted after May 31<sup>st</sup> are NOT guaranteed acceptance and are at the discretion of the Camp Director due to limited availability of space and materials.

# Unit Registration Checklist

## Youth Participants/Volunteers

Name	Fee Paid	Registration Form	BSA Annual Health & Medical Record (AB Form)	Immunization Record or Affidavit	Insurance Card	Campership Form	Youth Volunteer Contract
Sammy Scout		✓	✓	✓	✓		
1. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Adult Chaperones/Volunteers

Name	Fee Paid	Registration Form	BSA Annual Health & Medical Record (AB Form)	Immunization Record or Affidavit	Insurance Card	Adult Volunteer Contract	YPT Card
1. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dear Parents and Cub Scouts,

Following are a few things to remember when you attend camp.

1. Make sure to communicate with your child's Den Leader or the Camp director any changes in yours or your child's information.

2. Camp **opens** at 7:45 AM and **closing** starts at 3:30 PM.

3. Please send with your child:

**THURSDAY**

- By 9AM participating egg craft to Trading post; the rules given out Monday afternoon
- Everyone welcomed at 11:15am for Lunch/Egg drop/Show
- Will be a shorter day Campers will be released after the show about 1:45.

4. **Wear** your camp T-shirt and hat daily, wear **ONLY** closed toe shoes and bring a change of shoes to wear for splash pad (water shoes work great)

5. Insect repellent and sunscreen should be put on at home and not brought to camp.

6. Bring a sack lunch each day. (**NO** Mayo, tuna, milk, or other perishable items).

7. Bring something to sit on for your camp area.

8. **WATER** is a must!! A 24 or 32oz water bottle that has been filled and frozen the night before works well.

9. **ALL medication** must be turned into camp Health Officer each morning.

10. If you have a special need while you are at camp, please contact your Camp Director as soon as possible so that I may do my best to meet your needs.

11. Please review the camp rules so that there is no misunderstandings and camp can be a positive experience for all.

12. **SEVERE WEATHER:** We will assemble as for a fire and wait for instructions. Parents picking up children must remain in their vehicles. Do not get out of your car to find your child, this could create a safety issue for you and your child.

**I look forward to seeing you at camp!!**

Yours In Scouting,

Barbara Boettger

Camp Director

817-456-7226

daycamp@ArrowheadLHC.org

## **CAMP RULES**

1. All Scouts in camp will use the buddy system.
2. NO PROFANITY OR FIGHTING.
3. All Scouts must stay with their den unless the chaperone has given permission for them to leave.
4. All Scouts will check in and out with the chaperone each morning and afternoon. ALL Staff, Chaperones, Den Chiefs, Jr Staff will check in and out at Headquarters.
5. Behavior problems will be brought to the Camp Director. If this causes the Scout to miss an event, the camper will not be able to make it up. Excessive problems will result in the Scout being sent home.
6. Any injury must be reported to the chaperone and the Health Officer immediately.
7. Before bringing any water devices please check with the chaperone.
8. ALL VISITORS MUST CHECK IN AND OUT AT CAMP HEADQUARTERS.
9. Wear your Camp T-shirt, hat each day and closed toe shoes.
10. NO SMOKING! Please check with the director for the designated smoking area.
11. Stay away from unauthorized areas.
12. NO KNIVES, GUNS, PETS OR ELECTRONIC DEVICES ALLOWED.
13. Park in designated areas only and do not speed.

\*\*\*\*\*

### **DROP-OFF & PICK-UP**

Park Entrance is located at 263 S. New Hope Road, Kennedale.  
From Business 287, Drive South on New Hope Road, Turn Right into Park.  
Follow Staff directions.  
DO NOT PARK... we will get your child where they need to be.

### **STAFF & GUEST PARKING**

From Business 287, Drive South on New Hope Road, Turn Right on Broadway St.  
Continue to the LEFT across railroad tracks. Turn LEFT on Village St.  
Park in any of the MARKED spaces around the ballfields.  
ONLY BACK-IN PARKING WILL BE PERMITTED.

