

SCOUT

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FOR OFFICE ONLY	
EARLY BIRD: <input type="checkbox"/> Yes <input type="checkbox"/> No	
REGISTRATION: <input type="checkbox"/> Yes <input type="checkbox"/> No	
BALANCE DUE: _____	

2008 CUB SCOUT DAY CAMP APPLICATION

ONE APPLICATION PER PERSON ***DEADLINE 3 WEEKS PRIOR TO CAMP *****PLEASE PRINT**

PACK #: _____ DISTRICT: _____ AGE: _____ BIRTHDATE: _____
 NAME: _____ PHONE: _____
 Daytime or Cell: _____ Email: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IN CASE OF EMERGENCY

Notify: _____ Daytime Phone: _____
 Notify: _____ Daytime Phone: _____

CAMP DATES AND LOCATIONS

Cub Scout Can Attend Any Camp(Please Check Choice):

- June 9-13 Cherokee: Fern Creek Sportsman's Club, 8:30-4:30
- June 9-13 Arapaho: Camp Carlson, Fort Knox 8:00 – 3:30
- June 9-13 Seneca: Watkins United Methodist. 8:30 – 4:00
- June 16-20 Chief Old Ox: Tunnel Mill, Charlestown, IN 8:00 – 4:30
- June 16-20 Cardinal: Miller Park, Campbellsville, KY 8:30 – 1:00
- June 16-20 Mohawk: Cub World, Frazier Scout Reserv.,8:30 -4:30
- June 23-27 Dan Boone: N. Oldham Lions Club, Prospect KY 8:30 – 3:30
- June 23-27 Shawnee: Cub World, Frazier Scout Reserv 8:30 – 4:30
- June 23-27 George Rogers Clark: Buffalo Trace, Palmyra, IN 8:30 – 4:30
- June 23-27 Pioneer: New Haven City Park, 8:30 – 4:30
- July 7-11 Lincoln Trail: Freeman Lake, Elizabethtown, KY 8:30 – 4:00

This Health History section, is required for admittance to camp. Persons trained in First Aid will be on duty at camp to give assistance. Secondary medical insurance is included in the fee.

HEALTH HISTORY

Please define the severity of any and all medical problems in detail on the back if necessary.

- | | |
|------------------------------------|--|
| PROBLEMS WITH: | HAVE OR SUBJECT TO: |
| <input type="checkbox"/> EYES | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> EARS | <input type="checkbox"/> DIABETES (Type I or II) |
| <input type="checkbox"/> NOSE | <input type="checkbox"/> ALLERGIES (Please list below) |
| <input type="checkbox"/> LUNGS | <input type="checkbox"/> HEART TROUBLE |
| <input type="checkbox"/> THROAT | <input type="checkbox"/> FAINTING SPELLS |
| <input type="checkbox"/> DIGESTION | <input type="checkbox"/> OTHER (Please explain) |

Please describe in detail on the back if necessary.

DO YOU HAVE A REACTION TO ANY MEDICATION, FOOD OR OTHER? _____

HAVE ANY CONDITION REQUIRING MEDICATION: _____

NAME AND DOSAGE OF MEDICATION: _____

Select the rank/grade & a T-Shirt Size for your Scout :

YOUTH ONLY	CUB SCOUT T-SHIRT SIZE
Please check rank (grade) as of	<input type="checkbox"/> Youth Med(10-12)
Fall 2008:	<input type="checkbox"/> Youth Large (14-16)
<input type="checkbox"/> Tiger (1 st grade)	<input type="checkbox"/> Adult Small/Youth XL
<input type="checkbox"/> Wolf (2 nd grade)	<input type="checkbox"/> Adult Medium
<input type="checkbox"/> Bear (3 rd grade)	<input type="checkbox"/> Adult Large
<input type="checkbox"/> Webelos (4 th & 5 th)	

CAMP LEADERSHIP INFORMATION

Tiger Cubs (Boys Starting 1st Grade in Fall) must be accompanied by a parent. Depending on space and camp needs Packs may be required to provide adult leadership and will be notified if necessary.

Camp fee is \$80.

All Scouts who submit applications and fees by April 14th earn an Early Bird patch and can pay the discounted fee of \$70. Adults do not pay a fee. A late fee of \$20.00 will be added if turned in less than 3 weeks from camp date.

Camps with additional fees:

Tunnel Mill	\$5
Buffalo Trace	\$5
Freeman Lake	\$5
Watkins U.M.C.	\$5
Dan Boone	\$10

Additional fees due with camp fees.

PARENT AUTHORIZATION

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

- Check if there are special custodial arrangements for this child. Additional information will be requested.
- Yes, I agree to allow my child's photo to be used in publicity shots, newspapers and TV spots.

Signature: _____ Date: _____

PLEASE MAKE SURE THIS FORM IS SIGNED!

Return with payment to: Lincoln Heritage Council, BSA
 P.O. Box 36273, Louisville, KY 40233-6273.

Questions?Concerns? Additional Info: (502)361-2624