

Scouting: 1910 - 2010

Day Camp

CHIPPEWA DISTRICT GREAT TRAIL COUNCIL

2010

Session 1: July 1, 2, & 3

Session 2: July 5, 6, & 7

Session 3: July 8, 9, & 10

**Camp Butler
Peninsula, Ohio**

**Come Join Our Camp
For A Great Summer Adventure**

This Packet Has Been Prepared Especially for Pack # _____

2010 CHIPPEWA DISTRICT DAY CAMP

Who: Any Registered Tiger, Cub Scout or Webelos Scout
Dates: Session 1 – July 1, 2, 3 8:30 a.m. to 4:30p.m. Thursday-Friday
1:00p.m. to 7:30p.m. Saturday
Campfire program 7:40 p.m. - 8:40 p.m. Saturday
Session 2 – July 5, 6, 7 8:30 a.m. to 4:30 p.m. Monday-Tuesday
1:00 p.m. to 7:30 p.m. Wednesday
Campfire program 7:40 p.m. – 8:40 p.m. Wednesday
Session 3 – July 8, 9, 10 8:30 a.m. to 4:30 p.m. Thursday-Friday
1:00 p.m. to 7:30 p.m. Saturday
Campfire program 7:40 p.m. - 8:40 p.m. Saturday

Site: Camp Butler, Rt. 303, Peninsula, Ohio
Camp Fees: \$60.00 Tiger/ Cub/ Webelos/ Sibling [sibling ages 6-10]
NO REGISTRATIONS WILL BE ACCEPTED AFTER May 21

Program: First graders [as of Sept. 2010] must be currently enrolled in your Pack as a Tiger Cub. Each Tiger Cub must have at least one parent with them on all trips and outings. [**National Boy Scout Policy**]. Cubs in 2nd and 3rd grade [as of Sept. 2010] will be in the Cub program. Webelos in the 4th and 5th grade [as of Sept. 2010] will be in the Webelos program.

Registration: Registrations, Fees, and Health Forms must be sent in completely filled out and signed by a parent and received no later than May 21. Please register as early as possible. Please make your checks payable to your Pack, and then have each Pack issue one check made payable to Great Trail Council. **Do not mail registrations or fees to the Council Office. Sending your registration to the Council Office will delay your Pack's registration process.**

Siblings: Ages 6-10 only. Siblings will travel in the same group as their Scout brother. All siblings must be registered and paid. All siblings must have a parent as a Chaperone every day. **This will be strictly enforced.**

Camp Director: Chuck Hale – 330-225-1484 e-mail: cdhale@roadrunner.com

PLEASE SEND ALL FORMS AND FEES TO:

Michelle Hennis, 3455 Malvern Dr.

Brunswick, Ohio 44212

330-225-5755 or hennismm@roadrunner.com

DEADLINE MAY 21, 2010

NO PETS ALLOWED ON CAMP PROPERTY

PROGRAM

SESSIONS 1-2-3: Days 1-2 the opening starts promptly at 8:30a.m.

SESSIONS 1-2 3: Day 3 the opening starts promptly at 1:00p.m.

FEES---SIBLINGS

The fees for day camp are \$60.00 per sibling. These fees include a Camp T-shirt, cup and all program supplies. Parents of siblings must be in camp. All siblings in Camp must be paid and included on the Pack Camp Roster. Ages are 6-10. **This will be strictly enforced.**

REGISTRATION

Each individual Pack should appoint one person from their Unit to act as their individual Day Camp Coordinator. All fees and registrations should go through this person first before being sent in to the Day Camp Registrar. The Day Camp Coordinator or a designated representative shall be responsible for the daily registration process.

NO REGISTRATIONS will be accepted after May 21. There will be no exceptions. Please turn in your registrations on time. Each session will be filled on first come – first served basis. As in the past, each registered **paid** participant will receive a T-shirt. The individual sizes and number of each size must accompany your registration.

