



# **RIO HONDO'S CUB SCOUT DAY CAMP 2009**

## **SUMMER SAFARI!**

**JUNE 22 – 26, 2009 LAKEVIEW PARK / SANTA FE SPRINGS**

Monday 7:30 a.m. - 3 p.m. Tuesday through Thursday 7:45 a.m. - 3 p.m.

Friday 7:45 - 12:30 (Family BBQ 6 p.m. at SANTA FE SPRINGS PARK)

Dear Camp Participants:

Welcome to our annual day camp for Wolves, Bears, and Webelos. This premier event will be held June 22 - 26, 2009 at Lakeview Park in Santa Fe Springs. **The theme for this year's day camp will be Summer Safari.** The program will have lots of crafts, sports, academics and most of all – **FUN!!!** We are also scheduling a Friday night *Campfire* program at Santa Fe Springs Park – good food, songs, skits, and showmanship by the camp participants for the viewing pleasure of all the families.

Remember!!! For every **FOUR** scouts from your units, one adult leader/parent must work the five consecutive days of camp. (Please do not send multiple people to cover the five days. It's important to have continuity in the camp for the Cubs.) **Each pack must provide its own signed tour permit – whether there are 30 Cubs attending from a single pack, or just one.** (Tour permits are available through your unit or at Roundtable each month.) In addition to early registration, a significant discount is available toward the staff's own scout in exchange for volunteering all 5 days of camp. Please call **Cathy Moreno**, Cub Scout Camp Director, at **(562) 943-2092** for discount details. Adult volunteers must sign up by 4/15/09 to receive this significantly reduced price!!

The early bird registration cost this year is **\$85.00** per Cub participant and **\$20.00** for sibling care until April 15. **The cost after April 15th is \$120 per Cub participant.** Sibling care for children is available only for the adult staffs that are participating at day camp. Siblings will be cared for in our "Tot Lot" and enjoy a program similar to the Scouts. No other discounts apply other than early staff registration.

**\*\*Siblings registered in the "Tot Lot" MUST be at least 3 years old and potty trained.  
No Exceptions!**

Camp does have to limit the number for registration – SO, **Sign-Up Now!!!!** Confirmation and Camper instructions will be mailed once we receive your application. Any questions prior to Camp can be directed to:

**Cathy Moreno**  
**(562) 943-2092**

Make all checks payable to: **LAAC - BSA**

Mail the following forms: 1) Applications 2) Medical forms 3) Tour Permits to:

(Registrar Name: **Rene Gutierrez**)

(Registrar Address: **4552 Fairhope Drive, La Mirada Ca 90638**)

# SUMMER SAFARI!



## RIO HONDO CUB SCOUT DAY CAMP JUNE 22 – 26, 2009

### CUB SCOUT REGISTRATION FORM

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

(Please PRINT legibly.)

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### **WHAT RANK WILL YOUR SCOUT BE IN CAMP? (Advance to next rank from school year.)**

Webelos 2<sup>nd</sup> Year \_\_\_\_\_ Webelos 1<sup>st</sup> Year \_\_\_\_\_ Bear \_\_\_\_\_ Wolf \_\_\_\_\_

We are sorry, but due to restrictions, boys just entering Scouting as Tigers are not eligible. Cubs who were Tigers during the school year advance to Wolves once school is out, and are thereby eligible.

### **WHAT SIZE SHIRT DOES YOUR SCOUT WEAR? (Please circle one.)**

Youth: M L Adult: S M L XL XX XXXL

### **Important Names and Phone Numbers**

First Guardian Name: \_\_\_\_\_ Second Guardian Name: \_\_\_\_\_

Home:( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_

Cell/Pager:( ) \_\_\_\_\_ Sitter:( ) \_\_\_\_\_

### **In case parents/guardian cannot be reached. Emergency Contact Numbers: \*Number must be relative/guardian closest to Day Camp.**

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

Phone:( ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

### **Is there anyone who cannot pick up your Scout from Day Camp?**

Name(s): \_\_\_\_\_

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

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

**I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.**

\_\_\_\_\_  
Name Signature Date

### **CAMP FEES**

**\$85.00 PER SCOUT.** (\$120.00 after 4/15/09) Checks to "LAAC – BSA" Mail to address on invitation letter. In addition to early registration, a significant discount is available in exchange for volunteering all 5 days of camp. Please call Cathy Moreno, Camp Director, at (562) 943-2092 for discount details. To qualify for the additional discount, adult volunteers must sign up by **4/15 /09**. Attach Adult application, limited to one discount per adult.) **\$9.00 for each extra T-shirt** (One shirt is provided with registration fee.)

# OVER

(Medical Form on other side.)

