

GOLDEN ARROW DISTRICT CUB SCOUT TWILIGHT CAMP CUB INFORMATION FORM

Name:	Date of Birth / /	Age (as of camp)
Street Address	City	Zip (+4)
Home Phone	Daytime Phone	Cell Number
Parent/Guardian Name	Email @	
Pack	School	Grade Completed as of May 31, 2007

A. Cub Scout rank as of September 1, 2007 (Cubs "graduate" to the next rank as soon as school is out, June 1st)

TIGER – will be in the 1st grade

BEAR – will be in the 3rd grade

WOLF – will be in the 2nd grade

WEBELOS I or II - will be in the 4th or 5th grade

B. This will be my son's 1st year 2nd year 3rd year or 4th year year to attend Cub Scout Twilight Camp.

C. Camp Dates: Cubs must be in attendance ALL DAY, EVERYDAY.

Week 1: June 4 -8, 2007, 5:30 pm – 9:00 pm

Week 2: June 11 – 15, 2007, 5:30 pm – 9:00 pm

This is the only session which my son can attend:

Yes

D. PERSON AUTHORIZED TO PICK UP CHILD (limit 2 names)

1. _____
(name & contact number)

2. _____
(name & contact number)

E. T-Shirt Size: Please check appropriate size. This will be your son's camp uniform, and it must be worn **EVERY** night.

When ordering your son's t-shirt, keep in mind that the t-shirts do shrink and tend to run small. Additional shirts are \$8.00 each.

Youth Medium (10-12)

Adult Small (34-36)

Adult Large (42-44)

Youth Large (14-16)

Adult Medium (38-40)

Extra Shirt (same size, \$8.00)

F. Camp Fee is **\$50.00 for Cub Scouts (Tiger, Wolf & Bear)** and **\$60.00 for all Webelos**. This fee includes: Camp T-shirt, water bottle, patch and all daily activities. Please make check payable to **BSA**. **Early Bird Registration – \$5.00 discount per scout if registration is received by March 31, 2007.**

G. **Please** complete this form and a Youth Health Form and turn both in well before the registration deadline. Registration forms will be accepted at the monthly Roundtables, or by mail to: Twilight Camp Registrar, Joan Englander, 9334 Portal Dr., Houston, TX 77031-2211, well before the registration end date of April 30, 2007. **SPACE IS LIMITED, SO REGISTER EARLY.**

H. Registration Ends on April 30, 2007. Packs must have all forms & fees turned in no later than April 30, 2007. Registration will be accepted on a first come, first served basis, beginning January 1, 2007. **The first 300 Cub Scouts who register before March 31, 2007 will receive a special "Junior Investigator" rocker patch.**

I. NO REFUNDS WILL BE GIVEN.

J. If you are a parent/guardian volunteering for the same week, please give your name _____ to assist in ensuring that the cub scout and parent/guardian volunteer are placed together in the same week. Cub Webelos **pick one**
Please remember that there must be one (1) trained adult leader for every four (4) boys, except in the case of a Tiger Cub, which will be a one (1) to one (1) ratio. Check with your Pack and/or Den to be certain that enough leaders will be present.

CONSENT TO PHOTOGRAPH, OR RECORD ELECTRONICALLY *(required)*

As Parent/Guardian of this child, I understand and agree that my child may be photographed and/or videotaped for promotional purposes only. My child's name, or any personal information, will not appear with any video or photographic reproduction. I further understand that the pictures belong to the GAD Twilight Camp, and I will not receive payment, or any other compensation in connection with these pictures.

Signature: _____

Questions? Contact:

James Ragan, Twilight Camp Director: Commish_gadtc@yahoo.com , or (281) 499-6811

Diane Ragan, Twilight Program Director: Radiant_gadtc@yahoo.com , or (281) 499-6811

Joan Englander, Twilight Camp Registrar: researcher_gadtc@yahoo.com, or (713) 981-7215

YOUTH HEALTH HISTORY

(please complete the entire form)

Name: _____ Age: _____

Physician: _____ Number: _____

In case of an emergency, call these people in this order.

1. _____ Phone No. _____ Relation _____
2. _____ Phone No. _____ Relation _____
3. _____ Phone No. _____ Relation _____

Problems with (check any that apply):

- Asthma Fainting spells Convulsions Heart trouble Diabetes Seizures
 Bleeding Disorders Allergy to any medication, food, plants, animals, or insect toxins
 Any condition that may require special care, medication, or diet

If you checked yes to any of the above, please explain: _____

Have difficulty with (check any that apply): Eyes, ear, nose, or throat Digestion Lungs

Any restrictions of activity for medical reasons? Yes No

If yes, please explain: _____

Immunizations: PLEASE NOTE: The Texas Department of Health requires an actual DATE be recorded in the spaces below. ("Current", will no longer be accepted)

	Date of last inoculation	Date of last inoculation	Date of last inoculation
Diphtheria	_____	Measles _____	Polio _____
Pertussis	_____	Mumps _____	Hib _____
Tetanus	_____	Rubella _____	Hepatitis B _____

Allergy or reaction to any of the follow:

- Medication: Yes No Explain: _____
Bee stings, insect bites, or plants: Yes No Explain: _____
Food: Yes No Explain: _____
Other: Yes No Explain: _____

Any condition requiring medication? Yes No

Name of Medication(s): _____

Will it be necessary to administer this medication while at Twilight Camp? Yes No

If yes, please explain: _____

Is your child on, or has he recently been on the medication Ritalin, or other medications for ADD or ADHD? Yes No

Is he taking a summer break from this medication? Yes No

CONSENT TO TREAT(required)

The health history above is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event the above names cannot be reached in an emergency, I hereby give permission to the physician selected by the Twilight Camp Director to secure proper treatment, including, but not limited to hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature: _____ Date: _____ Relation: _____