CHAPERONES

Each Pack **must** provide one (1) adult (Chaperone) for every five (5) Cubs, plus one (1) adult (Chaperone) for every five (5) Webelos. (**EXAMPLE:** If you have 2 Webelos and 3 Cubs, you will need 2 adults. One will go with the Cubs and one will accompany the Webelos. One (1) adult (Chaperone) **cannot** accompany both Cubs and Webelos.) Each Chaperone **must** be 21 years of age or older and can be Den Leaders, parent, or family member. Chaperones should not have unregistered siblings (under age 6 or over age 10) traveling with them throughout the day. These adult chaperones will accompany the boys throughout the day to each activity and be responsible for their behavior. **Tigers must have at least one parent present at all times.** Chaperones may purchase a tee shirt for \$10.00. We will be feeding everybody all **three days**. Please list on your form which day or days each chaperone will attend. Food quantities are based on rosters and the morning check-ins. Please let us know if you have special needs. **If your Pack has more Chaperones then needed, your Pack will pay \$3.50 per day, per person, if paid in advance. Cost will be \$5.00 at Camp.** Chaperones will also need to take the swim test in order to participate at the pool and at the lake. **The swim test will only be offered on the first day of each session.** All chaperones will be given a wrist band each day at check in and are asked to wear this wristband while in camp. Chaperones are encouraged to bring activities to keep the Scouts occupied while waiting their turn at stations.

ROSTERS

Rosters must be turned in daily and include Pack number, names of everyone in attendance [that day]. The rosters are needed in case of an emergency. Please have your Pack meet at the flagpole by your sign and have one [1] adult be in charge of registration. The Pack Coordinator is encouraged to arrive early each day to complete this process.

PHYSICAL----FIRST AID

Any person coming to Day Camp must have a health form filled out and signed. Cubs, Webelos, and Siblings need theirs signed by a parent. Anyone not having this form filled out will not be permitted to participate in the camp programs. **If a child has special needs (example: medical, physical, or behavioral) these must be listed on their Health Form. We also want to know if anybody has an Epi Pen or Inhaler. All information will be kept in strict confidence. If you have an Epi Pen or Inhaler they must be with you at ALL times, while in Camp. Epi Pens and Inhalers will be reviewed daily by the Health Officer who will verify expiration dates. Expired Epi Pens and Inhalers will not be accepted.** All forms should be turned in with your advance registrations. Health forms will be kept on file with the Medical Officer until camp is over. These forms are required in case of a medical emergency while at camp. Also, emergency telephone numbers should be listed on Health Form. Any accident or injury **must** be reported to our Medical Officer. This is a National Boy Scouts of America policy. **Also please list and highlight any special dietary needs.**

WHAT TO BRING----DRESS CODE

All participants should bring with them daily:

Day Camp T-shirt [receive first day of camp] – **must wear all 3 days**

Day Camp cup to drink out of [receive first day of camp]

Swim trunks and towel

Old T-shirt [to wear at lake activities]

Hat and/or sun block

A daypack / backpack to carry their things

A pair of old shoes to wear at Lake (MANDATORY)

PLEASE DO NOT WEAR SANDALS IN CAMP

Dress accordingly to weather conditions (program runs rain or shine).

All clothing worn to camp should have the participant's name and Pack number on it.

Shoes and shirt must be worn at all times. The only place you are permitted to be barefoot or without a shirt is the pool area. Scouts will be changing for the pool without adult assistance. Encourage them to keep all clothing in their backpack.

SAFETY-----BUDDY SYSTEM

The Day Camp Staff has taken steps to try to make our camp as safe as possible for all of the participants. Cubs should not throw rocks, climb trees, or engage in any activity that might endanger those around them. Please stay on designated paths.

IMPORTANT: If a boy should get lost from your group, please notify a Staff Member IMMEDIATELY. The Camp Director will conduct a search for the boy according to established procedures. DO NOT try to find the boy yourself. Your responsibility is to the rest of the group at this point. No boy is permitted to go anywhere in camp unless accompanied by a buddy, Chaperone from his group or by a member of Day Camp Staff.

LOST AND FOUND

Any items that do not belong to you should be turned in to a Staff Member. An area will be provided at the Conference Center to claim all lost items. Please check the Lost and Found area each day. The Staff will not be held responsible for any lost items.

