

# **JURASSIC CUBS!!!**

## **TOQUA DISTRICT CUB SCOUT**

### **DAY CAMP**

Cub Scouts entering  
1st —5th Grade as of  
Fall 2009

**JUNE 2-5, 2009**  
**8:30 AM – 2:30 PM**

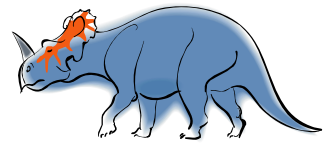
Farragut Intermediate  
Drop-off: 8:30 am  
Pick-up: 2:15 pm

Camp T-Shirts, Patches, and Program Supplies will be guaranteed if registered by the Early Bird Deadline! Don't Wait!

Quality program materials will be provided for all children!

**Early Bird Registration (Prior to May 16th): \$75 per Cub Scout,**  
**Registration after May 16th: \$90 per Cub Scout**  
**Walk On's: \$100**

**\$20 Dollar Discount for parents who volunteer entire week! \$10 discount for each additional sibling.**



NON-PROFIT  
Organization  
US Postage  
PAID  
Knoxville TN  
PERMIT NO 694

Great Smoky Mountain Council, BSA  
PO Box 51885  
Knoxville TN 37950-1885

The Toqua District is proud to present our 2009 "Jurassic Cubs" Day Camp! Our camp starts June 2nd at Farragut Intermediate. Our camp runs from 8:30 am to 2:15 pm.

Come join us in a place millions of years in the making!! Our camp is an opportunity for all Cub Scouts to experience new skills and earn advancement credit towards their next rank. The camp is also an excellent opportunity to make new friends, share in the fun and fellowship, and learn about the land time forgot!!

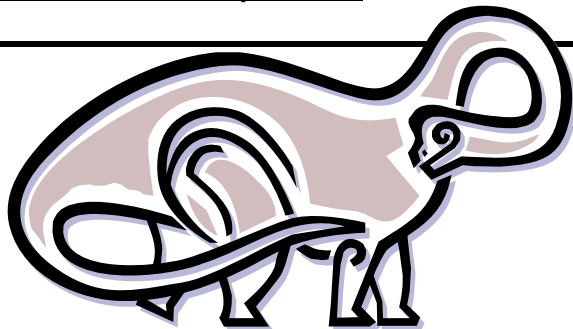
We will have special activities all week including sports and games, camp arts and crafts, and BB's and Archery along with earning some Academic and Sports belt loops. Webelos will also enjoy the following Webelos activity pins: Readyman, Forrester, and Sportsman. We will also share in the history, beauty and wonder of our great planet. Come join us for an adventure into the past as we journey to the Land of the Jurassic Cubs.

**What to wear:** Play clothes, sneakers, socks!

\*Camp T-shirt will be given at registration on the first day and should be worn every day. Please apply sunscreen. Please mark all items with a name and phone number!

**No child with open-toe shoes will be allowed to participate! (includes: sandals, Crocs)**

**DO NOT BRING: Toys, Trading Cards, Electronics, knives, or cell phones.**



**Per BSA Policy, Tiger Cubs (child entering 1st grade in Fall 2009) must have an adult partner present with him at all times!**

**Notice to Scout Leaders/Parents:** our camp is run totally by volunteers! The number of boys accepted into camp is dependent on the number of volunteers. For every 6 boys attending camp we ask that you send 1 volunteer (must have Camp Directors' approval). NO experience is necessary, just a good attitude and a big smile! Thanks!!!!!!!!!!!!!!

**Please bring a sack lunch. Make sure it does not need to be refrigerated.**

**Please bring a plastic water bottle for refills! NO glass please!!**

**Please Contact the following for more information!!**

Contact—Camp Director Amy Rines 693-9965 amy.rines@gmail.com

Contact— Program Director Dawn Franceson 966-8528 francesond@aol.com

Contact — District Executive Dana Davidson(865)-588-6514, Ext.127

## TOQUA CUB SCOUT REGISTRATION FORM

PLEASE PRINT CLEARLY. Complete both sides of form and mail w/payment to  
BSA, PO BOX 51885, Knoxville, TN 37950-1885

Scout Name \_\_\_\_\_ Age as of June 1, 2009 \_\_\_\_\_ DOB \_\_\_\_\_

Is child a registered Scout? Yes \_\_\_\_\_ No \_\_\_\_\_ Pack # \_\_\_\_\_

If Yes, Cub Scout Rank (as of Spring 2009) \_\_\_\_\_ Grade (as of Fall 2009) \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Credit Card # \_\_\_\_\_ (Visa/Mastercard only)

Exp \_\_\_\_\_ CVV# (3 digit) \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

## ADULT VOLUNTEER REGISTRATION FORM

\_\_\_\_\_ YES! I WANT TO VOLUNTEER AT CAMP! PLEASE CONTACT ME!

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Area of interest \_\_\_\_\_

Are you a registered Scout Leader? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had BSA Youth Protection? Yes \_\_\_\_\_ No \_\_\_\_\_

Adult T-shirt Size (circle one): AS AM AL AXL A2XL A3XL A4XL

Tag-a-long Program provided for children of staff volunteers (post diaper through kindergarten)  
for a \$5.00 fee (snacks and program supplies)

Tag-a-long Name \_\_\_\_\_ Age \_\_\_\_\_

**TOQUA CUB SCOUT EMERGENCY MEDICAL INFORMATION**  
**PLEASE PRINT CLEARLY. Complete BOTH sides of form and mail w/payment to**  
**BSA, PO BOX 51885, Knoxville, TN 37950-1885**

Scout Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent volunteering at camp? Yes \_\_\_ No \_\_\_ In case of Emergency (name) \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
 Health/accident insurance carrier \_\_\_\_\_ Policy/Patient # \_\_\_\_\_  
 Please explain \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_ Immunizations up-to-date \_\_\_\_\_  
 Allergies (food, insects, plants, medicine, etc) \_\_\_\_\_  
 Medications to be taken at camp \_\_\_\_\_  
 Restrictions/Limitations \_\_\_\_\_

	Y	N		Y	N
Asthma			Cancer/Leukemia		
Convulsions/Seizure			Hemophilia		
Diabetes			Heart Trouble		
High Blood Pressue			Kidney Disease		
ADHD			Other _____		

PARENT AUTHORIZATION: This health history is correct to the best of my knowledge and the person described above has my permission to engage all prescribed activities except as noted. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by an adult Twilight/Day camp leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son. Further, I hereby authorize the On-site Health Officer of the Cub Scout Twilight/Day Camp to act for me according to their best judgement in any emergency requiring minor medical attention. All other attention will be referred to a medical physician.

Parent/Guardian (PRINT NAME) \_\_\_\_\_

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

**ADULT VOLUNTEER EMERGENCY MEDICAL INFORMATION**

Adult Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
 Health/accident insurance carrier \_\_\_\_\_ Policy/Patient # \_\_\_\_\_  
 Please explain \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_ Immunizations up-to-date \_\_\_\_\_  
 Allergies (food, insects, plants, medicine, etc) \_\_\_\_\_  
 Medications to be taken at camp \_\_\_\_\_  
 Restrictions/Limitations \_\_\_\_\_

	Y	N		Y	N
Asthma			Cancer/Leukemia		
Convulsions/Seizure			Hemophilia		
Diabetes			Heart Trouble		
High Blood Pressue			Kidney Disease		
ADHD			Other _____		

In Case of Emergency:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Authorization: This health history is correct to the best of my knowledge.  
 Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_