\*\*\*\*\*

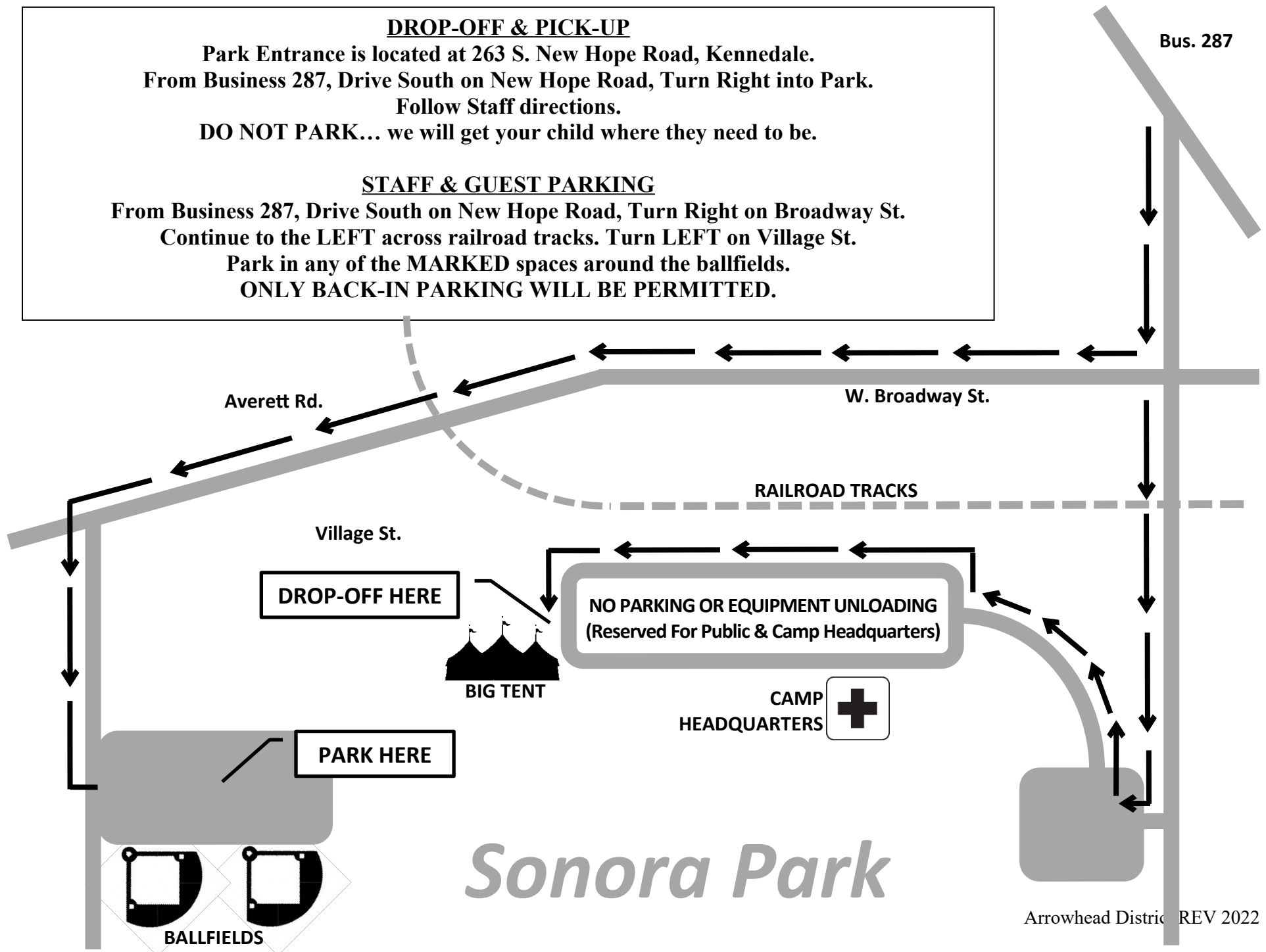
If your camper gets sick or for some other reason will not be able to attend camp any of the camp dates, please email Barbara those dates. She will check her email at 5am each day before she leaves for camp. That way if your camper is sick, we will not disturb you with a call at 9:00AM.

### DROP-OFF & PICK-UP

Park Entrance is located at 263 S. New Hope Road, Kennedale.  
From Business 287, Drive South on New Hope Road, Turn Right into Park.  
Follow Staff directions.  
**DO NOT PARK...** we will get your child where they need to be.