CAMP PHONE

1-330-657-2422 is the Day Camp phone number. This number will ring at the Camp Butler Conference Center. **PLEASE CALL THIS NUMBER FOR EMERGENCIES ONLY.**

RESTROOMS

Restrooms are located in each building in camp. Porta-Potties are also available in remote areas, along with pit latrines.

STAFF

The Day Camp Staff is all volunteer run. Staff members are trained before the start of camp. If you have any problems with a volunteer, please contact Chuck Hale or Michelle Hennis. We are always seeking volunteers from individual units to fill staff positions. Camp cannot run without this help. Anyone interested in volunteering to be a staff member should call Chuck Hale (330-225-1484) or e-mail: cdhale@roadrunner.com

MEDICAL FORM

National came out with a new Medical Form January 1, 2010. You now need front and back copies of your insurance card attached to your form. Without that copy, Medical Form is not valid. Each form must have insurance card attached.

STOP!

Before you mail anything – Make sure that you have:

- 1.} A Pack Day Camp Coordinator[see Unit Registration form]
- 2.} A completed Unit Registration form.
- 3.} A Youth Registration form for each scout/sibling attending (must be signed by parent)
- 4.} Cub Roster
- 5.} Webelos Roster
- 6.} Sibling Roster
- 7.} Chaperone Roster [mark day each attending]
- 8.} Health form for each person attending (must be signed by parent)
- 9.} Release of Camper form [if scout/sibling leaving early]
- 10.} T-shirt sizes listed on Rosters
- 11.} One check made payable to: Great Trail Council

When you have all of the above completed send them

to: Michelle Hennis

3455 Malvern Dr.

Brunswick, Ohio 44212

DEADLINE: May 21, 2010

PLEASE SHARE THIS INFO WITH YOUR PACK

**All refund requests must be made in writing and sent to: Great Trail Council,
P.O. Box 68, Akron, Ohio, 44309 in care of Dick Heilman, prior to June 19.**

No refunds will be paid until after the last session.



2010 CUB SCOUT DAY CAMP YOUTH REGISTRATION

Name: _____ Pack: _____

Address: _____

Phone: _____ Grade in School as of September 2010: _____

Please Check: _____ Registered Scout _____ Sibling (Ages 6 – 10)

e-mail address: _____

Please check the Program below that you wish to attend:

- ____ Cub Day Camp Program – July 1, 2, 3
- ____ Cub Day Camp Program – July 5, 6, 7
- ____ Cub Day Camp Program – July 8, 9, 10
- ____ Webelos Day Camp Program – July 1, 2, 3
- ____ Webelos Day Camp Program – July 5, 6, 7
- ____ Webelos Day Camp Program – July 8, 9, 10 **online: www.gtcbasa.org**

I AGREE TO PERMIT MY CHILD TO PARTICIPATE IN THE CHIPPEWA DISTRICT DAY CAMP PROGRAM. WE AGREE TO FOLLOW ALL DISTRICT & COUNCIL POLICIES & RULES

Parent's Signature: _____ Date: _____

Parental signatures must be on all camp forms. Please return all registration forms, fees, and health forms to your Pack coordinator in time so that they can be submitted before the deadline of May 21. **Please make your check payable to your Pack.**

It is the policy of the Boy Scouts of America that all boys have the opportunity to attend Cub Day Camp. If there should be a financial need, please call Chuck Hale at 330-225-1484. Camperships/financial aid do not apply to siblings. Deadline: April 12 [for Campership] Please, one form per scout/ sibling. PLEASE CHECK T-SHIRT SIZE BELOW

Youth medium _____ Youth Large _____ AS _____ AM _____ AL _____



2010 CHIPPEWA DISTRICT DAY CAMP UNIT REGISTRATION FORM

PACK: _____ **Date:** _____

Coordinator: _____ **Phone:** _____

e-mail address: _____

A. # of Scouts (Cubs and Webelos) _____ x \$60.00 _____ A. \$ _____

B. # of Siblings _____ x \$60.00 _____ B. \$ _____

C. T-shirts are included with registration for scouts and siblings.
Chaperone T-shirts are \$10.00 each

Chaperone # AS _____	# AXL _____	
# AM _____	# AXXL _____	
# AL _____	# AXXXL _____	C.\$ _____

