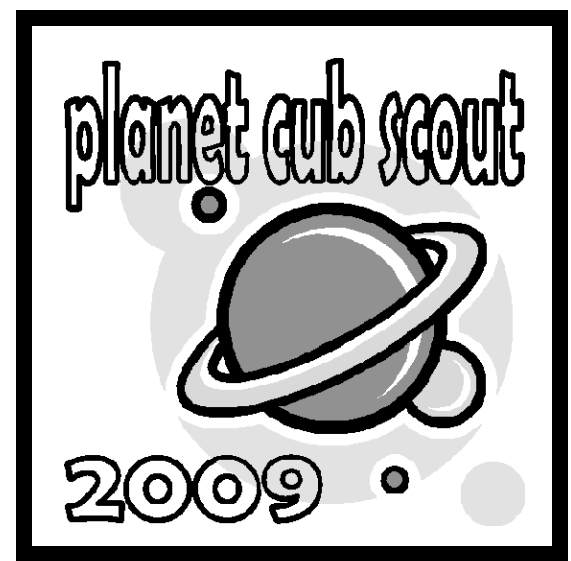


Hey, CUB SCOUTS!



get ready to
BLAST OFF



into Adventure!

so what do we do at Planet Cub Scout 2009?

BB Range Learn the safe and proper way to shoot a BB Gun under the watchful eye of a trained instructor
Archery Range Learn how to handle a bow and arrow under the supervision of a trained instructor
Den Activities Practice songs, skits, and cheers for the campfire and make a Den Flag
Service Projects Put your muscles to work by doing a Good Turn project for your Day Camp area

Nature/Ecology/Conservation Learn about the birds, animals, and insects in the area you are using; learn how to conserve our natural resources, and how you can help our environment
Crafts Make neat things relating to the theme and take home to show Mom and Dad
Swimming Play and have fun in a safe swimming area
Games Fun activities you can do as a Den

Sports Learn rules for basic team sports such as volleyball, baseball, basketball, soccer, and MORE
Scout Craft Learn Scout skills such as fire-building, cooking skills, and camping tips

**For more information or additional registration forms, check us out online at www.nfscouting.org
ONLINE REGISTRATION IS AVAILABLE MARCH 1, 2009!!**

BOY SCOUTS OF AMERICA
 The North Florida Council 521 S. Edgewood Avenue Jacksonville, FL 32205 904-388-0591
www.nfscouting.org

Cub Scout/Tag-Along Name: _____

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY To be filled out by parent, guardian, or adult participant. Please print in ink.

Date of birth _____ Age _____ Home Telephone # _____

Name of parent or guardian _____

Home address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ **Signature of parent/guardian or adult** _____

Check all items that apply, **past or present**, to your child's health history. Explain in any "Yes" answer

ALLERGIES: Food, medicines, insects, plants Y / N Explain: _____

GENERAL INFORMATION: Circle Y (yes) N (no) for all that apply

Y / N ADHD (Attention-Deficit Hyperactivity Disorder) Y / N Convulsions/seizures Y / N Hemophilia Y / N Asthma
 Y / N Diabetes Y / N High blood pressure Y / N Cancer/leukemia Y / N Heart trouble Y / N Kidney Disease
 Y / N Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

_____ Polio _____ Measles _____

_____ Diphtheria _____ Mumps _____ Pertussis (Whooping Cough) _____

_____ Tubella _____

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BOY SCOUTS OF AMERICA
 The North Florida Council
 521 S. Edgewood Avenue
 Jacksonville, FL 32205

2009 Day Camp Details

2009 CUB SCOUT DAY CAMP REGISTRATION FORM

A separate form is required for EACH Scout/Youth for EACH week/location of attendance.