### STAFF & GUEST PARKING

From Business 287, Drive South on New Hope Road, Turn Right on Broadway St.  
Continue to the **LEFT** across railroad tracks. Turn **LEFT** on Village St.  
Park in any of the **MARKED** spaces around the ballfields.  
**ONLY BACK-IN PARKING WILL BE PERMITTED.**



# EMERGENCY PLAN

**THE EMERGENCY PLAN** will be reviewed and updated annually. Prior to camp this plan will be distributed to the Staff, Chaperones, Campers, and Parents, then reviewed 1<sup>st</sup> day of camp & posted during camp.

**EMERGENCY SIGNAL TO ASSEMBLE:** In case of an emergency, in which we need to assemble at the Big Tent, we will sound **THREE LONG BLASTS** on the air horn, whistle or car horn.

**ASSEMBLY & EVACUATION PLAN:** If you hear the emergency signal;

1. Form a buddy line.
2. Conduct roll call.
3. Proceed to the Big Tent.
4. Den chiefs should follow after campers.
5. If campers are in the rest rooms a Youth Staff/Red Shirt should wait for them and bring them to the Big Tent.
6. Keep quiet and orderly at all times, so that further instructions can be heard.
7. Chaperones are responsible to know who, if any, of those in the den that are missing.
8. Chaperones will report roll to the Camp Director.
9. Camp Director will make the decision to evacuate or return to program.
10. Absolutely no one will leave camp without the permission from the Camp Director.
11. When permission is given a list of persons leaving will be turned into the Camp Director.

**SEVERE WEATHER (TORNADOS, STORMS, & LIGHTNING):** If you hear the emergency signal;

1. Quickly assemble according to the **Assembly & Evacuation Plan** above.
2. Camp Director will make the decision to evacuate or return to program.

**FIRE PLAN:** If you hear the emergency signal;

1. Quickly assemble according to the **Assembly & Evacuation Plan** above.
2. Any fire should be reported immediately to Camp Headquarters.
3. **DO NOT** wait to see if you can contain it yourself.
4. Fire extinguishers will be kept at Camp Headquarters.

**ACCIDENTS:**

1. All Camp and BSA Safety rules will be followed to prevent accidents.
2. Accidents are to be reported immediately to the Health Officer at Headquarters for evaluation.

**LOST CAMPER PLAN:**

1. The Buddy Plan will be followed to prevent a lost Camper.
2. Chaperones should first check their last program area, Port-a-potties, and the Den's camp site.
3. If the Camper is not found, Chaperones are to report lost child to the Camp Director.
4. Camp Director will check sign-in & sign-out sheet and assign several staff members to systematically search the Camp and report back.
5. If the child is not located within 15 minutes from the time of notification, **Emergency Signal to Assemble** will be sounded and Camp roll reported to Camp Director.
6. If the child is not located within 30 minutes, Camp Director will report the missing child to police and notify the child's parents.

**SICKNESS:**

1. All Camp and BSA Safety rules will be followed to prevent sickness.
2. Sickness is to be reported immediately to the Health Officer for evaluation.

**FATALITIES:**

1. All Camp and BSA Safety rules will be followed to prevent fatalities.
2. Keep calm and report the fatality immediately to Headquarters.
3. Camp Director will report to the appropriate authorizes.



# 2022 Arrowhead District Cub Scout Day Camp Registration Form

**Camp Location:** Sonora Park, Kennedale **Camp Dates:** 6/13/2022-6/16/2022

**This Registration is for:** ☐ Camper ☐ Tot-Lot ☐ Junior Staff (Grades 6 & up) ☐ Adult Position:

Name  Gender: ☐ Male ☐ Female Unit #

Address  City  Zip

Date of Birth  Grade (as of Fall 2022)  BSA/Cub Rank (as of Fall 2022)

Days will be Attending Camp: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

CPR Exp. Date  First Aid Exp. Date  BB/Archery Exp. Date

Health Insurance Carrier  Policy #

Parent/Guardian Name  Email

Home #  Work #  Cell #

**EMERGENCY CONTACT:** If the above cannot be reached at the phone numbers given, we will attempt to contact:

Name  Phone  Relationship

**UNIFORM ORDER:** The Day Camp T-Shirt & Hat is the official uniform for Day Camp and **MUST** be worn each day.

**Note:** Tot-Lot Participants will be provided a non-official Camp T-shirt.

Indicate the Size shirt for this participant.

