



# WILD, WILD WEST

## 2010 CUB SUMMER DAY CAMPS

HOLMEN, JUNE 10TH—SPARTA, JUNE 15TH  
LA CROSSE, JUNE 17TH—HILLSBORO, JUNE 18TH

**HEY THERE, BUCKAROO...**  
**THE SUMMER OF 2010 IS GOING TO BE FILLED WITH FUN FOR**  
**YOU AND YOUR CUB SCOUTS!**

District Day Camps are a great opportunity for Tigers, Wolves, Bears and Webelos to have fun and meet other Scouts from their area.

Cub Scouts arrive at camp for a full days worth of activities, crafts and excitement!! The Scouts will rotate through stations staffed by adults to participate in each activity offered.

*Packs will be asked to provide a volunteer to help staff an activity for the day!!*

### **THINGS EACH PACK SHOULD REMEMBER...**

- 1) The camp fee of \$20 covers the cost of program materials, a patch and a t-shirt.
- 2) Each scout needs to bring a sack lunch, sunscreen, bug spray and a water bottle!!
- 3) Make sure proper transportation is arranged to and from the day camp.
- 4) A ratio of 2 adults to every 10 cubs is needed. For Tigers it is a 1 to 1 ratio.
- 5) Health forms must be filled out and turned in with Pack reservation forms. These forms can be found on this handout and the actual flyer.

(This is just a health history form, not an actual physical form)

- 6) Remember to turn in your contact for the Pack and the name of volunteer on the reservation form.

### **SOME OF THE ACTIVITIES BEING OFFERED INCLUDE...**

Black Bart's BB Guns, Apache Archery, Build your own Stage Coach craft, Sling Shots, the Wild West Challenge and much more!!



**HEALTH HISTORY INFORMATION FOR CUB SCOUTS  
BOY SCOUTS OF AMERICA**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Pack Number \_\_\_\_\_  
Address \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**T-SHIRT SIZE: YOUTH: MEDIUM (10-12) \_\_\_\_\_ LARGE (14-16) \_\_\_\_\_**  
**ADULT: SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ OTHER \_\_\_\_\_**  
**FEES PAID: \$ \_\_\_\_\_**

**IN CASE OF EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship: Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_  
Daytime Phone (     ) \_\_\_\_\_ Other Instructions \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Personal Insurance Policy \_\_\_\_\_

**HEALTH HISTORY**

Have or subject to: (check if yes)  
 Asthma  Fainting Spells  Convulsions  Diabetes  Heart Trouble  
 Insect bites  Swimming or sport restrictions  
 Allergies or reaction to any medication, food, or other  Describe \_\_\_\_\_  
 Check if none of the above applies  
Have difficulty with: (check if yes)  
 Eyes  Ears  Nose  Throat  Lungs  Digestion  
 Any condition now requiring medication? \_\_\_\_\_ Name of medication \_\_\_\_\_  
 Is his medication with him? If not, who has it? \_\_\_\_\_  
 Any restriction of activity for medical reasons?  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**PARENT AUTHORIZATION:**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by the physician or myself. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

I give the Gateway Area Council permission to allow the applicant to use a BB Gun and a Bow & Arrow under proper adult supervision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

# Pack Reservation Form

Pack Number: \_\_\_\_\_ Camp Attending: \_\_\_\_\_

Pack Coordinator name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_

*\*\*The Pack Coordinator will be notified if camp is postponed or cancelled due to weather\*\**

*We understand that one (1) adult from our Pack is required to be at camp for every eight (8) boys we send to Day Camp.*

**FEES: \$20.00 per camper if paid by May 21**  
**\$30.00 per camper if paid after May 21**  
***No registrations accepted after April 4<sup>th</sup> !!***

\_\_\_\_\_ **NUMBER OF CAMPERS @ \$20.00=** \_\_\_\_\_  
\_\_\_\_\_ **NUMBER OF CAMPERS @ \$30.00=** \_\_\_\_\_  
**TOTAL FEES DUE =** \_\_\_\_\_

**Make checks payable to Gateway Area Council**  
**Mail your Pack check, registration form and Health forms to:**

**GATEWAY AREA COUNCIL**  
**2600 QUARRY ROAD**  
**LA CROSSE WI 54601**

**QUESTIONS?? CALL US AT 608-784-4040**