# CUB SCOUT or BOY SCOUT

## CLASS 1 PERSONAL HEALTH

### In the event of an emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

*Health/Accident Insurance Carrier*

*Policy#*

**Check all items that apply, past or present, to your health history. Explain any "Yes" answers.**

Allergies: \_\_\_\_\_ Asthma \_\_\_\_\_

High Blood Pressure \_\_\_\_\_ Cancer/Leukemia \_\_\_\_\_

Heart Conditions \_\_\_\_\_ Hemophilia \_\_\_\_\_

Diabetes \_\_\_\_\_ Kidney Diseases \_\_\_\_\_

Convulsions/Seizures \_\_\_\_\_ Other \_\_\_\_\_

List any medication to be taken at Camp \_\_\_\_\_

List equipment, i.e. wheelchair, braces, glasses, etc. \_\_\_\_\_

List physical/behavior conditions that may effect or limit participation \_\_\_\_\_

Immunizations (give latest date of inoculation):

Tetanus toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_ Other \_\_\_\_\_

I give my permission for full participation in BSA programs, subject to limitations noted above. In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as judgment of medical personnel dictates. IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Any additional medical notes are as follows:

### **Other:**

California Penal Code §12552 – Furnishing firearms to Minors under 18 without permission of parent. Every person who furnishes any firearm, air gun or gas operated gun, designed to fire a bullet, pellet, or metal projectile, to any minor under the age of 18 years, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. **I give my permission for the above child to use a firearm as described above.**

I give my express permission for the child stated above to participate in the Day Camp **Archery**

**Program:** (Circle one)    YES            NO            **(Our firearms are limited to archery.)**

Parent Signature \_\_\_\_\_

# SUMMER SAFARI!



## RIO HONDO CUB SCOUT DAY CAMP JUNE 22 – 26, 2009

### DEN CHIEF/ BOY SCOUT REGISTRATION FORM

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

(Please PRINT legibly.)

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

What is your current rank in Boy Scouts? \_\_\_\_\_

What official leadership positions have you held? \_\_\_\_\_

Have you attended Den Chief training \_\_\_\_\_ J.L.T. TRAINING \_\_\_\_\_

### WHAT SIZE SHIRT DOES YOUR SCOUT WEAR? (Please circle one.)

Youth: L                      Adult: S      M      L      XL      XX      XXXL

### Important Phone Numbers

First Guardian Name \_\_\_\_\_ Second Guardian Name \_\_\_\_\_

Home:(    ) \_\_\_\_\_ Work:(    ) \_\_\_\_\_

Cell/Pager:(    ) \_\_\_\_\_ Sitter:(    ) \_\_\_\_\_

### In Case parents/guardian cannot be reached. Emergency Contact Numbers: \*Number must be relative/guardian closest to Day Camp

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

Phone:(    ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

\_\_\_\_\_

### Is there anyone who cannot pick up the Scout from Day Camp?

Name(s) \_\_\_\_\_

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OVER**

(Medical Form on other side.)

# SUMMER SAFARI!



## RIO HONDO CUB SCOUT DAY CAMP JUNE 22 – 26, 2009

### ADULT STAFF REGISTRATION FORM

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

(Please PRINT legibly.)

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Circle Scout Training Completed:

- Cub Fast Start
- New Leaders Essentials
- Leader Specific Training
- Youth Protection\*\* Expires on \_\_\_\_\_
- Prior Day Camp Experience \_\_\_\_\_
- Woodbadge
- National Camp School
- CPR
- First Aid

**\*\* Mandatory – Training will be provided if you are not current**

Position Request:

Webelos Leader \_\_\_\_\_ Cub Den Leader \_\_\_\_\_ Crafts \_\_\_\_\_ Sports \_\_\_\_\_ Song & Skit \_\_\_\_\_

### WHAT SIZE SHIRT WOULD YOU LIKE? (Please circle one.)

Youth: L                      Adult: S    M    L    XL    XX    XXXL

### Important Phone Numbers

Home:(    ) \_\_\_\_\_ Work:(    ) \_\_\_\_\_

Cell/Pager:(    ) \_\_\_\_\_ Sitter:(    ) \_\_\_\_\_

### Emergency Contact Numbers: \*Number must be relative/guardian closest to Day Camp

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

Phone:(    ) \_\_\_\_\_

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

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

**I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have contacted the director regarding volunteering as staff at the camp all 5 days and wish to utilize the discount for my Scout or Sibling (Name) \_\_\_\_\_

Please order \_\_\_ extra T-shirts at \$9.00 per shirt (Check to "LAAC – BSA")

# OVER

(Medical Form on other side.)