*(Select only one shirt! Extra shirts are not available this year.)*

## **Camper (Grades 1-5): 1 T-Shirt & Hat (included in registration fee)**

<b>Check Shirt Size:</b>	<input type="checkbox"/> Youth X Small 4-6	<input type="checkbox"/> Adult Small
	<input type="checkbox"/> Youth Small 6-8	<input type="checkbox"/> Adult Medium
	<input type="checkbox"/> Youth Medium 10-12	<input type="checkbox"/> Adult Large
	<input type="checkbox"/> Youth Large 14-16	<input type="checkbox"/> Adult XL

## **Youth Staff (Grades 6 & up): 1 T-Shirt (included in registration fee)**

<b>Check Shirt Size:</b>	<input type="checkbox"/> Youth Small	<input type="checkbox"/> Adult Medium
	<input type="checkbox"/> Youth Medium	<input type="checkbox"/> Adult Large
	<input type="checkbox"/> Youth Large	<input type="checkbox"/> Adult XL
	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult 2XL

## **Adult (age 18 & up): 1 T-Shirt (included in registration fee)**

<b>Check Shirt Size:</b>	<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult 2XL
	<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult 3XL
	<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult 4XL
	<input type="checkbox"/> Adult XL	<input type="checkbox"/> Adult 5XL

IS THERE ANYONE SPECIFICALLY RESTRICTED FROM PICKING UP THIS CAMPER? ☐ YES ☐ NO

IF YES, WHO?

**For Camp Use ONLY:**

☐ REGISTERED ☐ BSA MEDICAL ☐ IMMUNIZATIONS ☐ INSURANCE ☐ CONTRACT ☐ TRAINING ☐ YPT

# ADULT REGISTRATION

## 2022 Arrowhead District Cub Scout Day Camp

Name  Date of Birth

### BACKGROUND INFORMATION

Have you ever been convicted of a **Felony**? ☐No ☐Yes

**Misdemeanor**? ☐No ☐Yes

If "YES" to either above, please give details and explain.

I affirm that all information contained in this registration is true and accurate to the best of my knowledge and belief.

Signature  Date

### CHARACTER REFERENCE

**Provide your BSA Card and Two Character References;**

- If you are a registered member of the Boy Scouts of America or American Heritage Girls, attach to this registration a photocopy of your current membership card.
- Provide two character references. Just ask another adult in your organization, church, or community to complete the section below for your character reference.

To Whom It May Concern:

I,  (*Reference - Print Name*), attest to the character and integrity of  (*Registrant - Print Name*) to properly supervise youth under the age of 18.

Reference Signature  Date

Reference Contact Information:

Address  City  Zip

Relationship to Registrant  Email

Home #  Work #  Cell #

To Whom It May Concern:

I,  (*Reference - Print Name*), attest to the character and integrity of  (*Registrant - Print Name*) to properly supervise youth under the age of 18.

Reference Signature  Date

Reference Contact Information:

Address  City  Zip

Relationship to Registrant  Email

Home #  Work #  Cell #

ARROWHEAD DISTRICT  
CUB SCOUT DAY CAMP  
CONTRACT 2022

I,  have read the job description for the position of STAFF/CHAPERONES /JR STAFF/ DEN Chief for Cub Scout Day Camp. I will arrive at 7:30am each day, in uniform. I agree to abide by all the rules and regulations of the camp. I will do my best to fulfill the job description of my position and any other duties that may be assigned by the Camp Director and follow the policies of the Scouts BSA of America.

\_\_\_\_\_  
Signature

Date

**CAMP RULES**

1. All Scouts in camp will use the buddy system.
2. NO Profanity or fighting.
3. ALL Scouts will stay with their den unless the chaperone has given permission for them to leave.
4. ALL Scouts will check in and out with the chaperone each morning and afternoon. ALL Staff, Chaperone, Scouts BSA and Helpers will check in and out at Headquarters.
5. Behavior problems will be brought to the Camp Director. If this causes the Camper to miss an event the Camper will not be able to make it up. Excessive problems will result in the Scout being sent home.
6. Any injury must be reported to the chaperone immediately, and reported to the Health Officer.
7. Before bringing any water devices please check with the chaperone.
8. ALL VISITORS MUST CHECK IN AND OUT AT CAMP HEADQUARTERS.
9. Wear your Camp T-shirt, hat each day and closed toe shoes.
10. NO SMOKING! Please check with the director for the designated smoking area.
11. Stay away from unauthorized areas.
12. No Knives or guns allowed. No Pets!
13. Park in designated areas only and do not speed.