District Location Name	Dates	Program Hours	Extended Day offered	Tot Lot offered	Directors	Phone
Alachua T B McPherson Park	June 8-12	8:00 - 4:30	No	Yes	Ron White Todd Yurchisin	352-494-6129 352-376-3736
Alachua First United Methodist Church Chiefland	June 8-12	8:00 - 4:30	Yes	Yes	Gary Keeler Joann Keeler	352-628-3241 352-463-6688
Baden Powell Highlands MiddleSchool	June 15-19	9:00 - 4:00	Yes	Yes	Kenya Small	904-751-9957
Baden Powell MLK Recreation Center Fernandina Beach	June 22 -26	8:30 - 4:00	Yes	Yes	Ginny Earick Candi Walters	904-327-8600 904-759-1027
Black Creek Camp Echockotee	June 8-12	8:00 - 5:15	No	Yes	Calvin Dumas Ray Jeter	904-272-0534 904-276-9498
Black Creek Camp Echockotee Twilight	July 13-17	6:00 - 9:30	No	No	Robert Midgett Ronald Burckhard	904-318-7697 386-659-2710
Great Muskogee Rolling Hills Baptist	June 15-19	8:00 - 5:00	No	Yes	Jean Gwinnup Kim Davis	904-371-3847 904-864-0258
Great Muskogee NAS Jacksonville	July 27-31	8:00 - 5:00	No	Yes	Jean Gwinnup Kim Davis	904-371-3847 904-864-0258
Marion Oak Tree Village Ocala	June 22-26	8:30 - 4:30	No	Yes	Inga Glaspey Bridget Hagen	352-256-8580 352-875-9004
Marion St. John's Lutheran Church Summerfield	June 15-19	8:30 - 4:00	No	Yes	Debra Russell	352-598-2459
Osceola St Francis in the Field North St Johns County	June 22-26	8:00 - 4:30	Yes	Yes	Kelly Davis	904-476-2305
Osceola Community Bible Church St Augustine	July 20 -24	8:00 - 4:30	No	No	Brenda Bennett Jodi Lanford	904-824-7150 904-461-9260
Riverbend San Juan del Rio Church	June 22-26	8:30 - 4:30	No	Yes	Cindy Parrish Jared Nielson	904-886-7135
Shawnee Mayport Naval Station	June 15-19	8:30 - 4:30	No	Yes	Beatrice Jones Mark Frank	904-704-0232 904-891-4801
Shawnee St Matthews Lutheran	July 13-17	8:30 - 4:30	No	Yes	Beatrice Jones Dwain Williams	904-704-0232 904-662-6996
Suwannee River Lake City CC	June 15-19	8:00 - 4:30	No	Yes	Felicia Holder	386-365-4469
Timucua Friendship Bible Church Keystone	June 15-19	8:30 - 4:30	No	Yes	Angie Jones Russ Gordon	386-937-1198 386-937-8626
Timucua Putnam County Shrine Club East Palatka	July 13-17	8:30 - 4:30	No	Yes	Angie Jones Russ Gordon	386-937-1198 386-937-8626

Location Name Attending: _____

Camper's Pack Number: _____ Camper's Pack's District: _____

Please Select One:

- Cub Scout (register male Scout ages 1-5 grade; new Tiger Cubs must have an adult partner with them at camp)
- Tot-Lot Camper (youth ages 3-5 years old; must be potty-trained)
- Tag-a-long Camper (youth ages 6-10 years old; must be joining a parent in attendance each day at camp)

During the 2009/2010 School Year, my Cub Scout will be a (CIRCLE ONE)

Tiger (1st Grade) Wolf (2nd Grade) Bear (3rd Grade) Webelos (4th Grade) Webelos (5th grade)

- YES! I want to volunteer at camp! (Please complete separate Day Camp Adult Volunteer Registration Form)
- YES! I want to donate supplies! Type of Supplies _____

AT LEAST ONE ADULT MUST VOLUNTEER ALL WEEK FOR EVERY 5 BOYS REGISTERED PER PACK.

Camper Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age (on June 1, 2009): _____

Adult Contact Name: _____

Adult Contact E-mail: _____

Adult Contact Phone: _____ Alt Phone: _____

Additional Adult/Guardian Name: _____

T-SHIRTS: Included in Day Camp fee for Cub Scouts, Tot-Lot and Tag-a-Long Campers. Relatives can purchase T-shirt, though quantities are limited and distributed on a first pay, first serve basis. Please indicate size and quantities below.

_____ Youth Extra Small (4-5) _____ Youth Small (6-8) _____ Youth Medium (10-12) _____ Youth Large (14-16)

_____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-Large

_____ Adult 2X-Large _____ Adult 3X Large

INDIVIDUAL REGISTRATION FEES		<i>Please review our cancellation policy online at www.nfscouting.org</i>	
# of Cub Scouts (registered on or before May 15, 2009)	@ \$70	=	\$ _____
# of Cub Scouts (registered after May 15, 2009)	@ \$85	=	\$ _____
# Cub Scout for Black Creek Twilight Camp	@ \$50	=	\$ _____
# Tot-Lot/Tag-A-Long Campers	@ \$25	=	\$ _____
# Needing Extended Care (at participating locations only)	@ \$20	=	\$ _____
# of Additional T-shirts	@ \$12	=	\$ _____
TOTAL FEES ENCLOSED		=	\$ _____

Type of Payment (CIRCLE ONE) Cash Check Credit Card

Make Checks Payable to: The North Florida Council

Credit Card Payment

Name of Cardholder: _____

Card #: _____

Exp. Date: _____ 3-Digit Code: _____

Signature of Cardholder: _____

Mail Completed Form and Payment to :

North Florida Council
521 S. Edgewood Ave.
Jacksonville, FL 32205

NOTE: By submitting a registration form, you are authorizing the North Florida Council, BSA to take photos of your Scout and family for promotional purposes ONLY. Photos will not be sold or utilized for any use outside of youth and volunteer recruitment by the North Florida Council, BSA.