**ADULT LEADER**  
**CLASS 1 PERSONAL HEALTH**

**In the event of an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Health/Accident Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**Check all items that apply, past or present, to your health history. Explain any "Yes" answers.**

Allergies: \_\_\_\_\_ Asthma \_\_\_\_\_

High Blood

Pressure \_\_\_\_\_ Cancer/Leukemia \_\_\_\_\_

Heart

Conditions \_\_\_\_\_ Hemophilia \_\_\_\_\_

Diabetes \_\_\_\_\_ Kidney Diseases \_\_\_\_\_

Convulsions/Seizures \_\_\_\_\_ Other \_\_\_\_\_

List any medication to be taken at  
Camp \_\_\_\_\_

List equipment, i.e. wheelchair, braces, glasses,  
etc. \_\_\_\_\_

List physical/behavior conditions that may effect or limit participation  
\_\_\_\_\_  
\_\_\_\_\_

**Immunizations (give latest date of inoculation):**

Tetanus  
toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Diphtheria \_\_\_\_\_ Mumps \_\_\_\_\_  
Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_ Other \_\_\_\_\_

I give my permission for full participation in BSA programs, subject to limitations noted above. In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as judgment of medical personnel dictates. IN CASE OF EMERGENCY, I understand every effort will be made to contact my designated person. In the event they cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for me.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Any additional medical notes are as follows:

# SUMMER SAFARI!

Sibling



## RIO HONDO CUB SCOUT DAY CAMP JUNE 22 – 26, 2009

### SIBLING REGISTRATION FORM

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

(Please PRINT legibly.)

Name: \_\_\_\_\_ Unit#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name who is working in Day Camp: \_\_\_\_\_

### WHAT SIZE SHIRT DOES YOUR CHILD WEAR? (Please circle one.)

Youth: S M L

### Important Phone Numbers

First Guardian Name \_\_\_\_\_ Second Guardian Name \_\_\_\_\_  
Home:( ) \_\_\_\_\_ Work:( ) \_\_\_\_\_  
Cell/Pager:( ) \_\_\_\_\_ Sitter:( ) \_\_\_\_\_

### In case parents/guardian cannot be reached. Emergency Contact Numbers: \*Number must be relative/guardian closest to Day Camp

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone:( ) \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

List any **health problems/conditions** that may physically or medically limit participation in camp activities or events:

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

### Is there anyone who cannot pick up the sibling from Day Camp?

Name(s): \_\_\_\_\_

I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND CURRENT.

\_\_\_\_\_  
Name Signature Date

**\$20.00 PER SIBLING. Checks to "LAAC – BSA"** (Mail to address on invitation letter.)

(In addition to early registration, a significant discount is available in exchange for volunteering all 5 days of camp. Please call Cathy Moreno, Camp Director, at (562) (562) 943-2092 for discount details. To qualify for the discount, adult volunteers must sign up by **4/15/09**. Attach Adult application, limited to one discount per adult.

**\$9.00 for each extra T-shirt** (One shirt is provided with registration fee)

# OVER

(Medical Form on other side.)

# SIBLING

## CLASS 1 PERSONAL HEALTH

**In the event of an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Health/Accident Insurance Carrier \_\_\_\_\_ Policy# \_\_\_\_\_

**Check all items that apply, past or present, to your health history. Explain any "Yes" answers.**

Allergies: \_\_\_\_\_ Asthma \_\_\_\_\_

High Blood

Pressure \_\_\_\_\_ Cancer/Leukemia \_\_\_\_\_

Heart

Conditions \_\_\_\_\_ Hemophilia \_\_\_\_\_

Diabetes \_\_\_\_\_ Kidney Diseases \_\_\_\_\_

Convulsions/Seizures \_\_\_\_\_ Other \_\_\_\_\_

List any medication to be taken at

Camp \_\_\_\_\_

List equipment, i.e. wheelchair, braces, glasses,  
etc. \_\_\_\_\_

List physical/behavior conditions that may effect or limit participation

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

Immunizations (give latest date of inoculation):

Tetanus

toxoid \_\_\_\_\_ Measles \_\_\_\_\_ Polio \_\_\_\_\_ Diptheria \_\_\_\_\_ Mumps \_\_\_\_\_

Pertussis \_\_\_\_\_ Rubella \_\_\_\_\_ Other \_\_\_\_\_

I give my permission for full participation in BSA programs, subject to limitations noted above. In the event of illness or accident in the course of such activities, I request that measures be instituted without delay as judgment of medical personnel dictates. IN CASE OF EMERGENCY, I understand every effort will be made to contact me. In the event I cannot be reached, I give my permission to the physician selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Any additional medical notes are as follows: