

Pinckney District Cub Scout Day Camp 2010

Get ready for

Blast Thru the Past

Dates: June 21-25

Adventures Happen Daily from 8:00 a.m. - 3:30 p.m.

*This year's camp will be full of adventure for Cub Scouts of all ages! There will be BB's, Crafts, Games, **SWIMMING EVERY DAY** and **MORE!***

Pinckney District Day Camp location: USC Upstate.

This camp is designed for the following ranks: Tiger (1st grade), Wolf (2nd grade), Bears (3rd grade), Webelos I (4th grade), and Webelos II (5th grade).

COST: \$90.00 per registered Cub Scout

NO registrations will be accepted after June 12th

All fees cover T-shirt, water bottle, backpack, poncho, a Patch, lunch daily, accident insurance and liability insurance.

Lunch will be provided. Scouts will need to have sunscreen and wear the Camp T-Shirt each day. Closed toe shoes must be worn (no crocs, sandals or flip flops). Day Camp dens will be formed into *Dens* by rank and have 10 - 12 Scouts. Boys from each Pack will be grouped together in their appropriate Dens. Campers will also have the opportunity to meet Scouts from other Packs.

Adult Leadership is a MUST!!!

Adult leadership is needed in several areas: (Adults who volunteer all 5 days will receive a day camp staff t-shirt)

Program Staff is needed to lead activities such as crafts, nature & science, field sports, archery, BB's, skits, and songs.

Dens will be spending about 45 minutes at each station. Materials and program guidelines are provided and the program staff has the full support of the administrative staff.

Den Leaders are adult / parent volunteers assigned to each den to act as guides for the boys throughout the day. Every effort will be made to assign parents to their child's den but that is not always possible.

YOUTH PROTECTION TRAINING IS MANDATORY for all registered leaders, volunteers, and den chiefs who will serve in any capacity at Pinckney District Day Camp. (Training is required every year). A schedule for training, orientation and open house will be distributed to packs.

Please share this information so all can have the chance to experience the Blast Thru the Past.

Camp Leadership:

Camp Director	Nancy Wasness	864-814-3831 or nwasness@bellsouth.net
Program Director	Rusty Daniels	864-864-9098 or jamesdaniels864@bellsouth.net
Program Director	Scot McClellan	864-427-1690 or scotmcclellan@aol.com
District Executive	Chris Brown	864-585-4391 or chbrown@bsaemail.org



2010 Cub Scout Blast Thru the Past Day Camp Registration Form June 21st - 25th

Return this form with your payment to your Pack Registrar **Registration ends June 11th.**
Only One Person per Form (Please Print)

I am registering:

Name _____ Pack#: _____
 Cub Scout Boy Scout Staff Den Leader
 DOB _____ Grade (Fall 2010) _____ Rank (Fall 2010) _____
 Address _____
 City _____ Zip _____
 Phone # _____ Cell# _____

Parent/Guardian/Spouse Name _____
 Days working in Camp: M T W TH F
 Home # _____ Work # _____
 Cell# _____ Pager # _____
 First Aid Exp. Date _____ CPR Exp. Date _____
 Email address: _____ YPT Training Date: _____

T-shirt Order—Please indicate how many of each size you need.
Registration includes one FREE shirt.

Youth		Adult			
M (\$8)		M (\$10)		2XL (\$12)	
L (\$8)		L (\$10)		3XL (\$14)	
XL (\$8)		XL (\$12)			

Who is authorized to pick up this camper? _____

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

Name: _____
 Phone#: _____ Cell#: _____

Day Camp Fee \$90.00 + Extra T-shirt Fees \$ _____ = Total attached \$ _____

Please make checks payable to Palmetto Council or you may pay by credit card below. Please mark one:

Name on Card: _____
 Credit Card# _____ Exp _____



Health History (Please Print)

THIS INFORMATION MUST BE COMPLETELY 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____ ADHD _____

Other Allergies _____

Any recent Surgery or Hospitalization? YES ____ NO____

If YES, Please Explain _____

Any Condition now requiring regular medication? YES ____ NO____

If YES, 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, we require a (month/year) date.

DPT____ MMR____ Oral Polio _____

HIBS____ Tetanus____ Chicken pox _____

(If over 21, only Tetanus date is required by South Carolina Health Dept.)

Physician's Name _____ **Phone #** _____

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 _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

Mail all completed forms to:

Palmetto Council, BSA
420 S Church Street
Spartanburg SC 29306
864-585-4391

If you are paying by credit card, you may fax your registration with your credit card information to 864-585-7751