D. Additional Chaperones @ \$3.50 per person/per day #chaperones _____ D.\$ _____

E. Unit cost for Cub Day Camp [A + B + C + D] E. \$ _____

Designate FIRST and SECOND and THIRD choice:

July 1, 2, 3 _____ July 5, 6, 7 _____ July 8, 9, 10 _____

Please make one check payable to Great Trail Council.
No registrations will be accepted after May 21, 2010
900018 CHIPPEWA

CHIPPEWA DISTRICT DAY CAMP WEBELOS ROSTER

PACK # _____

SESSION # _____

WEBELOS NAME	ADDRESS	PHONE	GRADE	T-SHIRT SIZE	AMT. PAID	HEALTH FORM
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

CHIPPEWA DISTRICT DAY CAMP SIBLING ROSTER

PACK # _____

SESSION # _____

SIBLING NAME	ADDRESS	PHONE	AGE	T-SHIRT SIZE	AMT. PAID	HEALTH FORM
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

CHIPPEWA DISTRICT DAY CAMP CUB ROSTER

PACK # _____

SESSION # _____

CUB NAME	ADDRESS	PHONE	GRADE	T-SHIRT SIZE	AMT. PAID	HEALTH FORM
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

ONLY NEEDS TO BE FILLED OUT IF SCOUT IS LEAVING EARLY

1. Scout's name: _____ Unit # _____

2. Scout's home phone #: [_____] _____

EARLY RELEASE OF CAMPER POLICY STATEMENT

Section A It shall be the policy of Camp Manatoc/Butler to release a scout only to an authorized person as listed on the **Early Camper Release Form** as approved by the scout's parent or legal guardian.

Section B Each scout leaving camp early shall notify his Unit Leader or Chaperone and the Camp Director as to the estimated time of departure and return, if applicable.

Section C When the adult arrives, the Camp Director will verify the name on the **Early Camper Release Form** by means of a photo identification card [driver's license, state identification card, military identification card, etc.] After the verification of the name on the release form to the picture I.D., the adult shall sign out the scout. The sign-out form shall include the scout's name, time leaving, time returning [if applicable] and the printed name and signature of the adult the scout is leaving with.

Section D The Unit Leader or Chaperone may release the scout, to an adult, not on the list by signing the **waiver** below. The Unit Leader or Chaperone then assumes full responsibility for the safety of the scout.

EARLY CAMPER RELEASE FORM

Authorization is granted for the release of the aforementioned scout to parent's, guardians signing this form, other adults listed below, along with adult Day Camp Staff or adult employees of Great Trail Council, Boy Scouts of America during his period of stay.

1. _____ Date: _____
parent/legal guardian

2. _____ Date: _____
parent/legal guardian

3. _____ Date: _____

4. _____ Date: _____

WAVIER

Scout released to: _____

Released by Unit Leader or Chaperone:

_____ Date: _____
signature of leader or chaperone

printed name of leader or chaperone

Annual Health and Medical Record

(Valid for 12 calendar months)

Medical Information

The Boy Scouts of America recommends that all youth and adult members have annual medical evaluations by a certified and licensed health-care provider. In an effort to provide better care to those who may become ill or injured and to provide youth members and adult leaders a better understanding of their own physical capabilities, the Boy Scouts of America has established minimum standards for providing medical information prior to participating in various activities. Those standards are offered below in one three-part medical form. Note that unit leaders must always protect the privacy of unit participants by protecting their medical information.

Parts A and C are to be completed annually **by all BSA unit members**. Both parts are required for all events that do not exceed 72 consecutive hours, where the level of activity is similar to that normally expended at home or at school, such as day camp, day hikes, swimming parties, or an overnight camp, and where medical care is readily available. Medical information required includes a current health history and list of medications. Part C also includes the parental informed consent and hold harmless/release agreement (with an area for notarization if required by your state) as well as a talent release statement. Adult unit leaders should review participants' health histories and become knowledgeable about the medical needs of the youth members in their unit. This form is to be filled out by participants and parents or guardians and kept on file for easy reference.

Part B is required with parts A and C for any event that exceeds 72 consecutive hours, a resident camp setting, or when the nature of the activity is strenuous and demanding, such as service projects, work weekends, or high-adventure treks. It is to be completed and signed by a certified and licensed health-care provider—physician (MD, DO), nurse practitioner, or physician's assistant as appropriate for your state. The level of activity ranges from what is normally expended at home or at school to strenuous activity such as hiking and backpacking. Other examples include tour camping, jamborees, and Wood Badge training courses. It is important to note that the height/weight chart must be strictly adhered to if the event will take the unit beyond a radius wherein emergency evacuation is more than 30 minutes by ground transportation, such as backpacking trips, high-adventure activities, and conservation projects in remote areas.

Risk Factors

Based on the vast experience of the medical community, the BSA has identified that the following risk factors may define your participation in various outdoor adventures.

- Excessive body weight
- Heart disease
- Hypertension (high blood pressure)
- Diabetes
- Seizures
- Lack of appropriate immunizations
- Asthma
- Sleep disorders
- Allergies/anaphylaxis
- Muscular/skeletal injuries
- Psychiatric/psychological and emotional difficulties

For more information on medical risk factors, visit Scouting Safely on www.scouting.org.

Prescriptions

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, can agree to accept the responsibility of making sure a youth takes the necessary medication at the appropriate time, but BSA does not mandate or necessarily encourage the leader to do so. Also, if state laws are more limiting, they must be followed.



BOY SCOUTS OF AMERICA

Annual BSA Health and Medical Record

Part A

GENERAL INFORMATION

Name _____ Date of birth _____ Age _____ Male Female
 Address _____ Grade completed (youth only) _____
 City _____ State _____ Zip _____ Phone No. _____
 Unit leader _____ Council name/No. _____ Unit No. _____
 Social Security No. (optional; may be required by medical facilities for treatment) _____ Religious preference _____
 Health/accident insurance company _____ Policy No. _____

ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD (SEE PART C). IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE."

In case of emergency, notify:

Name _____ Relationship _____
 Address _____
 Home phone _____ Business phone _____ Cell phone _____
 Alternate contact _____ Alternate's phone _____

MEDICAL HISTORY

Are you now, or have you ever been treated for any of the following:

Yes	No	Condition	Explain
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		Stroke/TIA	
		COPD	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury	
		Other	

Allergies or Reaction to:

Medication _____

Food, Plants, or Insect Bites _____

Immunizations:

The following are recommended by the BSA. Tetanus immunization must have been received within the last 10 years. If had disease, put "D" and the year. If immunized, check the box and the year received.

Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Tetanus _____
<input type="checkbox"/>	<input type="checkbox"/>	Pertussis _____
<input type="checkbox"/>	<input type="checkbox"/>	Diphtheria _____
<input type="checkbox"/>	<input type="checkbox"/>	Measles _____
<input type="checkbox"/>	<input type="checkbox"/>	Mumps _____
<input type="checkbox"/>	<input type="checkbox"/>	Rubella _____
<input type="checkbox"/>	<input type="checkbox"/>	Polio _____
<input type="checkbox"/>	<input type="checkbox"/>	Chicken pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A _____
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____
<input type="checkbox"/>	<input type="checkbox"/>	Influenza _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (i.e., HIB) _____

Exemption to immunizations claimed.

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

(For more information about immunizations, as well as the immunization exemption form, see Scouting Safely on Scouting.org.)

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ _____ Distribution approved by: _____ Parent signature _____ MD/DO, NP, or PA Signature Temporary <input type="checkbox"/> Permanent <input type="checkbox"/>
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

Emergency contact No.:

Allergies:

DOB:

Last name:

Part C

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 and/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) _____

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

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: _____