



Now lets get to work on having FUN!!!!

Thunderbird District
Cub Scout Twilight Camp
June 8th - 11th
For more information call:
(901) 755-9468

Thunderbird District Cub Scout Day Camp 2009



Don't be the only one left out...
June 8th - 11th
Twilight Camp



What's going to be going on???

Thunderbird Cub Scout Twilight Camp will have archery and BB guns with certified instructors, arts and crafts, construction activities to learn about, games, openings and closings, plus many other activities for your son.

We will have a National Camp School certified Camp and Program Director, plus a member of the Chickasaw Council professional staff at the camp at all times to provide a safe camp environment and a well rounded program. The camps will give your son the opportunity to meet achievements for his respective rank as a Wolf, Bear, or Webelos.

He will fellowship with new friends from other packs, meet the requirements for belt loops, release all of that stored up energy, and most importantly, have a good wholesome time.

A CAMPER'S CODE OF CONDUCT

- Show respect for leaders, guests, staff and other Cub Scouts
- No bad or rude language
- Keep hands to yourself; no pushing, wrestling, hitting, etc.
- Stay with your Camp Den at all times. Get your leader's permission to leave your Camp den and always take a buddy with you.
- **You must have Fun!**



Come join us in the fun at our Thunderbird District
Cub Scout Twilight Camp
The program is sure to have loads of fun and outdoor games.

Cub Scout Day Camp (June 8-11)
6:00 pm-8:30pm

Faith Christian Church
Willow and Mt. Moriah

Cost \$50 each scout

Tiger Cubs must have an adult partner attend camp with them.

Volunteer Staff & Leader Positions Available

For more info please contact:

Charla Sparks (901)755-9468

sparksflydaily@aol.com put **CAMP** in the Subject area

Please mail form and check payable to:

Chickasaw Council BSA

171 S. Hollywood

Memphis, TN

Attn: Thunderbird District Twilight Camp

Our Operation

SIGN-IN AND SIGN-OUT

Each boy must be signed in at the beginning of camp. Before leaving in the evening, each boy must be signed out. Notify the Camp Director before taking your child out of the camp.

START AND END TIMES

- Twilight Camp will have a 6:00 p.m. check in time and program will begin at 6:15 p.m. Camp will close at 8:30 p.m. **ALL BOYS MUST BE PICKED UP BY 8:30 P.M.**

TRANSPORTATION

Transportation is provided by the parents and the Pack. Carpooling is recommended. Boys **MUST** be picked up promptly at the end of camp. A permission slip with emergency information should be signed by the parents of any boys riding in a carpool.

WHAT TO BRING

- T-shirt with shorts or jeans. Official camp T-shirt will be given out the first day of camp. Scout uniform is not necessary.
- Sturdy, closed-toe shoes. No thongs or sandals.
- Coat or sweater for cool evenings.
- Costume to carry out the theme is optional.



WHAT NOT TO BRING

- No open toed shoes
- Knives/Tools
- Money
- Skateboards, Rollerblades, Scooters, Bikes etc.
- Radio, tape player or computer games
- Pets



Thunderbird Cub Scout Day Camp 2009

CUB SCOUT REGISTRATION FORM (Completely form and give to Council Office)

First Name: _____

Last Name: _____

Address: _____

Phone: _____ Pack #: _____

District: _____

Birth date: ____/____/____

Rank as of **September 2009**: (Circle One)

Tiger Cub Wolf Bear Webelos

T-Shirt Size (one included with youth registration): (Circle One)

YM YL AS AM AL other ____

Parent/Guardian Name: _____

Home Phone Number: (____) _____

Work Phone Number: (____) _____

FEE SCHEDULE:	Registered before May 31, 2009	\$ 50.00
	Registered after May 31, 2009	\$ 55.00

Registration Fee \$ _____

Extra T-Shirts (\$8.00 each)

YL __ AS __ AM __ AL __ AXL __ \$ _____

Larger Adult Sizes (\$12.00 each)

AXXL ____ AXXXL ____ \$ _____

TOTAL PAYMENT \$ _____

Refund Policy: We cannot refund monies collected prior to camp. Supplies have been ordered and paid for prior to camp.

Fees: All dates for discounted fees are FIRM dates and not subject to change or interpretation.



Cub Scout Release Authorization 2009

Camp Location: _____

My child, _____

(Name) Please Print

may be released to _____

(Name) Please Print

Relationship to youth _____

Other information regarding releasing your child:

I give permission for my son to participate in the "BB Marksmanship Program"

(may not be available at all locations) [] Yes [] No

I give permission for my son to participate in the "Archery Sessions"

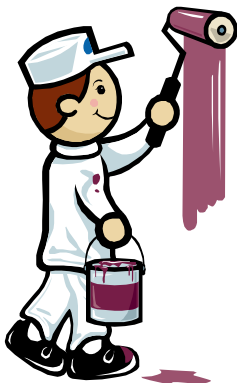
(may not be available at all locations) [] Yes [] No

I authorize use of any photos taken of myself or my son, during day camp to be utilized for Chickasaw Council, BSA promotional materials/website usage as well as local newspaper usage.

[] Yes [] No

Date: _____ Authorization: _____

Signature



Personal Health and Medical Record Class 1

Fill in this form for all camp participants; including cub scouts and adults. This form will not be returned to you. Please make a copy and retain for your records.

To be completed annually by Parent/Guardian or Adult Participant. Please Print in Ink

Identification	[] Scout	[] Adult (18 & Older)
Name:	_____	Date of Birth _____ Age ___ Sex _____
Name of Parent/Guardian:	_____	Home Phone: _____
	Work Phone: _____	Cell Phone: _____
Home Address:	_____	City: _____ State: _____ Zip: _____
If person above is not available in the event of an emergency, notify:		
Name:	_____	Relationship: _____ Phone #: _____
Name:	_____	Relationship: _____ Phone #: _____
Name of Personal Physician:	_____	Phone #: _____
Personal Health/Accident Insurance Carrier:	_____	
Policy Number:	_____	

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

ALLERGIES: Food, Medicines, Insects, Plants [] Yes [] No Explain: _____

General Information:

	Yes	No	Yes	No	Yes	No		
Asthma	[]	[]	Diabetes	[]	[]	High Blood Pressure	[]	[]
Attention Disorder/Deficiency	[]	[]	Digestion	[]	[]	Kidney Disease	[]	[]
Cancer/Leukemia	[]	[]	Heart Trouble	[]	[]	Mental Illness	[]	[]
Convulsions/Seizures	[]	[]	Hemophilia	[]	[]	Lungs	[]	[]
Eyes, Ears, Nose, Throat	[]	[]						
Takes Prescriptions Daily	[]	[]						

Explain: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in any day camp activities: _____

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

ALL MEDICATIONS NEED TO BE CHECKED IN WITH THE CAMP MEDIC AND BE IN THE ORIGINAL PHARMACY CONTAINER WITH THE PATIENTS NAME AND DOSAGE CLEARLY MARKED. THIS INCLUDES ALL OVER THE COUNTER MEDICATIONS.

IMMUNIZATIONS: (Give Date of last inoculation)

Tetanus Toxoid: _____	Measles: _____	Polio: _____
Diphtheria: _____	Mumps: _____	Hepatitis B: _____
Pertussis: _____	Rubella: _____	

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby 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 (or for me, if an adult).

Date: _____ Signature of parent/guardian or adult: _____