



CONQUISTADOR COUNCIL BOY SCOUTS OF AMERICA



PRESENTS

2009 CUB SCOUT CAMP

“Crime Scene Investigation”

FOR TIGERS, WOLVES, BEARS & WEBELOS

CLOVIS – EL LLANO GRANDE DISTRICT

Ned Houk Park, Clovis

June 1-5, 2009 ♦ 5:30 PM to 9:00 PM

Cost \$50.00 (\$65 after May 1st)

For questions contact:

Kimmie Davis, Camp Director: 575-799-8111

Heather Spotts, Program Director: 575-763-1285

CARLSBAD – CHISUM TRAIL DISTRICT

Dowling Aquatic Base, Carlsbad

July 6-10, 2009 ♦ 5:30 PM to 8:30 PM

Cost \$38.00 (\$50 after June 1st)

For questions contact:

Betsy Flynn, Camp Director: 575-317-3108

Robin Kramer, Program Director: 575-250-0665

HOBBS – OIL PATCH DISTRICT

Camp Jim Murray, Hobbs

July 13-16, 2009 ♦ 4:00 PM to 9:00 PM

Cost \$50.00 (\$65 after June 1st)

For questions contact:

Chad Puryear, Camp Director: 575-602-8488

Paula Puryear, Program Director: 575-602-8486

ROSWELL – RIO HONDO DISTRICT

Berrendo Elementary School, Roswell

June 1-5, 2009 ♦ 9:00 AM to 4:00 PM

Cost \$50.00 (\$65 after May 1st)

For Questions Contact:

Tony Emerson, Camp Director: 575-623-9706

Carol Parman, Program Director: 575-622-8143

Leana Stokes, Assistant Director: 575-734-0851

TIGER SCOUTS, BOYS WHO WILL BE IN THE 1ST GRADE IN SEPTEMBER, ARE REQUIRED TO HAVE AN ADULT PARTNER WHO WILL PARTICIPATE WITH THEM ALL DAY AT CAMP.

SNACK CARDS

A snack bar will be available at Day Camp. Your Scout can purchase items using his snack card. No cash will be accepted, only snack cards will be utilized. Snack cards can be purchased in increments of \$5. A snack card can be purchased when you complete the Individual Registration Form, and additional cards can be purchased at camp.

REFUND POLICY

To receive a refund for Day Camp paid registrations fees, please submit a written request to the Conquistador Council before the start of the camp. The council's camping committee reviews and determines the outcome of all refund requests. If approved, a 60% refund will be reimbursed if the written request is received 45-days prior to the start of camp, a 50% refund for requests received less than 45-days before the start of camp, and no refunds will be available if the request is received on or following the start of camp.

Please visit our website at www.conquistador-bsa.org and visit our Blog at <http://conquistadorcouncil.blogspot.com/>



UNITED WAY SUPPORTS THE
SCOUTING PROGRAM

CUB SCOUT CAMP ♦ INDIVIDUAL REGISTRATION FORM

****SEPARATE HEALTH FORMS NEEDED FOR EVERY YOUTH & ADULT WHO PARTICIPATES IN DAY CAMP****

TIGER SCOUTS, BOYS WHO WILL BE IN THE 1ST GRADE IN SEPTEMBER, ARE REQUIRED TO HAVE AN ADULT PARTNER WHO WILL PARTICIPATE WITH THEM ALL DAY AT CAMP.

ALL CUB SCOUTS MUST BE REGISTERED WITH THE BOY SCOUTS OF AMERICA.

Cub Scout Adult Volunteer Tiger Cub Adult Partner Pack #: _____

Last Name: _____ First Name: _____

Address: _____ City & Zip Code: _____

Phone: _____ Email: _____

Which camp will you be attending (please check one):

Roswell – Rio Hondo District (June 1-5) Carlsbad – Chisum Trail District (July 6-10)

Clovis – El Llano Grande District (June 1-5) Hobbs – Oil Patch District (July 13-16)

Yes, I would like to purchase a snack card # Cards _____ x \$5 each = _____

CUB SCOUTS

DOB: _____ Grade (in Sept): _____ I will be working on: Tiger Wolf Bear Webelos

T-Shirt Size (circle one): Youth-Med Youth-Lg Adult-Med Adult-Lg Adult-XL Adult-XXL Other _____

ADULT VOLUNTEERS

Last Name: _____ First Name: _____

Phone: _____ Pack Position: _____

T-Shirt Size (circle one): Adult Medium Adult Large Adult XL Adult XXL Adult XXXL

Current Certifications (check all that apply): Red Cross First Aid CPR Lifeguard

Shooting Sports Instructor RN LPN MD Youth Protection Other: _____

Hobbies, Special Skills & Interests: _____

Position Desired: _____

Days I can help (please circle): All Week Mon Tues Wed Thurs Fri

I give permission for full participation in the Cub Scout Camp. In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner elected by the adult in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

I give permission for photo's of my son(s) to be used for publication: Yes No

Date: _____ Signature of Parent/Guardian: _____

CUB SCOUT CAMP HEALTH & MEDICAL RECORD

****SEPARATE HEALTH FORMS NEEDED FOR EVERY YOUTH & ADULT WHO PARTICIPATES IN DAY CAMP****

TO BE FILLED OUT BY A PARENT OR GUARDIAN. PLEASE PRINT IN BLUE OR BLACK INK.

Youth Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Name of Parent or Guardian: _____

Home Phone: _____ Cell: _____ Email: _____

Home Address: _____ City: _____ Zip: _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name of Personal Doctor: _____ Phone #: _____

Personal Health/Accident Insurance Carrier: _____ Policy #: _____

Check all items that apply, past or present, to your child’s health history. Explain any “Yes” answers.

Allergies (*circle any that apply*): Food, Medicines, Insects, Plants: Yes No Explain: _____

	Yes	No		Yes	No		Yes	No
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Excessive Bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

List any medication currently taking and/or to be taken during Scout Camp:

All medications (in original containers) must be checked-in with the Camp First Aid Director. Inhalers & allergy kits may be carried in camp upon approval of the Camp First Aid Director.

List any physical or behavioral conditions that may affect or limit full participation in hiking, or playing strenuous physical games:

List equipment needed such as wheelchairs, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last shots)

Tetanus: _____ Measles: _____ Polio: _____ Diphtheria: _____

Mumps: _____ Pertussis: _____ Rubella: _____

—For Office Use—

CAMP FIRST AID DIRECTOR: _____ DATE: _____

CAMP DIRECTOR: _____ DATE: _____