**JOB DESCRIPTIONS**

**PROGRAM STAFF**

All Staff shall be at least 18 years old  
Registered with Scouts BSA, YPT Certified  
Responsible to the Program Director and Camp Director  
In cooperation with Chaperones carry out the program  
Responsible to the Program Director for all materials and supplies used  
Report any program problems to the Program Director or Camp Director  
Report any behavior problems to the Program Director or Camp Director  
Secure all materials and work area daily  
Other duties as assigned

**CHAPERONES**

All Chaperones shall be at least 21 years old  
Able to exert strong leadership skills  
YPT Certified  
Responsible to the Program Director and Camp Director  
Supervise all campers in their care  
Assist campers with housekeeping, sanitation, health and safety  
Assist Program Staff and campers in activities as needed  
Maintain proper conduct in the Den  
Keep daily attendance records; report attendance before first session daily  
Assist campers in preparing an opening, closing, song, skit or yell  
Responsible to see that all campers are picked up before leaving for the day  
Other duties as assigned

**JUNIOR STAFF/DEN Chief**

Scouts BSA working in Program areas at least 14 years old  
YPT Certified  
Conduct themselves per the Scout Law and Oath  
Responsible to the adult to whom they are assigned, Program Director and Camp Director  
Assist Chaperones or Program Staff as needed  
Other duties as assigned

## Part A: Informed Consent, Release Agreement, and Authorization

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a])* My signature below on this form indicates my permission.

I give permission for my child to use a BB device. (Note: Not all events will include BB devices.)

☐ **Checking this box indicates you DO NOT want your child to use a BB device.**



**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 Scout Ranch, Philmont Training Center, Northern Tier, 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)

### Complete this section for youth participants only:

#### Adults Authorized to Take Youth to and From Events:

You must designate at least one adult. Please include a phone number.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Adults **NOT** Authorized to Take Youth to and From Events:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_



**Prepared. For Life.®**

## Part B1: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

### High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height (inches): \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Phone: \_\_\_\_\_

Unit leader: \_\_\_\_\_ Unit leader's mobile #: \_\_\_\_\_

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: _____ Insulin pump: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Hypertension (high blood pressure)	
		Adult or congenital heart disease/heart attack/chest pain (anginal)/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/reactive airway disease	Last attack date: _____
		Lung/respiratory disease	
		COPD	
		Ear/eyes/nose/sinus problems	
		Muscular/skeletal condition/muscle or bone issues	
		Head injury/concussion/TBI	
		Altitude sickness	
		Psychiatric/psychological or emotional difficulties	
		Neurological/behavioral disorders	
		Blood disorders/sickle cell disease	
		Fainting spells and dizziness	
		Kidney disease	
		Seizures or epilepsy	Last seizure date: _____
		Abdominal/stomach/digestive problems	
		Thyroid disease	
		Skin issues	
		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 B2: General Information/Health History

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

High-adventure base participants:

Expedition/crew No.: \_\_\_\_\_

or staff position: \_\_\_\_\_

### Allergies/Medications

DO YOU USE AN EPINEPHRINE  
AUTOINJECTOR? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

DO YOU USE AN ASTHMA RESCUE  
INHALER? Exp. date (if yes) \_\_\_\_\_ ☐ YES ☐ NO

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Medication	
<input type="checkbox"/>	<input type="checkbox"/>	Food	

Yes	No	Allergies or Reactions	Explain
<input type="checkbox"/>	<input type="checkbox"/>	Plants	
<input type="checkbox"/>	<input type="checkbox"/>	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 list 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. 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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pertussis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles/mumps/rubella	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., Hib)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exemption to immunizations (form required)	

Please list any additional information about your medical history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DO NOT WRITE IN THIS BOX.

Review for camp or special activity.

Reviewed by: \_\_\_\_\_

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

Further approval required: ☐ Yes ☐ No

Reason: \_\_\_\_\_

Approved by: \_\_\_\_\_

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

